



**FY 2021 Health Center Program Service Expansion – School-Based Service Sites (SBSS)  
Example Budget Narrative and Personnel Justification Table**

**Example Budget Narrative**

Upload a document that presents the proposed federal and non-federal costs by object class category for each of the two years of the period of performance (September 1, 2021 through August 31, 2023). Include a federal cost total for each category. Federal costs are the costs that will be covered by your SBSS award. Non-federal costs are covered by any other funding source. The sum of the line item costs for each category must align with those presented on the SF-424 A Budget Information form that you complete in HRSA Electronic Handbooks (EHBs). Clearly explain and justify each cost. See Section 5.1.v of HRSA’s [SF-424 Two-Tier Application Guide](#) for detailed guidance on completing your budget narrative and personnel justification table. Refer to the SBSS Example Activity Descriptions document on the [SBSS technical assistance \(TA\) webpage](#) for example uses of SBSS funding. Refer to the list of the unallowed costs in the SBSS Notice of Funding Opportunity available on the [SBSS TA webpage](#).

Object Class Category with Example Line Items	Year 1 September 1, 2021 – August 31, 2022		Year 2 September 1, 2022 – August 31, 2023	
	Federal	Non-Federal	Federal	Non-Federal
<b>PERSONNEL</b>				
Physician	\$39,860	\$210,140	\$39,860	\$210,140
School Nurse Coordinator	\$25,000	\$25,000	\$25,000	\$25,000
Counselor	\$0	\$50,000	\$50,000	\$0
<b>TOTAL PERSONNEL</b>	<b>\$64,860</b>	<b>\$285,140</b>	<b>\$114,860</b>	<b>\$235,140</b>
<b>FRINGE BENEFITS</b>				
FICA @ X.XX%				
Health Insurance @ X.XX%				
Dental @ X.XX%				
Unemployment Insurance @ X.XX%				

	Year 1 September 1, 2021 – August 31, 2022		Year 2 September 1, 2022 – August 31, 2023	
Object Class Category with Example Line Items	Federal	Non-Federal	Federal	Non-Federal
Workers Compensation @ X.XX%				
Disability @ X.XX%				
<b>TOTAL FRINGE BENEFITS</b>				
<b>TRAVEL</b>				
Local travel for Student Nurse Coordinator to provide care general primary care services at X in-scope school-based service sites: <ul style="list-style-type: none"> <li>• \$XX.XX mileage rate @ XX miles for X trips</li> <li>• \$XX garage parking at X sites</li> </ul>				
Providing Telehealth in Pediatric Populations conference <ul style="list-style-type: none"> <li>• 2 staff: Physician and School Nurse Coordinator</li> <li>• Total price is \$X,XXX per person, includes the following costs per person: <ul style="list-style-type: none"> <li>○ Airfare @ \$XXX</li> <li>○ Conference fees @ \$XXX</li> <li>○ Lodging @ \$XX</li> <li>○ Per diem @XX</li> </ul> </li> </ul>				
<b>TOTAL TRAVEL</b>				

<b>EQUIPMENT</b>				
<i>Any equipment requests must align with the Equipment List Form. Funding for minor A/R and equipment is only available in year 1 and may not exceed \$150,000.</i>				
	<b>Year 1 September 1, 2021 – August 31, 2022</b>		<b>Year 2 September 1, 2022 – August 31, 2023</b>	
<b>Object Class Category with Example Line Items</b>	<b>Federal</b>	<b>Non-Federal</b>	<b>Federal</b>	<b>Non-Federal</b>
EHR upgrade to add new clinical workflows and clinical decision supports in support of expanding services at the school-based service site (1 @ \$XX,XXX)	<b>\$10,000</b>	\$0	\$0	\$0
Videoconferencing equipment to facilitate confidential telehealth visits (1 @ \$X,XXX each)	<b>\$25,000</b>	\$0	\$0	\$0
<b>TOTAL EQUIPMENT</b>	<b>\$35,000</b>	\$0	\$0	\$0
<b>SUPPLIES</b>				
Medical exam table linens (500 one time use linens @ XX.XX each)	<b>\$2,500</b>		<b>\$2,500</b>	
<b>TOTAL SUPPLIES</b>	<b>\$2,500</b>		<b>\$2,500</b>	
<b>CONTRACTUAL</b>				
Consultant to provide XYZ training to current providers (30 hours @ \$XX per hour)				
Practice transformation facilitator to guide the school-based service site's adoption of integrating mental health services into primary care using best practices (20 hours x \$XX per hour)				
<b>Object Class Category with Example Line Items</b>	<b>Federal</b>	<b>Non-Federal</b>	<b>Federal</b>	<b>Non-Federal</b>
<b>TOTAL CONTRACTUAL</b>				

**Minor Alteration and Renovation**

List the total funds requested for minor alterations and renovations. Use the Sample SBSS A/R Budget Justification available on the [SBSS TA webpage](#) to itemize costs. **Funding for minor A/R and equipment is only available in year 1 and may not exceed \$150,000.**

	Year 1		Year 2	
Enhance counseling rooms with soundproofing.	\$15,000	\$0.00	\$0.00	\$0.00
<b>TOTAL MINOR ALTERATIONS AND RENOVATIONS</b>	<b>\$15,000</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>OTHER</b>				
EHR license fees for new staff (3 @ \$XX each)				
<b>TOTAL OTHER</b>				
<b>INDIRECT COSTS</b>				
X.XX% approved indirect rate				
<b>TOTAL INDIRECT COSTS</b>				
<b>TOTAL BUDGET</b>	<b>\$200,000</b>		<b>\$200,000</b>	

### Example Personnel Justification Table

Include a Personnel Justification Table in your Budget Narrative attachment. Provide personnel costs for all direct hire personnel and contractors to be supported by SBSS funding. See Section 5.1.iv of HRSA’s [SF-424 Two-Tier Application Guide](#) for detailed guidance on completing this table. Before calculating personnel costs, annual salaries must be adjusted to not exceed the [Executive Level II](#) salary, currently set for \$199,300, effective January 2021. This salary rate limitation also applies to sub-award/sub-contracts under a HRSA grant. If you will adjust any personnel costs between year 1 and year 2, provide separate tables for each year, otherwise, provide only a table for year one.

**Year 1 Proposed Personnel  
(September 1, 2021 – August 31, 2022)**

Name	Position Title	Base Salary	Adjusted Annual Salary	FTE to Support SBSS Project	Federal Amount Requested
J. Doe	Physician	\$225,000	\$199,300	0.20	\$39,860
J. Smith	School Nurse Coordinator	\$50,000	No adjustment	0.50	\$25,000
<b>TOTAL</b>				<b>0.70 FTE</b>	<b>\$64,860</b>

**Year 2 Proposed Personnel  
(September 1, 2022 – August 31, 2023)**

Name	Position Title	Base Salary	Adjusted Annual Salary	FTE to Support SBSS Project	Federal Amount Requested
J. Doe	Physician	\$225,000	\$199,300	0.20	\$39,860
J. Smith	School Nurse Coordinator	\$50,000	No adjustment	0.50	\$25,000
R. Perez	Counselor	\$50,000	No adjustment	1.0	\$50,000
<b>TOTAL</b>				<b>1.70 FTE</b>	<b>\$114,860</b>