# Logo: HRSA Health Center Program.

# Fiscal Year 2021 National Training and Technical Assistance PartnersAmerican Rescue Plan Funding (U3F) Budget Narrative and Personnel Justification Table Template

## Instructions for Completing the Budget Narrative

As part of your U3F Award Submission, you are required to provide a budget narrative that clearly details federal costs by object class category for each year of the 2-year period of performance.

Refer to the following guidance when completing your budget narrative, in addition to the Award Submission instructions on the [U3F TA webpage](https://bphc.hrsa.gov/program-opportunities/nttap-arpa).

* A detailed justification is required for all costs. The 2-year sum of line item costs for each category must align with those on the SF-424A form in Section B. The federal funding amount cannot exceed your U3F award amount.
* The budget narrative should clearly explain and justify your proposed costs for activities outlined in your U3F project work plan to support health centers to respond to and mitigate the spread of COVID-19, and enhance health care services and infrastructure. Include detailed calculations explaining how you derived each line-item expense (e.g., cost per unit).
* The budget request should reflect the U3F funding only. Do not provide costs supported through other sources of funding.
* Do not include ineligible costs. Refer to the list of ineligible costs in the U3F Award Submission instructions on the [U3F TA webpage](https://bphc.hrsa.gov/program-opportunities/nttap-arpa). U3F funds may not be used for costs already paid for by other state or federal programs, your NTTAP cooperative agreement (U30), or prior COVID-19 supplemental funding.

As indicated on your notice of award, U3F funding may support pre-award costs dating back to January 31, 2020, in alignment with the purpose of this funding. 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., personnel, supplies) and include:

* A detailed description of the pre-award costs (including any costs incurred between the award date and your submission date),
* The date incurred, and
* How funds were used to meet the U3F purpose.

You may not draw down U3F funds until HRSA approves your award submission, except to meet immediate cash needs to support health centers as they prepare for, promote, distribute, administer, and track COVID–19 vaccines, and activities necessary to mitigate the spread of COVID–19. If you draw down funds before your U3F award submission is approved for costs as noted above, your budget must include costs that were drawn down from the date of award until your submission date.

| Budget Line Item | Year 1 Federal Costs | Year 2 Federal Costs  | Total Federal Costs(Year 1 + Year 2) |
| --- | --- | --- | --- |
| PERSONNEL – List all personnel who will be supported by U3F funding. Reminder: U3F funding may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale[[1]](#footnote-2). |  |  |  |
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| TOTAL PERSONNEL  |  |  |  |
| FRINGE BENEFITS – List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits should be directly proportional to the portion of personnel costs allocated for the U3F activities. |  |  |  |
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| TOTAL FRINGE BENEFITS  |  |  |  |
| TRAVEL – List expenses associated with travel for staff to attend or lead meetings, trainings, and workshops relevant to the purpose of U3F funding. List travel costs categorized by local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and staff/board members traveling. Long distance travel must include registration fees, cost for transportation, lodging, and per diem for each trip.  |  |  |  |
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| TOTAL TRAVEL |  |  |  |
| EQUIPMENT – Provide the total cost of equipment purchases with a unit cost of $5,000 or more. Include line-item cost information in the Equipment List form.Proposed costs should align with your [Equipment List form](https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/h8f/equipment-list.pdf). |  |  |  |
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| TOTAL EQUIPMENT  |  |  |  |
| SUPPLIES – List the items necessary for implementing the proposed project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). Equipment that does not meet the $5,000 threshold listed [above](#equip) should be included here (e.g., computers, software). |  |  |  |
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| TOTAL SUPPLIES  |  |  |  |
| CONTRACTUAL SERVICES – Include sufficient detail to justify contractual costs. Provide a clear explanation of each contract purpose, including how costs were estimated, and the specific contract deliverables. You are responsible for ensuring that your organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts. For consultant services, list the total costs for all consultant services. Identify each consultant, the services the consultant will perform, total number of days, travel costs, and total estimated costs. |  |  |  |
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| TOTAL CONTRACTUAL  |  |  |  |
| OTHER – Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). Include sufficient detail to justify each item.  |  |  |  |
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| TOTAL OTHER  |  |  |  |
| TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above |  |  |  |
| INDIRECT CHARGES – Include indirect costs if your organization has a negotiated indirect cost rate agreement and attach your approved indirect cost rate agreement. If you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate of 10 percent of modified total direct costs. |  |  |  |
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| TOTAL (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above) |  |  |  |

## Personnel Justification Table

Provide personnel costs for all direct hire staff and contractors to be supported by U3F funding.

| **Name** | **Position Title** | **Base Salary** | **Adjusted Annual Salary** | **FTE to Support U3F Funding Activities** | **Year 1 Federal Amount** | **Year 2 Federal Amount** | **Total Federal Amount** |
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|  |  |  | **TOTAL** |  |  |  |  |

1. As per HRSA standard Terms, award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is currently $199,300. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. [↑](#footnote-ref-2)