

**SAMPLE PHS FORM 5161-1: SF 424A FOR NEW ACCESS POINTS (First Page Only)**

<b>BUDGET INFORMATION – Non-Construction Programs</b>						
<b>SECTION A – BUDGET SUMMARY</b>						
Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal* (e)	Non-Federal (f)	Total (g)
1. <b>Migrant Health Centers - 330 (g)</b>	93.224			\$150,000	\$3,452,767	\$3,602,767.00
2. <b>Community Health Centers- 330 (e)</b>	93.224			\$500,000	\$7,599,423	\$8,099,423.00
3.						
4.						
5. TOTALS				\$650,000.00	\$11,052,190.00	\$11,702,190.00
<b>SECTION B - BUDGET CATEGORIES</b>						
6. Object Class Category	Grant Program Function or Activity					Total (5)
	(1) Migrant	(2) Community				
a. Personnel	\$1,833,947	\$4,206,206				\$6,040,153.00
b. Fringe Benefits	\$676,241	\$1,488,424				\$2,164,665.00
c. Travel	\$41,924	\$92,276				\$134,200.00
d. Equipment	\$211,044	\$464,513				\$675,557.00
e. Supplies	\$146,828	\$323,172				\$470,000.00
f. Contractual	\$294,031	\$647,169				\$941,200.00
g. Construction						
h. Other	\$398,752	\$877,663				\$1,276,415.00
i. Total Direct Charges (sum of 6a-6h)	\$3,602,767	\$8,099,423				\$11,702,190.00
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$3,602,767	\$8,099,423				\$12,978,605.00
7. Program Income	\$3,294,427	\$7,251,113				\$10,545,540

\*Applicants are limited to the level of Federal funds identified in Program Guidance.

## SAMPLE 424C Budget Information-Construction Programs

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>424C Budget Information-Construction Programs</b>		FOR HRSA USE ONLY			
		Grantee Name			
		Grant Number		Application Tracking #	
		Project Title			
No.	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a - b)	
1	Administrative and legal expenses	\$ 5,000	\$	\$ 5,000	
2	Land, structures, rights-of-way, appraisals, etc.	\$	\$	\$	
3	Relocation expenses and payments	\$	\$	\$	
4	Architectural and engineering fees	\$ 7,000	\$ 3,200	\$ 3,800	
5	Other architectural and engineering fees	\$	\$	\$	
6	Project inspection fees	\$ 1,000	\$ 200	\$ 800	
7	Site work	\$	\$	\$	
8	Demolition and removal	\$ 17,000	\$ 12,600	\$ 4,400	
9	Construction	\$ 40,000	\$ 10,000	\$ 30,000	
10	Equipment	\$ 122,000	\$ 16,000	\$ 106,000	
11	Miscellaneous	\$	\$	\$	
12	SUBTOTAL (sum of lines 1-11)	\$	\$	\$	
13	Contingencies	\$	\$	\$	
14	SUBTOTAL (sum of lines 12 and 13)	\$	\$	\$	
15	Project (program) income	\$ 0.00	\$ 0.00	\$ 0.00	
16	TOTAL PROJECT COSTS	\$192,000	\$42,000	\$150,000	
17	Federal assistance requested Federal Percentage Share: <b>78%</b>			<b>\$150,000</b>	

**NOTE:** Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case you will be notified.

## SAMPLE BUDGET JUSTIFICATION

**Instructions:** The sample budget justification (by line-item) shown below is provided as an example and broad outline. Please note that a detailed budget justification is required for all items within each category for which funds are requested as applicable.

Budget Justification FY 2011-2013	Year 1		Year 2
	CHC	MHC	
<b>REVENUE:</b> <i>Should be consistent with information presented in FORM 3- Income Analysis</i>			
PROGRAM INCOME (fees, premiums, 3 <sup>rd</sup> party reimbursements and payments generated from the projected delivery of services )	\$	\$	\$
LOCAL & STATE FUNDS (including local, foundation and state grants)	\$	\$	\$
OTHER SUPPORT (including contributions, fundraising)	\$	\$	\$
FEDERAL 330 GRANT	\$	\$	\$
OTHER FEDERAL FUNDING (Break out by funding source, e.g., HUD, CDC )	\$	\$	\$
<b>TOTAL REVENUE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>EXPENSES:</b> <i>Object Class Totals should be consistent with those presented in the SF- 424A</i>			
<b><u>SALARY &amp; WAGES</u></b> <i>Use total salaries from categories listed in FORM 2–Staffing Profile.</i>			
ADMINISTRATION (Total all Admin. salaries from Form 2)	\$	\$	\$
MEDICAL STAFF (Total all Medical Salaries from Form 2)	\$	\$	\$
DENTAL STAFF	\$	\$	\$
BEHAVIORAL HEALTH STAFF	\$	\$	\$
ENABLING SERVICES STAFF	\$	\$	\$
OTHER STAFF	\$	\$	\$
<b>TOTAL: SALARY &amp; WAGES (A)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b><u>FRINGE BENEFITS</u></b>			
FICA	\$	\$	\$
Medical	\$	\$	\$
Retirement	\$	\$	\$
Dental	\$	\$	\$
Unemployment and Workers Compensation	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL: FRINGE (B)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL: PERSONNEL (A + B)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b><u>EQUIPMENT</u></b>			
Outreach and Enrollment (4 laptop computers @ \$X,000.00 ea)	\$	\$	\$
Clinical (2 blood pressure machines @ \$X,000 ea, 1 autoclave @ \$X,000)	\$	\$	\$

Budget Justification FY 2011-2013	Year 1		Year 2
	CHC	MHC	
<b>TOTAL: EQUIPMENT</b>	\$	\$	\$
<b><u>ALTERATION AND RENOVATION (Summary of SF 424C)</u></b>			\$
Removal of interior wall	\$	\$	\$
Installation of an HVAC system	\$	\$	\$
Minor plumbing for oral operatory	\$	\$	\$
<b>TOTAL: ALTERATION AND RENOVATION</b>	\$	\$	\$
<b><u>SUPPLIES</u></b>			
Office and Printing Supplies (for 3 sites)	\$	\$	\$
Dental Supplies (2,000 visits @ \$X.00 ea)	\$	\$	\$
<b>TOTAL: SUPPLIES</b>	\$	\$	\$
<b><u>TRAVEL</u></b>			
Provider Training (2 FTEs @ \$X.00 ea)	\$	\$	\$
Outreach (50,000 miles @ \$.XX per mile)	\$	\$	\$
<b>TOTAL: TRAVEL</b>	\$	\$	\$
<b><u>CONTRACTUAL</u></b> Describe with enough detail to justify costs for both patient and non-patient contracts.			
Outside Contract Pharmacies (3 pharmacies @ \$XXX.00 per contract)	\$	\$	\$
OB/GYN Contract with XX Practice (\$XX.00 for deliveries for approx. 200 patients)	\$	\$	\$
Housekeeping Services (Contract for services at 4 sites)	\$	\$	\$
<b>TOTAL: CONTRACTUAL</b>	\$	\$	\$
<b><u>OTHER</u></b> Describe with enough detail to justify each item in the "other" category. <b>Please note that Federal funding CANNOT support grant-writing fees or other fundraising costs.</b>			
Audit Service with "X Firm"	\$	\$	\$
Dues, Memberships	\$	\$	\$
Rent (\$X.00 per month, per site for 4 sites)	\$	\$	\$
Technical Assistance	\$	\$	\$
<b>TOTAL: OTHER</b>	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$
Should be consistent with the totals presented in Sections A and B of the SF-424A.			