

**MINORITY HEALTH MONTH BUDGET-PART I**

Amount Requested from Commission Only

(See reverse side for instructions)  
(Attach copy of 501 (C) (3) letter)

Agency Name: \_\_\_\_\_ MHM 2018 - \_\_\_\_\_

Executive Director: \_\_\_\_\_ Primary Contact Person: \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Column A - Budget Category <small>(specific categories only, narrative should provide detailed line item amounts)</small>	Column B - List Commission costs only
1. Personnel (specify) <span style="float: right;">Not to exceed 15%</span>  2. Speakers (specify)  3. Rentals (specify)  4. Program Supplies, Contracts and Other  5. Administrative (Not to exceed 15%)	
6. Total Commission Cost <b>(cannot exceed \$3,000)</b>	

By signing below, we certify that at least 20% of our funds are from sources other than the Ohio Commission on Minority Health. The Commission reserves the right to evaluate and/or document the sources of funds. In addition, we certify that the information contained in this proposal is, to the best of our knowledge, correct and reflective of the accounting and program records of the agency.

\_\_\_\_\_  
Executive Director (Blue Ink) Date Fiscal Officer (Blue Ink) Date

**Must bear original signatures**  
DO NOT WRITE BELOW THIS LINE

- Disapproved in full       Approved as submitted  
 Approved with conditions:

\_\_\_\_\_  
Angela C. Dawson, Executive Director

\_\_\_\_\_  
Date



**This form must be signed by the Executive Director and Fiscal Officer**

**NOTE: Do not alter or modify this form. Only this form will be accepted.**

**Complete the attached budget narrative. The narrative must provide cost per unit.**

**BUDGET JUSTIFICATION/NARRATIVE-PART II**

(THIS PAGE IS MANDATORY AND MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE)

Agency Name: \_\_\_\_\_ MHM 2018 - \_\_\_\_\_

Executive Director: \_\_\_\_\_ Primary Contact Person: \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Personnel (specify and itemize.) Cannot exceed 15%

Speakers: Include a copy of the resume for all speakers, registered dieticians, consultants and contracted individuals, if available at time of grant submission. If not available, this must be submitted if the grant is awarded, by the same due date of the Agreement of Terms.

Rentals: (Itemize and provide the cost per unit.)

Program Supplies: (Itemize and provide the cost per unit.)

Administrative (Not to exceed 15%) (Itemize and provide the cost per unit.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Blue Ink)

## INSTRUCTIONS FOR COMPLETION OF THE BUDGET FORM

- Agency Name: Insert the legal name of your agency. It must match the name on the 501(c)(3).
- MHM 2018 - \_\_\_\_ : A number will be assigned to the Minority Health Month application when it arrives in the Commission office. The agency must use this number on all budget forms and correspondence with the Commission.
- Executive Director: Insert the name of the Chief Executive Officer of the applicant agency and official title.
- Contact Person: The name of the person who has day-to-day responsibility for the Minority Health Month project.
- Federal Tax I.D. Number: This number is provided to your organization by the Internal Revenue Service. The number is used for reporting income received by your organization to the IRS. This number may or may not be the same as your 501 (C) (3) number depending on the holder of this exempt certification. This number may also be called Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- Phone: Applicant should give the number of the contact person(s) during normal business hours, if different from agency's telephone number.
- Budget Category:
- Speakers**
- Column A: Identify each speaker (by name and topic) whose speaking fee will be paid by the Commission.
- Column B: Identify the amount of the speaking fee being charged to the Commission (the Commission may approve in full or part).
- Rentals**
- Column A: Specify each rented item with unit cost charged to the Commission (rental of chairs, tables, rooms, etc.). e.g. 50 chairs at \$.80/chair.
- Column B: Specify the cost of each rented item being charged to the Commission.
- Supplies, Contracts & Other**
- Column A: Make a list of all supplies (e.g. staples, pencils, paper goods, etc.) with unit costs, and contracts (video service, printing, etc.).
- Column B: Identify the cost of each product or service to be purchased.
- Administrative Cost**
- Column A: Specify the line item.
- Column B: Enter cost, not to exceed **15% of program budgeted amount** (if program activities only add up to \$1,700 the total amount charged for administrative cost may not exceed \$255).
- Total Commission Cost: Add up the dollar amounts in Column B. This determines the Commission share of your Minority Health Month event. **Note: Total Commission cost cannot exceed up to \$3,000.00.**



