**INDIANA STATE DEPARTMENT OF HEALTH**
**Maternal & Child Health**

**Appendix F Budget Instructions**

**Note: The budget submitted should be for the budget period of 10/1/17-9/31/18**

Applicants must submit completed budget template as a separate attached excel spreadsheet, PDF documents and/or any alterations to the budget format will not be accepted.

Applicants that do not submit a completed budget template per instructions will be considered unresponsive and will not be reviewed.

Please use the budget justification directions outlined below to calculate the amounts entered on the Budget Template spreadsheet.

## Tab 1. Budget Summary
- Enter the sum of the projected expenses listed in the Total Proposed Program Costs for each of the Budget Categories.
- This total is to include all known and anticipated costs required to provide the services described in the proposal.
- All line items must be supported within budget narrative details on subsequent tabs in the spreadsheet.
- Round each line item to the nearest whole dollar.

**Caseload of Client Slots and Projection of Cumulative Number of Enrolled Clients**
- Indicate the **Proposed Service** for each projection (Baby and Me Tobacco Free™, Children's Injury Prevention, Fetal-Infant Mortality Review, Group Prenatal Care and/or Indiana's Early Start).
- Indicate the **County &/or Catchment Area** for the projection for each proposed service.
  - If proposing to provide service in more than one county &/or catchment area, list the projected caseload of client slots and cumulative number of clients served per county &/or catchment area
- The **Caseload of Client Slots** (associated with the *maximum service capacity*) is the highest number of clients that could potentially be enrolled at any given time if the service were operating with a full complement of hired and trained staff.
- Client slots are those enrollment slots served by staff implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MCH funding.
- The count of slots should be distinguished from the Projection of Cumulative Number of Enrolled Clients during the budget period.

**Tab 2. Personnel & Fringe**
Complete for each position that will support the proposed services:
- Indicate the **Proposed Service** each position will support (Baby and Me Tobacco Free™, Children's Injury Prevention, Fetal-Infant Mortality Review, Group Prenatal Care and/or Indiana's Early Start).
- Indicate the **Position Title** for each position supporting proposed service.
- List the **Name of Employee** assigned to each position.
    - If an individual employee will support more than one proposed service, list the employee separately for each proposed service supported. For example, if Jane Doe will support BMTF part-time and Group Prenatal Care part-time, she will be listed twice, once for BMTF and once for Group Prenatal Care.
    - If a proposed position is currently vacant, list the name of the employee as "VACANT".
- **FTE Equivalent** is a standard measurement used for analytical purposes. Please use 2080 hours/52 week year as the basis to calculate the appropriate FTE's for the identified position.
- Indicate the **Average Number of Hours per Month for the Service** that the employee is estimated to be dedicated to the proposed service.
- Indicate the total projected **Salary/Wages per Month for Service** personnel calculated on the budget justification worksheet.
- Indicate the **Number of Months (1-12)** that the employee is estimated to be dedicated to the proposed service.
- Indicate the **Fringe Benefit Rate** and **Fringe Benefit Cost** for the employee.
- Calculate the **Total Cost** for each proposed position.
- Indicate any **Non-Federal Match Dollar Amount** and **% of Non-Federal Match**
- Calculate the **Dollar Amount Requested**

After entering details for all positions that will support the proposed services, calculate **TOTALS** for the **Total Proposed Cost, $ Non-Federal Match, % Non-Federal Match and $ Amount Requested** in the last row of the spreadsheet tab.

**Tab 3. FTE, Consultants and Contracted Services**

**Full-Time Equivalents by Position:**
- List each type of proposed position and calculate the # of full-time equivalents by position.
- An FTE is a standard measurement used for analytical purposes. Please use 2080 hours as the basis to calculate the appropriate FTE's for the identified position. Example: Jane Doe and John Smith are both program coordinators for BMTF. Jane works 1,040 hours per year and John works 2,080. To calculate the total FTE for BMTF program coordinators, add 1,040 + 2,080 = 3,120. Then divide 3,120 by 2,080 = 1.5 FTE.

**Consultants & Contracted Services**
Enter all consultant and contracted services that will be purchased by applicant in order to provide the proposed services. Calculate at cost without fringe benefits.

- Indicate the **Name of Consultant/Organization**. For each Consultant and Organization listed in the Budget, the applicant must attach a letter of support to the application indicating a current or conditional commitment from the proposed contracted consultant and/or contractor to provide the proposed services.
- Clearly summarize the proposed **Scope of Work and Justification** for the proposed contracted consultant &/or services.
- Justification must include detailed calculations used to determine total cost.
- Calculate the **Total Cost** for each proposed consultant/contracted service.
- Indicate any **Non-Federal Match Dollar Amount** and **% of Non-Federal Match**
- Calculate the **Dollar Amount Requested**

After entering details for all contracted consultants &/or services that will support the proposed services, calculate **TOTALS** for the **Total Proposed Cost, $ Non-Federal Match, % Non-Federal Match and $ Amount Requested** in the last row of the spreadsheet tab

**Supplies**
Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.

**Travel**
Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.

**Rent/Utilities**
Enter the total projected expenses for space costs as calculated on the budget justification worksheet.

Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.

**Communications**
Enter the total projected expenses for communication as calculated on the budget justification worksheet.

**Marketing/Outreach**
Enter the total projected expenses for marketing/outreach as calculated on the budget justification worksheet.

**Other Program Costs**
Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.
- Provide a **Description** of Other Program Cost
- **Justification** must include detailed calculations used to determine total cost.
- Calculate the **Total Cost** for each proposed Cost
- Indicate any **Non-Federal Match Dollar Amount** and **% of Non-Federal Match**
- Calculate the **Dollar Amount Requested**

- Calculate **TOTALS** for the **Total Proposed Cost, $ Non-Federal Match, % Non-Federal Match and $ Amount Requested**