# Fiscal Year 2021 American Rescue Plan—Funding for Native Hawaiian Health Care (ARP-NH) (HRSA-21-116) Sample Budget Narrative and Personnel Justification Table

As a required attachment in your ARP-NH application, submit a budget narrative with personnel justification table via [Grants.gov](https://www.grants.gov/web/grants/view-opportunity.html?oppId=327181). Refer to the H2C [technical assistance webpage](https://bphc.hrsa.gov/program-opportunities/nhhcs-arpa) for the notice of funding opportunity, that includes example activities.

Upload a 2-year budget narrative that clearly explains and justifies your proposed federal and non-federal expenditures for each year. The 2-year sum of line item costs for each category must align with those on the SF-424A, Section B.

To propose to use funds to support costs dating back to January 31, 2020, add a separate row under each relevant object class category (e.g., travel, supplies) and include:

* A detailed description of the pre-award costs (to include any costs incurred between the award date and your submission date)
* The date incurred, and
* How funds were used to meet the ARP-NH funding purpose.

| **Object Class Category with Line Item Justification** | **Year 1** | **Year 2** | **Total Federal Costs** (Year 1 + Year 2) | **Total Non-Federal Costs** (Year 1 + Year 2) |
| --- | --- | --- | --- | --- |
| **Federal**  | **Non-Federal** | **Federal** | **Non-Federal** |
| **PERSONNEL**  |
| Administration  |  |  |  |  |  |  |
| Medical Staff  |  |  |  |  |  |  |
| Dental Staff  |  |  |  |  |  |  |
| Mental Health Staff  |  |  |  |  |  |  |
| Substance Use Disorder Staff  |  |  |  |  |  |  |
| Pharmacy Staff  |  |  |  |  |  |  |
| Vision Staff |  |  |  |  |  |  |
| Enabling Staff |  |  |  |  |  |  |
| Information Technology Staff |  |  |  |  |  |  |
| Pre-award costs back to January 31, 2020 (specify) |  |  |  |  |  |  |
| **TOTAL PERSONNEL** |  |  |  |  |  |  |
| **FRINGE BENEFITS** - *List the components that comprise the fringe benefit rate. The fringe benefits should be directly proportional to allocated personnel costs.* |
| FICA @ X.XX% |  |  |  |  |  |  |
| Health Insurance @ X% |  |  |  |  |  |  |
| Dental @ X% |  |  |  |  |  |  |
| Unemployment Insurance @ X% |  |  |  |  |  |  |
| Workers Compensation @ X% |  |  |  |  |  |  |
| Disability @ X% |  |  |  |  |  |  |
| Pre-award costs back to January 31, 2020 (specify) |  |  |  |  |  |  |
| **TOTAL FRINGE BENEFITS** |  |  |  |  |  |  |
| **TRAVEL -** *Include details for both local and long distance travel.* |
| Local travel for Patient Care Coordinator to provide care management services at X sites and locations (XXX miles @ $0.XX per mile)  |  |  |  |  |  |  |
| Local travel for staff to provide vaccinations and testing services at X sites and locations (XXX miles @ $0.XX per mile) |  |  |  |  |  |  |
| Pre-award costs back to January 31, 2020 (specify) |  |  |  |  |  |  |
| **TOTAL TRAVEL** |  |  |  |  |  |  |
| **EQUIPMENT -** *Provide the total cost of equipment purchases with a unit cost of $5,000 or more. The purchase of major medical equipment is not allowed. Include line-item cost information in the Equipment List form.* |
| **TOTAL EQUIPMENT** (see Equipment List for details) |  |  |  |  |  |  |
| **SUPPLIES -** *Include equipment items that cost less than $5,000 each and other supplies.* |
| COVID-19 Vaccination and Testing Supplies:* X boxes of X count rubber gloves @ $X per box
* X boxes of X count n-95 masks @ $X per each
* Infection control supplies (X @ XXX)
* X sterilization supplies @ $X
 |  |  |  |  |  |  |
| Health information technology to support telehealth, testing, and vaccine administration * EHR enhancement to support vaccination data sharing
* X tablets @ $XXX each
* X staff laptops @ $XXX each
 |  |  |  |  |  |  |
| Telehealth carts (portable systems used for clinical and educational purposes such as for staff telemedicine consultations, training, meetings, and interviews) X @ $XXX each |  |  |  |  |  |  |
| Peripherals for virtual care visits X digital medical stethoscopes @ $XX eachX spirometers @ $XX each  |  |  |  |  |  |  |
| Bluetooth and wireless-enabled remote patient monitoring devices to collect data from individuals and electronically transmit that information securely to health care providers, XXX @ $XX each |  |  |  |  |  |  |
| Pre-award costs back to January 31, 2020 (specify) |  |  |  |  |  |  |
| **TOTAL SUPPLIES** |  |  |  |  |  |  |
| **CONTRACTUAL***Provide a* *clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.* |
| Consultant to support the adoption of virtual technologies such as enhanced workflows to efficiently and effectively administer COVID-19 vaccines, administrative operations, and organizational health literacy (XX hours @ $XX per hour) |  |  |  |  |  |  |
| Consultant for COVID-19 testing, vaccination, and treatment education (XX hours @ $XX per hour) |  |  |  |  |  |  |
| Contract to develop digital applications to support patients’ access to and engagement in virtual care, including self-management tools, remote patient monitoring, and patient portals) |  |  |  |  |  |  |
| Pre-award costs back to January 31, 2020 (specify) |  |  |  |  |  |  |
| **TOTAL CONTRACTUAL** |  |  |  |  |  |  |
| **CONSTRUCTION (MINOR A/R)***Provide The total cost associated with each minor A/R project. Line-item cost information for minor A/R should be included in the A/R Project Budget Justification. Maximum federal request of $500,000 for minor A/R costs over the 2-year period of performance.* |
| Minor A/R costs for HPC Site – renovation of space to create exam rooms, lab, and vaccination space |  |  |  |  |  |  |
| Minor A/R costs for XYZ Site – renovation of space to install computer network |  |  |  |  |  |  |
| **TOTAL CONSTRUCTION (MINOR A/R)**(See Minor A/R Budget Justifications) |  |  |  |  |  |  |
| **OTHER** *Include justification of costs that do not fit into any other category. In some cases, rent, utilities and insurance may fall under this category if they are not included in an approved indirect cost rate.* |
| EHR license fees for new staff (3 @ $XXX each) |  |  |  |  |  |  |
| Staff recruitment – newspaper and Internet posting |  |  |  |  |  |  |
| Pre-award costs back to January 31, 2020 (specify) |  |  |  |  |  |  |
| **TOTAL OTHER** |  |  |  |  |  |  |
| **Total Direct Charges (Sum of TOTAL Expenses)** |  |  |  |  |  |  |
| **INDIRECT COSTS** *Include only if your organization has a negotiated indirect cost rate or has previously claimed a de minimus rate of 10% of modified total direct costs. Include approved indirect cost agreement in Attachment 6: Other Relevant Documents.* |
| X.XX% indirect rate |  |  |  |  |  |  |
| **TOTALS (Total of Total Direct Charges and Indirect Charges)** |  |  |  |  |  |  |

