

U.S. Department of Health and Human Services
Office of the National Coordinator for Health Information Technology

**Fiscal Year 2010 Directed Source Award:
University of West Florida**

**Funding Opportunity Announcement
FY 2010**

Application Due Date: August 19, 2010
Release Date: July 20, 2010

Fiscal Year 2010 Directed Source Award:

University of West Florida

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Opportunity Overview

U.S. Department of Health and Human Services (HHS)

Office of the National Coordinator for Health Information Technology (ONC)

Funding Opportunity Title: Fiscal Year 2010 Directed Source Award:
University of West Florida

Announcement Type: Initial

Funding Opportunity Number: HHS-2010-ONC-EV-001

Catalog of Federal Domestic Assistance (CFDA) Number: 93.239 Policy Research and
Evaluation Grants

Key Dates:

Application Due Date: August 19, 2010

Estimated Award Date: September 15, 2010

I. Funding Opportunity Description

Health information technology (health IT) allows comprehensive management of medical information and its secure exchange between health care consumers and providers. Broad use of HIT has the potential to improve health care quality, prevent medical errors, increase the efficiency of care, reduce unnecessary health care costs, increase administrative efficiencies, decrease paperwork, expand access to affordable care, and improves population health. The U.S. Department of Health and Human Services has taken numerous steps to support a nationwide, interoperable, and private electronic health information system which will include electronic health records (EHRs) for all Americans and the secure exchange of information among providers.

Health information exchanges (HIEs) can be key tools for sharing electronic health records (EHRs) across disparate information platforms. Among the issues in promoting information exchange between providers will be how HIE implementation is funded and implemented so that the best outcomes in terms of quality of care and cost efficiency are encouraged across the spectrum of provider organizations. The research project that is the subject of this funding opportunity announcement (FOA) will use data derived from an existing innovative military/private provider HIE partnership, along with analysis of other existing partnerships, to examine development of provider usage patterns, calculate return on investment (ROI) measures, and document evidence-based practices that include usage funding and pricing recommendations. A multi-disciplinary team of university-based business analysts working through the University of West Florida's (UWF) Haas Center for Business Research and Economic Development will examine local HIE program implementation to generate insights into interoperability and system integration that may be applied more broadly.

II. Award Information

A. Summary of Funding

| | |
|------------------------------------|--------------------|
| Type of Award: | Grant |
| Total Amount of Funding Available: | \$400,000 |
| Number of Awards: | 1 |
| Project Period Length: | 12 months |
| Budget Period Length: | 12 months |
| Estimated Award Date: | September 15, 2010 |
| Maximum Award | \$400,000 |

B. Statutory Authority

The statutory authority for awards under this funding opportunity announcement is contained in the Consolidated Appropriations Act, 2010, Pub. L. 111-117, and its accompanying Conference Report 111-366, which includes the following earmark award:

| | |
|--|-----------|
| University of West Florida, Pensacola, FL for a health information technology evaluation project | \$400,000 |
|--|-----------|

III. Eligibility Information

A. Eligible Applicants

For Restricted Applicants Only: NON-COMPETITIVE FUNDING OPPORTUNITY

This funding opportunity announcement is restricted to one organization that has been identified and specifically designated by Congress. Organizations not designated as such for this opportunity are **NOT** eligible to apply, and therefore, should not submit an application. Applications submitted by organizations not on the list of pre-identified named applicants (listed below) will not be considered.

Designated Organization: University of West Florida, headquartered in Pensacola, Florida

B. Cost Sharing or Matching Requirements

None.

IV. Application and Submission Information

A. Address to Request Application Package

The application for this FOA is the standard form SF 424. Application materials can be obtained from the “Apply for Grants” section of the Grants.gov website at: <http://www.grants.gov>

Please note, ONC is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. For assistance with <http://www.grants.gov>, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Standard Time. At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Applications must be submitted via <http://www.grants.gov> :

- You may access the electronic application for this announcement on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number HHS-2010-ONC-EV-001 or CFDA number **93.239**.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ONC strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time delay.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration.
- You must submit all documents electronically, including all information included on the SF 424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at <http://www.grants.gov> (click on “Vista and Microsoft Office 2007 Compatibility Information”).
- Your application must comply with any page limitation requirements described in this FOA.
- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains a Grants.gov tracking number. ONC will retrieve your application form from Grants.gov.
- When grants.gov receives your application, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.
- Each year organizations registered to apply for Federal grants through <http://www.grants.gov> will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (<http://www.ccr.gov>).

APPLICATIONS CANNOT BE ACCEPTED THROUGH ANY EMAIL ADDRESS OR VIA PAPER MAIL, COURIER, OR DELIVERY SERVICE. APPLICATIONS CANNOT BE ACCEPTED THROUGH ANY WEBSITE OTHER THAN <http://www.grants.gov>.

B. Content and Form of Application Submission

1. DUNS Number

The Office of Management and Budget (OMB) requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. It is entered on the SF 424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain.

Organizations can receive a DUNS number free of charge by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf.

