



**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 2014 - \_\_\_\_\_

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

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

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.

Rentals:

Program Supplies:

Administrative Cost: (administrative cost will be reduced to 10% of actual expenditures)

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

## INSTRUCTIONS FOR COMPLETION OF THE BUDGET FORM

**ADMINISTRATIVE COST:** Not to exceed 10% of **requested amount**. **This amount may change based on awarded amount when your revised budget is submitted.**

**SPEAKER(S) FEES:** 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.

## 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 2014 - \_\_\_\_: 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 **10% of program budgeted amount.** (if program activities only add up to \$1,700 the total amount charged for administrative cost may not exceed \$170)
- 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 \$2,500**
- .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.

## GENERAL GUIDELINES

The Commission **will not** reimburse a project for:

- a) agency personnel (staff) or contracts with other non profit or proprietary entities to execute events
- b) rental of agency's own space
- c) equipment purchase
- d) insurance
- e) security
- f) out-of-state travel or purchases
- g) fines, penalties, overdraft charges
- h) out of state speakers' fees
- i) internal purchase of goods, services educational materials and/or supplies
- j) items purchased prior to the date the grant was awarded
- k) see RFP for additional requirements
- l) travel reimbursement (for recruiting or providing a mode of transportation to the event)
- m) start-up and/or meeting cost
- n) ink cartridges
- o) personal auto mileage
- p) gas cards
- q) copiers

The Commission **will reimburse up to 10% of the total amount awarded** for each of the following:

- Administrative costs
- Food (if it is based on hands-on nutrition activity supervised by Registered Dietician/Licensed Dietician, see guidelines on page 3)
- Interpreter fees
- Incentives/awards. **CASH AWARDS OR CASH INCENTIVES WILL BE DISALLOWED**
- Bus passes for participants and agency vehicle mileage will be permitted.