# SBHC Grant – Budget Narrative

## Instructions

Complete the SBHC Grant Budget Workbook (Excel spreadsheet) first. Then use this budget narrative to describe your project’s budget. Please include all expenses and funding sources that will support your project.

## Grantee Information

**Grant Period:** September 1, 2024, to June 30, 2025

**Grant Type:**

Planning Grant ($50,000)

Operations Grant ($100,000 to $150,000)

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

### Oversight of Grant Award

If awarded a grant, how will you oversee and monitor the use of the grant funds?

Click or tap here to enter text.

### Funding Sources

Please describe any other funding sources contributing to your SBHC or SBHC project’s budget, such as billing reimbursement, other grants, in-kind contributions, etc.

Click or tap here to enter text.

### Project Budget

Please describe the expenses and funding sources for your project using the tables below. These should align with your budget workbook. Use the description sections to explain what you intend to use the grant funds for and how it will support your project.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Role | Annual Salary | Percent of Time | Duration (months) | **Total cost** |
| *Ex. Project manager* | *$41,500* | *.5* | *12* | *$20,800* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals: |  |  |  |  |

**Position Descriptions:**

Please list all existing or future positions that will work on the project, their qualifications (if applicable), 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, 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. **Travel** | **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. Construction** | **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** |
|  |  |