

# FY 2020 State and Regional Primary Care Association (PCA) Cooperative Agreements Notice of Funding Opportunity: Sample Budget Narrative and Personnel Justification Table

## **Instructions for Completing the Budget Narrative**

You must provide a detailed justification for the amounts requested for all items within each object class category (e.g., personnel, fringe). Budget information must be provided for each 12-month budget period in the 3-year project period. Include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit). Refer to the Budget Narrative instructions found in Section IV.2.iv of the PCA Notice of Funding Opportunity (NOFO) available on the PCA Technical Assistance webpage.

#### NOTE:

- Include federal funding only. <u>Do not provide other sources of funding</u>.
- Object class category totals should be consistent with those presented in Section B of the SF-424A: Budget Information Form.
- For the second and third budget years, highlight changes from the preceding year, or clearly indicate that there are no substantive changes.
- You are required to budget funding for at least one PCA-related conference per project period.

### **Sample Budget Narrative**

Budget Line Item	Year 1 7/1/2020 – 6/30/2021 Federal Request Only	Year 2 7/1/2021 – 6/30/2022 Federal Request Only	Year 3 7/1/2022 – 6/30/2023 Federal Request Only			
PERSONNEL – List each staff member who will be supported by PCA funding, name (if possible), position						
	title, percent full time equivalency (FTE), and annual salary. See additional requirements on salary					
limitations in the <u>Personnel Justification</u> section of this sample.						
Chief Executive Officer						
Chief Financial Officer						
Program Director						
Quality Improvement Director						
Operations Director						
Training Program Manager						
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). The fringe benefits should be directly proportional to the portion of personnel costs allocated for the PCA project.						
FICA @ X.XX%			F - 7 - 1			
Medical @ X%						
Retirement @ X%						
Dental @ X%						
Unemployment @ X%						

Budget Line Item	Year 1 7/1/2020 – 6/30/2021 Federal Request Only	Year 2 7/1/2021 – 6/30/2022 Federal Request Only	Year 3 7/1/2022 – 6/30/2023 Federal Request Only		
Disability @ V0/	T Care an inequient C iii,	r caeran nequest e,	Toda an inequiest only		
Disability @ X%					
TOTAL FRINGE					
TRAVEL – List travel costs accord			•		
rate, number of miles, reason for		g. Include travel expenses	associated with		
participating in meetings, training	gs, and workshops.				
Local Travel: XXX miles @ \$.XX					
per mile for [insert purpose(s)]					
Non-Local Travel: Airfare					
@\$XXX + Per Diem @\$XX/day +					
Ground Transportation					
@\$XX/day for annual meeting					
TOTAL TRAVEL					
EQUIPMENT – Identify the cost p	er item and justify the ne	ed for each piece of equip	ment to carry out the		
proposed project. Equipment inc	cludes moveable items that	at are non-expendable, tai	ngible personal property		
having a useful life of more than					
1 copier @ \$XX each					
TOTAL EQUIPMENT					
SUPPLIES – List the items necess	ary for implementing the	proposed project, separat	ing items into two		
categories: office supplies (e.g.,					
items that are less than \$5,000 p					
Office Supplies (\$XX per month			, , ,		
x 12 months)					
3 Adobe Professional software					
licenses at \$XX each					
TOTAL SUPPLIES					
CONTRACTUAL SERVICES - Include	de sufficient detail to iusti	ify contractual costs. Provi	de a clear explanation		
as to the purpose of each contra	· · · · · · · · · · · · · · · · · · ·	· ·	•		
summary of contracts/agreemer		· · · · · · · · · · · · · · · · · · ·			
your organization has in place ar		· · · · · · · · · · · · · · · · · · ·			
written procedures for awarding	•	•			
more than the FTE proportion of	•	•	•		
may be paid at a higher rate pro-	• •	•	ir is a consultant, they		
Technical setup of interactive					
training webinars (\$X per hour					
for Y hours for 15 webinars)					
Consultants on telehealth					
implementation: 10 days @					
\$X/day					
TOTAL CONTRACTUAL					
OTHER – Include all costs that do not fit into any other category and provide an explanation of each cost.					
X webinars x 100 participants					
(average) x \$X/hour					
TOTAL OTHER					



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Budget Line Item	Year 1 7/1/2020 - 6/30/2021 Federal Request Only	Year 2 7/1/2021 – 6/30/2022 Federal Request Only	Year 3 7/1/2022 - 6/30/2023 Federal Request Only		
TOTAL DIRECT CHARGES (Sum					
of all TOTAL Expenses rows					
above (e.g., Personnel, Other)					
INDIRECT CHARGES – Include approved indirect cost agreement in Attachment 10, as applicable. If the					
budget includes indirect costs, you must provide a copy of your organization's current negotiated indirect					
cost rate agreement in Attachment 8. If there is no such agreement and you are requesting a 10% de					
minimus rate, the budget justification must clearly state the applicant organization has never had a					
negotiated indirect cost rate agreement and is requesting to apply the 10% de minimum rate.					
X.XX% Indirect Rate (list what					
this includes)					
TOTAL (Total of TOTAL DIRECT					
CHARGES and INDIRECT					
CHARGES above)					

# **Sample Personnel Justification Table**

The information included in the table below must be provided for all personnel supported by federal funds as part of the PCA project. Further details are included in the FY 2020 PCA NOFO available on the PCA Technical Assistance webpage.

Staff Name	Position Title	Percent of FTE	Annual Salary	Adjusted Annual Salary	Federal Amount Requested
J. Smith	Chief Executive Officer	50	\$195,000	\$192,300	\$96,150
R. Doe	Program Lead	100	\$75,950	No adjustment needed	\$75,950
D. Jones	Data Program Analyst	25	\$33,000	No adjustment needed	\$8,250
H. Black	Program Coordinator	50	\$65,000	No adjustment needed	\$32,500
	TOTAL		\$368,950		\$209,250