HRSA
Health Center Program

American Rescue Plan Act (H8F) Funding for Health Centers
Sample Budget Narrative and Personnel Justification Table

As a required attachment in your H8F Award Submission in the HRSA Electronic Handbooks (EHBs), submit a budget narrative with personnel justification table. Refer to the H8F technical assistance webpage for the submission guidance and H8F example activities.

Upload a 2-year budget narrative that clearly explains and justifies your proposed federal and non-federal expenditures for each year. The 2-year sum of line item costs for each category must align with those on the SF-424A, Section B, and the annual total costs should be consistent with the Federal Object Class Categories form completed in EHBs.

To propose to use funds to support costs dating back to January 31, 2020, add a separate row under each relevant object class category (e.g., travel, supplies) and include:
- A detailed description of the pre-award costs (including any costs incurred between the award date and your submission date)
- The date incurred, and
- How funds were used to meet the H8F funding purpose.

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		
PERSONNEL						
Administration						
Medical Staff						
Dental Staff						
Mental Health Staff						

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		
Substance Use Disorder Staff						
Pharmacy Staff						
Vision Staff						
Enabling Staff						
Information Technology Staff						
Pre-award costs back to January 31, 2020 (specify)						
TOTAL PERSONNEL						
FRINGE BENEFITS - *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%						
Pre-award costs back to January 31, 2020 (specify)						
TOTAL FRINGE BENEFITS						

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		
TRAVEL - *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 and locations (XXX miles @ $0.XX per mile)						
Local travel for staff to provide vaccinations and testing services at X in-scope sites and locations (XXX miles @ $0.XX per mile)						
Pre-award costs back to January 31, 2020 (specify)						
TOTAL TRAVEL						
EQUIPMENT - *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.*						
TOTAL EQUIPMENT (see Equipment List for details)						

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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		
SUPPLIES - *Include equipment items that cost less than $5,000 each and other supplies.*						
COVID-19 Vaccination and Testing Supplies • X boxes of X count rubber gloves @ $X per box • X boxes of X count n-95 masks @ $X per each • X hazardous waste containers @ $X						
Health information technology to support telehealth, testing, and vaccine administration • EHR enhancement to support vaccination data sharing • X tablets @ $XXX each • X staff laptops @ $XXX each						
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 • X digital medical stethoscopes @ $XX each • X spirometers @ $XX each						

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**		
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						
Pre-award costs back to January 31, 2020 (specify)						
TOTAL SUPPLIES						
CONTRACTUAL *Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.*						
Consultant to support the adoption of virtual technologies such as enhanced workflows to efficiently and effectively administer COVID-19 vaccines, administrative operations, and organizational health literacy (XX hours @ $XX per hour)						
Consultant for COVID-19 testing, vaccination, and treatment education (XX hours @ $XX per hour)						
Contract to develop digital applications to support patients' access to and engagement in virtual care, including self-management tools, remote patient monitoring, and patient portals)						

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**		
Pre-award costs back to January 31, 2020 (specify)						
TOTAL CONTRACTUAL						
CONSTRUCTION *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 minor A/R costs over the 2-year period of performance.*						
Minor A/R costs for HPC Site – renovation of space to create exam rooms, lab, and vaccination space						
Minor A/R costs for XYZ Site – renovation of space to install computer network						
TOTAL CONSTRUCTION (See Minor A/R Budget Justifications)						
OTHER *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.*						
EHR license fees for new staff (3 @ $XXX each)						
Staff recruitment – newspaper and Internet posting						
Pre-award costs back to January 31, 2020 (specify)						
TOTAL OTHER						

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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**		
Total Direct Charges (Sum of TOTAL Expenses)						
INDIRECT COSTS *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. Upload your approved indirect cost agreement in the Appendices section of the H8F Award Submission, if applicable.*						
X.XX% indirect rate						
TOTALS (Total of Total Direct Charges and Indirect Charges)						

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Example Personnel Justification Table

Provide personnel costs for all direct hire staff and contractors to be supported by H8F funding.

Name	Position Title	Base Salary	Adjusted Annual Salary*	FTE to Support H8F Project	Federal Amount Requested
J. Smith	Physician	$235,000	$199,300	0.50	$99,650
J. Johnson	Clinical Pharmacist	$100,000	N/A	0.25	$25,000
R. Doe	Patient Care Coordinator	$57,550	N/A	0.50	$28,775
P. Jones	Patient/Community Education Specialist	$25,000	N/A	0.50	$12,500
A. Martinez	Community Health Worker	$55,000	N/A	1.00	$55,000
J. Fox	Community Health Worker	$55,000	N/A	1.00	$55,000
S. Chen	Community Health Worker	$55,000	N/A	1.00	$55,000
A. Lee	Physician Assistant	$90,000	N/A	0.50	$45,000
M. Peterson	Telehealth Director	$97,500	N/A	0.75	$73,125
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
			TOTAL	**9 FTE**	**$643,050**

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