



**Fiscal Year 2021 Health Center Controlled Networks Non-Competing
Continuation Progress Report
Sample Budget Narrative**

Instructions for Completing the Budget Narrative

The Fiscal Year (FY) 2021 Health Center Controlled Networks (HCCN) Non-Competing Continuation (NCC) progress report requires you to submit the Budget Narrative as an attachment (upload) in the HRSA Electronic Handbooks (EHBs). A detailed justification is required for all items within each category. The Budget Narrative should clearly explain the amount requested for each line-item in Section B: Budget Categories of the Budget Details Form. Provide budget information for the upcoming 12-month budget period (August 1, 2021 to July 31, 2022). Include detailed calculations explaining how you derived each line-item expense (e.g., cost per unit).

Note: The budget request should reflect the federal HCCN funding only. **Do not provide costs to be supported through other sources of funding.** See the progress report instructions on the [HCCN technical assistance webpage](#) for detailed guidance on how to complete the Budget Narrative. Use this sample Budget Narrative document for reference only.

Sample Budget Narrative

Budget Line Item	FY 2020 Budget Period (8/1/2021 – 7/31/2022)
PERSONNEL – List each staff member who will be supported by HCCN funding. Provide the name (if possible), position title, percent full time equivalency (FTE), and annual salary.	
Administration	
IT Support	
Training Staff	
Quality Improvement and Reporting Staff	
Other Staff	
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 HCCN project.	
X% FICA	
X% Health Insurance Coverage	
X% Retirement Plan	
X% Unemployment Tax Insurance	
X% Disability & Group Life	
TOTAL FRINGE BENEFITS @ XX% of TOTAL PERSONNEL	

Budget Line Item	FY 2020 Budget Period (8/1/2021 – 7/31/2022)
TRAVEL – List expenses associated with travel for staff to attend or lead HCCN-related meetings, trainings, and workshops. List costs categorized by local and long-distance travel. All travel must include registration fees, cost for transportation, lodging, and per diem for each trip. For local travel include the mileage rate and number of miles.	
HCCN staff travel to Participating Health Centers for on-site trainings and facilitation: Two day/one night trip to lead a workshop on Y: Airfare @ \$XXX + Hotel @ \$XXX/day + Per Diem @ \$XX/day + Ground Transportation @ \$XX/day Two day/one night trip to lead a training on Z: Airfare @ \$XXX + Hotel @ \$XXX/day + Per Diem @ \$XX/day + Ground Transportation @ \$XX/day	
HCCN staff travel to XXX Conference: Three day/two night trip: Airfare @ \$XXX + Hotel @ \$XXX/day + Per Diem @ \$XX/day + Ground Transportation @ \$XX/day	
Local Travel (XXX miles @ \$.XX per mile) for [insert purpose(s)]	
TOTAL TRAVEL	
EQUIPMENT – Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Equipment includes moveable items that are non-expendable, tangible personal property having a useful life of more than 1 year and an acquisition cost that equals or exceeds \$5,000. Reminder: HCCN funding may not be utilized to purchase equipment for use at the health center level or any other individual health center operational costs.	
Network Fiber Optics Upgrade	
Network-Level Servers to support EHR data integration for Participating Health Centers (X units x \$XX per unit)	
Network-Level EHR Software Upgrade to improve standardized workflows and reduce provider burden	
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). <u>NOTE:</u> Equipment that does not meet the \$5,000 threshold listed above should be included here (e.g., computers, software). Reminder: HCCN funding may not be utilized to purchase supplies for use at the health center level or any other individual health center operational costs.	
Office Supplies (\$XX per month x 12 months)	
Training Materials (\$Y per fact sheet x ZZZ fact sheets)	
TOTAL SUPPLIES	



Budget Line Item	FY 2020 Budget Period (8/1/2021 – 7/31/2022)
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. A summary of contracts/agreements must be included in Attachment 6 if any new or revised contracts/agreements have been developed. Each HCCN is responsible for ensuring that its 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 he/she will perform, total number of days, travel costs, and total estimated costs.	
Privacy & Security Risk Assessment to ensure shared data is HIPAA compliant (\$XXX flat fee per year)	
Reporting and Evaluation Consultant to aid in data collection and performance improvement (\$XXX @ hour x XX hours)	
Health Information Exchange Consultant to support Participating Health Centers in information sharing and care coordination	
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.	
Audit Services (\$XXX flat fee for yearly audit)	
Video Conferencing Telecommunication (\$XX per month x 12 months)	
TOTAL OTHER	
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above (i.e., Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, and Other)	
INDIRECT CHARGES – Include approved indirect cost agreement in Attachment 7, as applicable.	
X.XX% Indirect Rate (includes utilities and accounting services)	
TOTAL (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	