Executive Director:

The budget form must be signed (**original signature**) by the Chief Executive Officer of the applicant agency. The budget cannot be approved if this line is blank or signed by someone else. The Executive Director may not sign off as the fiscal officer. Signatures must show segregation of duties.

Fiscal Officer:

The budget form must be signed (**original signature**) by the Fiscal Officer of the applicant Agency. This individual cannot be related or married to the Executive Director.

## INSTRUCTIONS FOR COMPLETION OF THE BUDGET Narrative

**ADMINISTRATIVE COST:** Not to exceed 15% of **requested amount. Including Personnel this amount may be based on awarded amount when your budget is submitted.**

**PERSONNEL COSTS/SPEAKER(S) FEES:** Itemize personnel costs charged to the grant. Personnel costs cannot exceed 15%. List the anticipated number of speakers and/or topics and the rate of reimbursement for each speaker. The Commission will not reimburse fees or travel for out-of-state speakers unless prior approval is received. (Include resume, curriculum, vitae, etc.) The Commission encourages grantees to pursue usual and customary speaker fees.

**RENTAL (equipment, space, etc.):** All items to be rented must be listed. State the duration and cost of rental per item. Rental agreements may be required if the project is selected for funding. Itemize and provide the unit costs for the items to be rented. (You may not rent space from yourself).

**SUPPLIES, CONTRACTS AND OTHER:** For purposes of Commission funds, supplies consist of expendable property items which have a useful product life of one year or less and are necessary for the event (staples, scissors, paper, pens, etc.) Itemize and provide the unit costs for the goods and services in this category. Incentives may not exceed 10% of requested amount.

**PRINTING:** Includes typesetting, actual printing or photocopying of material which is completed by a commercial printing company. Included also are costs for pamphlets, brochures and flyers. (Please itemize). Internal photocopying which is not documented with an invoice or receipt should not be charged to this grant. Quantities should be justified based on the number of people to be served by this project.

**ADVERTISING:** Specify medium of advertisement, e.g., TV, radio, newspapers, etc. Provide unit costs.

**CONTRACTS:** Contract personnel are individuals hired to work on the project but who are not regular, salaried or hourly employees of the grantee agency. The contract line item requires supporting documentation in the form of a photocopy of the contract (or draft of a contract) between the agency for the Commission-funded project and the contractor(s). At a minimum, the contract must include the following information:

- effective time period of the contract including beginning and ending dates;
- hourly rate of compensation;
- total dollar amount of compensation for the grant period pending approval of work;
- specific services provided to the project by the contractor(s);
- a termination clause which allows the agency or contractor(s) to serve notice that the contract may be ended, if necessary, prior to the effective ending date of the contract; and
- signature of the contractor(s) and the agency's appointing authority will be required on final contracts.

**HEALTH SCREENINGS:** Provide contract from a healthcare provider who will provide health screenings at your event. The contract should estimate the total number of health screenings to get a total amount you are requesting from the Commission i.e., unit cost (nurse time + cost of medical supplies) X total number to be served.

The unit cost is equal to nurse time and medical supplies. Reimbursement will be based on total number of participants screened.

**FOOD/REFRESHMENTS:** Food and refreshments are not reimbursable under this grant unless part of a food demonstration. Events that include food demonstrations must be accompanied by transference of knowledge (i.e., handouts, recipe cards, cookbooks, etc.) and client participation. A Registered Dietician/Licensed Dietitian (not a caterer) must approve and supervise such events. Food may not exceed more than 10% of requested amount.