



**SAMPLE OHI 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. The OHI program requires a budget narrative that outlines federal and non-federal costs for the period of September 1, 2019 through the end of your FY 2021 budget period.

Budget Justification	Federal Grant Request	Non-Federal Resources	Total
<b>REVENUE:</b> Totals should be consistent with those presented in Sections A and C of the SF-424A.			
OHI ONE-TIME FUNDING REQUEST			
APPLICANT ORGANIZATION			
STATE FUNDS			
LOCAL FUNDS			
OTHER SUPPORT			
<b>TOTAL REVENUE</b>			
<b>EXPENSES:</b> Object class totals should be consistent with those presented in Section B of the SF-424A.			
<b>PERSONNEL –</b> OHI funding cannot be used to pay for service provision. Clearly explain how staff costs relate to the OHI proposal. Refer to the <a href="#">SF-424 Two-Tier Application Guide</a> for additional information on the required personnel justification table.			
PROJECT MANAGEMENT STAFF			
IT STAFF			
<b>TOTAL PERSONNEL</b>			
<b>FRINGE BENEFITS –</b> If personnel costs are included, list the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan).			
<b>TOTAL FRINGE @ X%</b>			
<b>TRAVEL –</b> Identify expenses associated with travel for consultants, direct hire staff, and/or contractors. Detail travel costs consistent with the organization’s established travel policy and in compliance with 45 CFR §75.474.			
Provider Training: 2 oral health conferences @ \$XXX per person x 2 FTEs 2 hotel nights @ \$XXX per night x 2 FTEs x 2 trainings			
<b>TOTAL TRAVEL</b>			

Budget Justification	Federal Grant Request	Non-Federal Resources	Total
<b>EQUIPMENT</b> – Provide the total cost associated with equipment purchases. Line-item cost information for equipment should be included in the Equipment List form.			
<b>TOTAL EQUIPMENT (See Equipment List)</b>			
<b>SUPPLIES</b> – Include equipment items that cost less than \$5,000 each and other supplies.			
Dental Supplies (\$X.XX per visit x XXX visits)			
Webcams to support telehealth (5 webcams @ \$XX each)			
Tablets for dental providers to connect with EHR system (3 tablets @ \$XXX each)			
<b>TOTAL SUPPLIES</b>			
<b>CONTRACTUAL</b> – Include detailed justification, how the costs were estimated, and deliverables.			
IT Consultant for systems design and telehealth planning (X hours per week x \$XXX per hour)			
<b>TOTAL CONTRACTUAL</b>			
<b>MINOR ALTERATION/RENOVATION</b> – Provide the total cost associated with minor A/R, aligned with the Construction category on the SF-424A. Line-item cost information for minor A/R should be included in the A/R Project Budget Justification(s).			
<b>TOTAL MINOR A/R (See Minor A/R Budget Justification)</b>			
<b>OTHER</b> – Include costs that do not fit into any other category and provide an explanation of each cost.			
EHR provider licenses \$XXX each			
<b>TOTAL OTHER</b>			
<b>TOTAL DIRECT CHARGES</b> (Sum of TOTAL Expenses)			
<b>INDIRECT CHARGES</b> – Include approved indirect cost agreement in Attachment 3.			
XX% indirect cost rate (includes utilities and accounting services)			
<b>TOTAL</b> (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)			