

SAMPLE NAP BUDGET NARRATIVE

The sample line-item budget narrative shown below is provided as a broad outline. A detailed budget narrative is required for all items within each category for which funds are requested. Year 1 of the budget narrative should be classified into federal and non-federal resources, and a table of personnel to be paid with federal funds must be provided. For subsequent years, the budget narrative should highlight changes.

Budget Justification	Year 1		Year 1 Total	Year 2 Total
	Federal Grant Request	Non-federal Resources		
REVENUE: Totals should be consistent with those presented in Sections A and C of the SF-424A.				
NAP FUNDING REQUEST				
APPLICANT ORGANIZATION				
STATE FUNDS				
LOCAL FUNDS				
OTHER SUPPORT				
PROGRAM INCOME				
TOTAL REVENUE				
EXPENSES: Object class totals should be consistent with those presented in Section B of the SF-424A.				
PERSONNEL – Include budget details for each staff position as seen in the Personnel Justification sample below.				
ADMINISTRATION				
MEDICAL STAFF				
DENTAL STAFF				
BEHAVIORAL STAFF:				
MENTAL HEALTH SERVICES				
SUBSTANCE USE DISORDER SERVICES				
ENABLING STAFF				
OTHER STAFF				
TOTAL PERSONNEL				

Budget Justification	Year 1		Year 1 Total	Year 2 Total
	Federal Grant Request	Non-federal Resources		
FRINGE BENEFITS				
FICA @ X.XX%				
Medical @ X%				
Retirement @ X%				
Dental @ X%				
Unemployment & Workers Compensation @ X%				
Disability @ X%				
TOTAL FRINGE @ X%				
TRAVEL				
Patient travel: \$X x X,XXX uninsured visits and enabling service appointments				
Provider Training: 2 trainings in QI/QA @ \$X per person x 2 FTEs 5 hotel nights @ \$X per night x 2 FTEs x 2 trainings				
Outreach (X,XXX miles @ \$0.XX per mile)				
TOTAL TRAVEL				
EQUIPMENT – Provide the total cost associated with one-time equipment purchases. Line-item cost information for equipment should be included in the Equipment List form. Maximum federal request of \$150,000 for Equipment and/or minor A/R costs in Year 1 only. Provide adequate narrative to explain how these funds will be utilized for operational costs in Year 2.				
TOTAL EQUIPMENT (See Equipment List)				

Budget Justification	Year 1		Year 1 Total	Year 2 Total
	Federal Grant Request	Non-federal Resources		
SUPPLIES – Include equipment items that cost less than \$5,000 each and other supplies.				
Printing Costs (\$X.XX per brochure x X,000 copies)				
Medical Supplies (\$X.XX per visit x X,XXX visits)				
Dental Supplies (\$X.XX per visit x X,XXX visits)				
Webcams to support telehealth (5 webcams @ \$XX each)				
Tablets for providers to connect with EHR system (3 tablets @ \$XXX each)				
TOTAL SUPPLIES				
CONTRACTUAL – Include detailed justification. Summaries of contracts for clinical services must be included in Attachment 7. Contracts for a significant portion of the scope of project must be attached to Form 8.				
Pharmacy Services (\$X per contract)				
Laboratory Services (\$X per sample x X,XXX samples)				
Housekeeping Services (\$X per month x 12 months)				
Optometry Services (\$X per patient x XXX patients)				
Waste Removal (\$X per month x 12 months)				
TOTAL CONTRACTUAL				

Budget Justification	Year 1		Year 1 Total	Year 2 Total
	Federal Grant Request	Non-federal Resources		
CONSTRUCTION – Provide the total cost associated with each one-time 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 \$150,000 for Equipment and/or A/R costs in Year 1 only. Provide adequate narrative to explain how these funds will be utilized for operational costs in Year 2.				
Minor A/R costs for ABC Site – renovation of exam rooms				
Minor A/R costs for XYZ Site – renovation of dental suite				
TOTAL CONSTRUCTION (See Minor A/R Budget Justification)				
OTHER – Include detailed justification. Note: Federal funding CANNOT support grant-writing, fundraising, or lobbying costs.				
EHR provider licenses \$X each				
Staff Recruitment – newspaper and Internet posting				
Audit Services with HIJ Firm				
Membership Dues (specify membership organization and cost per each)				
Property Insurance				
Repairs and Maintenance - not covered by warranty (\$X per month x 12 months)				
TOTAL OTHER				

Budget Justification	Year 1		Year 1 Total	Year 2 Total
	Federal Grant Request	Non-federal Resources		
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)				
INDIRECT CHARGES – <i>Include approved indirect cost agreement.</i>				
X% indirect cost rate (includes utilities and accounting services)				
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)				

Personnel Justification Sample

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary*	Federal Amount Requested
C. Moore	CEO	50	\$150,000	No adjustment needed	\$75,000
J. Smith	Physician	50	\$225,000	\$189,600	\$94,800
R. Doe	Nurse Practitioner	100	\$75,950	No adjustment needed	\$75,950
M. Green	Dentist	75	\$100,000	No adjustment needed	\$75,000
D. Jones	Data/AP Specialist	25	\$ 33,000	No adjustment needed	\$8,250
H. Black	Outreach Director	50	\$ 65,000	No adjustment needed	\$32,500
S. White	Referral Specialist	100	\$40,000	No adjustment needed	\$40,000
TOTAL					\$401,500

*If the salary is over the federal limitation of \$189,600, include the adjusted annual salary.