

**SECTION I Personnel and Fringe Benefits** (Attach job description and written narrative justification)  
**FY 2008** (Do not list contractual personnel or consultants in this section, include agency staff only.)

Grant #: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

SALARIES AND WAGES	I	II	III	IV	V	VI	VII
POSITION/NAME	ANNUAL SALARY	MONTHS ON PROJECT	% OF TIME ON PROJECT	AMOUNT REQUESTED FROM COMMISSION	% OF FRINGE BENEFITS	Match (hard cash)	FRINGE BENEFITS
SUBTOTAL							
TOTAL PERSONNEL = SALARIES + FRINGE BENEFITS (Columns IV & V)							

VI. Cash spent within the grant period for project-related cost. Allowable cash match must include those costs allowable with state funds.

\_\_\_\_\_  
 Health Commissioner Date

\_\_\_\_\_  
 Fiscal Officer Date

**Commission Approval:**

\_\_\_\_\_  
 Cheryl A. Boyce, Executive Director Date

<input type="checkbox"/> Approved as submitted <input type="checkbox"/> Approved with condition Condition (s):	<input type="checkbox"/> Disapproved
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## SECTION I - Personnel and Fringe Benefits - Instructions

Only those positions which provide direct client services are to be listed. Do not list contractual personnel or consultants in this section. Administrative costs are to be listed in Section II - Non-Personnel.

- In column I. Provide the yearly salary budgeted for each position listed. The amount should be consistent with similar positions in the agency based on Full-Time Equivalency (FTE).
- In column II. The total number of months of employment projected per position for this grant.
- In column III. Calculate the percent of time the employee will devoted exclusively to the project under this grant; for example, a 40-hour per week agency employee who provides 20 hours of service on this project would be listed as 50%.
- In column IV. Amount of the employee's salary that will be funded by the Commission based on annual salary (Column I), number of months on the project (Column II) and the percentage of time on the project (Column III).
- a) Example: 1) An employee with an annual salary of \$15,000 who works 12 months at 50% of his/her time would earn \$7,500 from Commission funds; 2) An employee with an annual salary of \$20,000 who works nine months at 25% of his/her time on the project would earn \$3,750 from the Commission.
- b) If the agency pays one rate during a probationary period with an increase after probation, state budget assumptions on separate lines for each category and provide a narrative explanation.
- In column V. List the percentage of employee fringe benefits.
- In column VI. Cash spent within the grant period for project-related cost. Allowable cash match must include those costs allowable with state funds.



**Section I Personal and Fringe Benefits page must be signed by the health commissioner and the agency fiscal officer**

Agency Name \_\_\_\_\_

**SECTION II Non-Personnel  
FY 2008**

**Additional Sheet Attached**

<b>(A) TRAVEL</b> (Itemize and attach written narrative justification for each item)	I. Project Budget	II. Match (hard cash)
SUBTOTAL		
<b>(B) EQUIPMENT</b> - Rental/Leasing only (Itemize and attach written narrative justification for each item)		
SUBTOTAL		
<b>(C) SUPPLIES, CONTRACTS, ETC.</b> (Itemize and attach written narrative justification for each item)		
SUBTOTAL		

II. Cash spent within the grant period for project-related cost. Allowable cash match must include those costs allowable with state funds.

Agency Name \_\_\_\_\_

## SECTION II - Non-personnel - Instructions

### (A) Travel

1. State estimated number of miles that will be traveled and the rate at which payment would be made, not to exceed the state rate of 30 cents per mile. Example: 2,000 miles at \$ .40 cents = \$800.00
2. Projected number of overnight lodgings, number of people involved and the rate per day/per person should be stated. Lodging rate per day/per person may not exceed the state rate of \$80.00 plus room tax (if applicable).
3. Meal expenses are allowable for dinner and breakfast when on an approved overnight stay, not to exceed \$40.00 per day with receipts and \$30.00 per day without receipts, for full days of travel preceded and followed by overnight stays.
4. Out-of-state travel is a non-allowable cost under this grant.
5. Fees for conferences/training sessions, when determined to be related to specific job-duties and/or responsibilities, are reimbursable or allowable. Projected number of such sessions and costs should be stated.

### (B) Equipment

Equipment is any tangible item having a useful life of one year or more which is purchased in whole or in part with Commission funds. Non-allowable costs include, but are not limited to, the following under this grant:

- |  |                            |
|--|----------------------------|
| a) VCRs/accessories;   | g) vehicle purchases;      |
| b) portable cameras;   | h) replotron machines;     |
| c) televisions;  | i) copiers;                |
| d) computers;  | j) refrigerators;          |
| e) typewriters;  | k) baby/infant seats, etc. |
| f) furniture; (will provide state/federal salvage applications to successful grantees) |                            |

**Leasing/rental of any of this equipment may be considered. The rate per month and the number of months for leasing/rental should be stated.**

### (C) Supplies (Each item must have a cost per unit stated)

For purposes of Commission funds, supplies consist of expendable property items which have a useful product life of one year or less. Supplies include all tangible, expendable property other than equipment purchased with Commission funds. Equipment priced less than \$100 (e.g., staples, scissors, wastebaskets, paper, pens) is considered office supplies.

