



**ANNUAL CERTIFICATION
SAMPLE BUDGET NARRATIVE**

The sample line-item budget justification narrative shown below is provided as a broad outline. A detailed line-item budget narrative is required for all items within each category for the upcoming designation period. An itemization of revenues and expenses is necessary.

REVENUE:

REVENUE	Federal Grant Request	Non-Federal Resources
APPLICANT ORGANIZATION		
STATE FUNDS		
LOCAL FUNDS		
OTHER SUPPORT		
OTHER SUPPORT		
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)		
TOTAL REVENUE		

PERSONNEL (Include budget details for each staff position as seen in the Personnel Justification sample below)	Federal Grant Request	Non-Federal Resources
ADMINISTRATION		
MEDICAL STAFF		
DENTAL STAFF		
BEHAVIORAL HEALTH STAFF:		
MENTAL HEALTH SERVICES		
SUBSTANCE USE DISORDER SERVICES		
ENABLING STAFF		
VISION STAFF		
TOTAL PERSONNEL		

FRINGE BENEFITS	Federal Grant Request	Non-Federal Resources
FICA @ X.XX%		
Medical @ X%		
Retirement @ X%		
Dental @ X%		
Unemployment & Workers Compensation @ X%		
Disability @ X%		
TOTAL FRINGE @ X%		

TRAVEL	Federal Grant Request	Non-Federal Resources
Patient travel: \$XXX,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 <i>(Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more).</i>	Federal Grant Request	Non-Federal Resources
Ultrasound machine		
3 dental chairs @ \$X,XXX each		
TOTAL EQUIPMENT		

SUPPLIES <i>(Include equipment items that cost less than \$5,000 each and other supplies)</i>	Federal Grant Request	Non-Federal Resources
4 laptop computers @ \$X each		
Office Supplies (\$X per month x 12 months)		
Printing Costs (\$X.XX per brochure x 4 brochures x X,000 copies)		
Medical Supplies (\$X.XX per visit x X,XXX visits)		
Dental Supplies (\$X.XX per visit x X,XXX visits)		
TOTAL SUPPLIES		

CONTRACTUAL (Include sufficient detail to justify costs.)	Federal Grant Request	Non-Federal Resources
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		
OTHER (Include detailed justification)	Federal Grant Request	Non-Federal Resources
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)		
Rent (\$X per month x 12 months)		
TOTAL OTHER		
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)		
INDIRECT CHARGES (Include approved indirect cost rate agreement.)	Federal Grant Request	Non-Federal Resources
X% indirect cost rate (includes utilities and accounting services)		
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)		

Additional Budget Justification: