



**FY 2022 Optimizing Virtual Care (OVC)  
Example Budget Narrative and Personnel Justification Table**

Upload a two-year budget narrative that clearly explains and justifies your proposed federal and non-federal expenditures for each year, as demonstrated in the example below. The sample line-item budget narrative shown below is provided as a broad outline.

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		
<b>REVENUE</b> - Total Federal and Total Non-Federal Costs should be consistent with those presented in Sections A and C of the SF-424A.						
OVC Funding Request						
Applicant Organization						
State Funds						
Local Funds						
Other Support						
Program Income						
<b>TOTAL REVENUE</b>						
<b>EXPENSES</b> - Total Federal and Total Non-Federal Costs should be consistent with object class category totals in Section B of the SF-424A.						
<b>PERSONNEL</b>						
Administration						
Medical Staff						
Dental Staff						



**HRSA**  
Health Center Program

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		
Mental Health Staff						
Substance Use Disorder Staff						
Vision Service Staff						
Enabling Staff						
IT Staff						
<b>TOTAL PERSONNEL</b>						
<b>FRINGE BENEFITS</b> - 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%						
<b>TOTAL FRINGE BENEFITS</b>						
<b>TRAVEL</b> - Include details for both local and long distance travel.						
Local travel for Patient Care Coordinator to provide care management services at X in-scope sites (XXX miles @ \$0.XX per mile)						



**HRSA**  
Health Center Program

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		
Learning Collaborative meetings, one each year <ul style="list-style-type: none"> <li>• Staff attending: Telehealth Director and Patient Care Coordinator</li> <li>• Total price is \$XXXX per person, which includes the following costs per person:               <ul style="list-style-type: none"> <li>• Airfare @ \$XXX</li> <li>• Lodging @ \$XXX</li> <li>• Per diem @ \$XX</li> </ul> </li> </ul>						
Telehealth conference <ul style="list-style-type: none"> <li>• 2 staff attending: Physician and Nurse Coordinator</li> <li>• Total price is \$XXXX per person, which includes the following costs per person:               <ul style="list-style-type: none"> <li>• Airfare @ \$XXX</li> <li>• Conference fees @ \$XXX</li> <li>• Lodging @ \$XX</li> <li>• Per diem @ \$XX</li> </ul> </li> </ul>						
<b>TOTAL TRAVEL</b>						
<b>EQUIPMENT</b> - 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.						
<b>TOTAL EQUIPMENT</b> (see Equipment List for details)						



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		
<b>SUPPLIES</b> - Include equipment items that cost less than \$5,000 each and other supplies.						
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						
Case management EHR software to develop, implement, and monitor treatment plans across the multidisciplinary team						
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 such as vital sign monitors, probes, spirometers, digital medical stethoscopes						
Accessories to support interventions using virtual reality: XX headsets @ \$XXX each XX goggles @ \$XXX each						
<b>TOTAL SUPPLIES</b>						



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		
<b>CONTRACTUAL</b> <i>Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.</i>						
Consultant to support the adoption of virtual technologies such as enhanced workflows, administrative operations, and organizational health literacy (XX hours @ \$XX per hour)						
Consultant for patient and health center personnel training (XX hours @ \$XX per hour)						
<b>TOTAL CONTRACTUAL</b>						
<b>CONSTRUCTION</b> <i>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 Equipment and/or A/R costs over the 2-year period of performance.</i>						



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		
Minor A/R costs for HPC Site – renovation of space to create dedicated telehealth “exam rooms”						
Minor A/R costs for XYZ Site – renovation of space to install computer network						
<b>TOTAL CONSTRUCTION</b> (See Minor A/R Budget Justifications)						
<b>OTHER</b> <i>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.</i>						
EHR license fees for new staff (3 @ \$XXX each)						
Staff recruitment – newspaper and Internet posting						
<b>TOTAL OTHER</b>						
<b>Total Direct Charges (Sum of TOTAL Expenses)</b>						
<b>INDIRECT COSTS</b> <i>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 3: Other Relevant Documents.</i>						
X.XX% indirect rate						
<b>TOTALS (Total of Total Direct Charges and Indirect Charges)</b>						



Example Personnel Justification Table

Provide personnel costs for all direct hire staff and contractors to be supported by OVC funding. Refer to Section 5.1.iv of HRSA’s [SF-424 Two-Tier Application Guide](#) for guidance on completing this table.

Name	Position Title	Base Salary	Adjusted Annual Salary	FTE to Support OVC Project	Federal Amount Requested
J. Smith	Physician	\$235,000	\$199,300	0.20	\$39,860
R. Doe	Patient Care Coordinator	\$57,550	N/A	0.50	\$28,775
P. Jones	Patient Education Specialist	\$25,000	N/A	0.25	\$6,250
A. Martinez	Virtual Care Consultant	\$90,000	N/A	0.05	\$4,500
B. Jackson	Virtual Care Trainer	\$53,000	N/A	0.25	\$6,200
A. Lee	Chief Information Officer	\$150,000	N/A	0.20	\$30,000
M. Peterson	Telehealth Director	\$97,500	N/A	1.00	\$97,500
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
<b>TOTAL</b>				<b>5.45 FTE</b>	<b>\$ 407,085</b>

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