Printing: Costs may include typesetting, actual printing or photocopying of the material which is completed by a commercial printing company. Included also are costs for pamphlets, brochures and flyers. Provide the unit cost.

Contracts: Agreements for all sub-contracts must be submitted with the following being addressed: scope of service, beginning/ending date, hourly rate and total number of contract hours.

Advertising: Specify the media and cost of advertisement (e.g. 3 ads at \$50.00 per ad).



#### **Specify the amount needed:**

- **Attend the Minority Health Month 2008 activities including the Biennial Recognition & Awards Dinner and Health Expo '08**

**SECTION II Non-Personnel**

**☐ Additional Sheet Attached**

**FY 2008**

<b>(D) ADMINISTRATIVE COSTS</b> (Itemize and attach written narrative justification for each item)	I. Project Budget	II. Match (hard cash)
SUBTOTAL		
SUBTOTAL - Non-personnel (Section II)		
TOTAL (Section I and II)		

II. Cash spent within the grant period for project-related cost. Allowable cash match must include those costs allowable with state funds.

TOTAL AGENCY SUPPORT = \$ \_\_\_\_\_ (This could represent the 20% of funds from other sources and may be verified by the Commission)

Agency Name \_\_\_\_\_

## SECTION II - Non-personnel - Instructions

(D) Administrative/Indirect costs: Total cost must not exceed 15% of the amount requested.

The following may be charged as indirect costs/services and **must be itemized**:

- a) administrative charges: salaries of support staff (administrators, secretaries, accountants).  
Provide the percentage of time on the project per line item;
- b) rental/space leasing: space rental is an allowable cost. Space for which rental fees will be paid must meet the following requirements:
  - 1) the number of months and the rate at which payment will be made should be stated;
  - 2) when rent is shared among several programs, the amount charged to the Commission must not exceed the Commission's fair share. The agency must submit documentation of how the Commission's fair share was determined (e.g., if Commission-funded project uses 20% of the space, the Commission may be charged no more than 20% of the total rent);
  - 3) submit a copy of the lease which includes the building owner's name, location of the building, square footage, total amount of rent paid, terms of agreement, termination clause, signatures of lessee and lessor;
  - 4) approved rent is non-transferable from the original site to a new or relocated site.  
Rent will not be approved for:
    - i) space which is paid for by another state/federal program or private grant;
    - ii) space in buildings purchased with federal funds;
    - iii) space donated to the applicant agency.
- c) utilities: heat, water, electricity, etc.



**The attached budget narrative must be completed and submitted in order for this application to be considered complete.**

Agency Name \_\_\_\_\_

**BUDGET JUSTIFICATION/NARRATIVE**

**All line items need to be itemized and list unit costs for each requested expenditure.  
This page is mandatory and must be completed in order for the application to be  
considered complete.**

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Agency Name: \_\_\_\_\_ Grant Number: \_\_\_\_\_

**SECTION I Personnel and Fringe Benefits:**

**SECTION II Non Personnel:**

**Travel**

**Equipment**

**Supplies, Contracts, Etc.**

**Administrative Costs**



SECTION III

ANTICIPATED PERIODIC DISTRIBUTION  
of  
COMMISSION FUNDS ONLY  
**SFY 2008**

BUDGET CATEGORY	Total Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Personnel (salaries and fringes)				
2. Travel				
3. Equipment				
4. Supplies, Contracts & Other				
5. Administrative Costs				
6. Total Project Cost <small>(Total of all budget categories)</small>	\$	\$	\$	\$

**SOURCE OF AGENCY SUPPORT**

LIST ALL SOURCES OF AGENCY SUPPORT AMOUNTS WHICH WILL BE USED FOR THIS PROJECT:  
**Fundraising is prohibited under this grant.**

SOURCE

AMOUNT

- 1. Local Appropriations \$ \_\_\_\_\_
- 2. Gifts and Contributions \$ \_\_\_\_\_
- 3. Cash \$ \_\_\_\_\_
- 4. State \$ \_\_\_\_\_
- 5. Federal \$ \_\_\_\_\_
- 6. Other \$ \_\_\_\_\_
- TOTAL AMOUNT OF MATCH (hard cash)** \$ \_\_\_\_\_
- TOTAL AMOUNT REQUESTED FROM COMMISSION** \$ \_\_\_\_\_

\_\_\_\_\_  
Health Commissioner Date

\_\_\_\_\_  
Fiscal Officer Date



**This page must be signed by the agency executive director and the agency fiscal officer**

## **Anticipated Periodic Distribution - Instructions**

Transfer the amounts listed in Sections I and II for each line item, by year, to the column marked "TOTAL YEAR". Add the lines. The total should not exceed award.

The periodic distribution indicates how payments should be made if the grant is funded. The amounts budgeted per period do not have to be equally distributed (anticipate start-up delays e.g. due to advertising for staff); however, the four quarterly payments must equal the amount requested.