# **School-Based Behavioral Health Peer Support Services**

## **Budget Narrative**

**Grant period:** July 1 2024-June 30 2025

**Grant Type:** School-Based Behavioral Health Peer Support Services

**Applicant name:** Click or tap here to enter text.

Complete the Itemized Contractor Budget Workbook. Then, use this budget narrative template to describe the itemized budget that will support the project proposal.

* Include all expenses and funding sources to support the proposed project.
* A specific deliverable-based payment schedule will be negotiated with successful applicants based upon the submitted budget.
* Successful applicants will be awarded a 12-month contract and will have the opportunity to renew contracts based on performance and available funding. This will not require a new application but will require a contract amendment with a revised annual budget for the new fiscal year.
* **Your cost proposal is a scored requirement.** Cost and how effectively the budgeted amounts address the work described in the proposal will be a factor in the selection of awardees.

**Plan for Oversight of Award Funds**

Please describe plans for oversight and monitoring of grant funds.

**Project Budget**

**Please describe the expenses and funding sources for expenses for this project proposal using the tables below. This should align with the itemized budget.**

|  |  |  |
| --- | --- | --- |
| 1. **Salaries and Wages** | **Total expense** | **Grant funding** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year 1 | Annual Salary | Percent of Time | Duration (months) | **Total cost** |
| *Ex. Peer Support Specialist* | *$41,500* | *.5* | *12* | *$20,800* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals: |  |  |  |  |

**Position Descriptions:**

Please list all existing or future positions for the project, their qualifications, and their role. For existing clinical staff, please include their Department of Health clinical license number which will be checked for good standing as part of the application screening process. *If attaching position descriptions as separate documents and/or they are included elsewhere in your application materials, please refer us to those materials.*

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| --- |
| *Ex.* ***Program Manager:*** *The program manager will oversee the implementation of the grant, ensure grant deliverables are met, manage the budget for the grant, and be the point of contact for all grant activities. The program manager will be hired within 3 months of the grant award, ideally will have a bachelor’s degree in a related field, and experience in grant management.* |
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| --- | --- | --- |
| 1. **Fringe Benefits** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| 1. **Training** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| 1. **Equipment** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| 1. **Supplies** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| 1. **Contracts** | **Total expense** | **Grant funding** |
|  |  |
| Clearly document any subcontracts, the cost, and their role in the project proposal: | | |
| **G. Professional Development** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| **H. Other costs** | | |
| **Communications** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| **Postage** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| **Rent/utilities** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| **IT Service and Support** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| **Incentives** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| **Other costs** | **Total expense** | **Grant funding** |
|  |  |
| Description: | | |
| 1. **Total Direct costs** | **Total expense** | **Grant funding** |
|  |  |
| 1. **Total Indirect Costs** | **Total expense** | **Grant funding** |
|  |  |
| *Please note: Indirect charges can include administrative costs to do business and should follow any federally approved indirect rate agreement; if there is not an agreement in place, indirect charges should follow the 10% de minimus. All indirect costs are subject to approval by the Department of Health prior to contract implementation.* | | |
| 1. **Total project budget** | **Total Expense** | **Grant funding** |
|  |  |