### Example Personnel Justification Table

Provide personnel costs for all direct hire staff and contractors to be supported by ARP-NH funding. Refer to Section 4.1.iv of HRSA’s [*SF-424 Application Guide*](https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-app-guide.pdf) for guidance on completing this table.

| **Name** | **Position Title** | **Base Salary** | **Adjusted Annual Salary\*** | **FTE to Support Project** | **Federal Amount Requested** |
| --- | --- | --- | --- | --- | --- |
| J. Smith | Physician | $235,000 | $199,300 | 0.50 | $99,650 |
| J. Johnson | Clinical Pharmacist | $100,000 | N/A | 0.25 | $25,000 |
| R. Doe | Patient Care Coordinator | $57,550 | N/A  | 0.50 | $28,775 |
| P. Jones | Patient/Community Education Specialist | $25,000 | N/A | 0.50 | $12,500 |
| A. Martinez | Community Health Worker  | $55,000 | N/A | 1.00 | $55,000 |
| J. Fox | Community Health Worker | $55,000 | N/A | 1.00 | $55,000 |
| S. Chen | Community Health Worker | $55,000 | N/A | 1.00 | $55,000 |
| A. Lee | Physician Assistant  | $90,000 | N/A | 0.50 | $45,000 |
| M. Peterson | Telehealth Director | $97,500 | N/A | 0.75 | $73,125 |
| N. Grey | IT Specialist | $75,000 | N/A | 1.00 | $75,000 |
| E. Reyes | Data Specialist | $48,000 | N/A | 1.00 | $48,000 |
| M. Moore | Nurse  | $71,000 | N/A | 1.00 | $71,000 |
|  |  |  | **TOTAL** | **9 FTE** | **$643,050** |

\* If the salary is over the federal limitation of $199,300, include the adjusted annual salary.