2. Project Abstract

A project abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch

The project abstract must contain a summary of the proposed activity(ies) suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information

3. Project Narrative

A project narrative must be submitted with the application forms. All electronic project narratives must be uploaded in a PDF file format. The narrative must be submitted in the following format:

- Maximum number of pages: 10. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the twelve-month project period and must include the following items in the order listed:

- Background and Need
- Project Plan
- Objectives
- Methods
- Evaluation Plan
- Timeline
- Staffing Plan
- Performance Measures
- Budget Narrative and Justification (not included in page limit)

The budget narrative and budget justification should be included as a separate attachment, and will not be counted in the narrative page limit.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitae, Resumes for the proposed Principal Investigator and all other key personnel
- Organizational Charts
- Letters of Support
- Documentation of IRS Tax Status
- Indirect Cost Rate Agreement

4. Budget Narrative/Justification

All applicants are required to detail proposed costs that support all project activities. The application must include the allowable activities with estimated costs that will take place during the funding period that will be used specifically in support of the purpose of the grant. Costs are not allowed to be incurred until the date listed in the Notice of Grant Award. Whether direct or indirect, these costs must be allowable, allocable, reasonable, consistently applied, and necessary under the applicable OMB Cost Circulars:

<http://www.whitehouse.gov/omb/circulars>.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file under “Mandatory Documents” as “Other Attachment Forms” when submitting via Grants.gov. Please title the file “Indirect Cost Rate”.

The guidance for completing a detailed justified budget can be found in Appendix A.

D. Submission Dates and Times

The deadline for the submission of applications under this funding opportunity announcement is August 19, 2010. Applications must be submitted electronically through Grants.gov by 11:59 p.m. Eastern Time on the deadline date.

Applications that fail to meet the application due date will **not** be reviewed and will receive **no** further consideration.

Grants.gov will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in Grants.gov.

E. Intergovernmental Review

This program is excluded from Executive Order 12372.

F. Funding Restrictions

Funds under this announcement cannot be used for the following purposes:

- To supplant or replace current public or private funding.
- To supplant on-going or usual activities of any organization involved in the project.
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building.
- To reimburse pre-award costs.
- Recipients may not generally use HHS/ONC funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

V. Application Review Information

The application submitted in response to this funding opportunity announcement will undergo a programmatic and fiscal assessment to ensure that the proposed project is technically sound and the applicant is capable of performing the project. The application will be reviewed to determine the feasibility of the approach and plans as well as whether the proposed personnel possess the requisite experience and expertise. In addition, ONC will conduct a pre-award business management review including but not limited to a review of the reasonableness of the proposed budget and its justification and a review of the grantee's financial capability.

VI. Award Administration Information

A. Award Notices

The successful applicant will receive an electronic Notice of Grant Award. The Notice of Grant Award is the authorizing document from the Office of the National Coordinator for Health Information Technology and is signed by the Grants Management Officer.

B. Administrative and National Policy Requirements

The award is subject to Department of Health and Human Services Administrative Requirements, which can be found in 45 CFR Parts 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

C. HHS Grants Policy Statement

ONC awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award, as well as any requirements of Part IV. The HHS GPS is available at <http://www.hhs.gov/grantsnet/adminis/gpd/>. The general terms and conditions in the HHS

GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Grant Award).

D. Post-Award Record and Reporting Requirements

All reporting requirements will be provided to applicants who submit successful full applications, adherence to which is a required condition of any award. In general, the successful applicant under this FOA must comply with the following reporting and review activities:

1. Audit Requirements

The recipient shall comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at <http://www.whitehouse.gov/omb/circulars>

2. Financial Status Reports

The recipient is required to complete two recurring financial reports: the FFR Cash Transaction Report (formerly the PSC-272) and the Financial Status Report (SF-269). The FFR Cash Transaction Report (formerly the PSC-272) is due quarterly and must be submitted within 30 days of the end of the calendar quarter. The Financial Status Report (FSR or SF 269) is due annually and must be submitted within 90 days after the end of the applicable 12 month period. A final FFR Cash Transaction Report and FSR are due within 90 days after the end of the project period of performance.

3. Progress Reports

An interim progress report is due no less than 120 days before the end of project period and an annual progress report no more than 90 days after the end of the budget/project period. All completed financial and progress reports must be submitted to ONCGrants@hhs.gov.

E. Terms and Conditions of Award

In accepting an award, the recipient assumes legal, financial, administrative, and programmatic responsibility for administering the award in accordance with the terms and conditions of the award, as well as applicable laws, rules, regulations, and Executive Orders governing HHS assistance awards, all of which are incorporated into this award by reference. Failure to comply with these requirements may result in suspension or termination of the award and/or ONC's recovery of award funds.

1. Modifications and Amendments

Once a grant is in place, requests to modify or amend it or the work plan may be made by ONC or the awardee at any time. Modifications and/or amendments of the grant or work plan shall be effective upon the mutual agreement of both parties, except where ONC is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.

2. Intellectual Property

The Government reserves all rights granted by and the recipient agrees to be bound by HHS regulations regarding rights in intangible property, 45 C.F.R. § 74.3, which is specifically incorporated herein. Generally, the recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under this award. The Government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

3. Dispute Resolution

Both ONC and the recipient are expected to work in a collegial fashion to minimize misunderstandings and disagreements. Pursuant to 45 C.F.R. §74.3, ONC will resolve disputes by using alternative dispute resolution (ADR). ADR often is effective in reducing the cost, delay, and contentiousness involved in appeals and other traditional ways of handling disputes. ONC will determine the specific technique to be employed on a case-by-case basis. ADR techniques include mediation, neutral evaluation, and other consensual methods. The National Coordinator for Health IT will make final determinations pertaining to grants based on the output of these resolution methods and in accordance with 45 C.F.R. Part 74.

VII. Agency Contacts

ONC encourages inquiries concerning this announcement.

For program technical assistance, contact:

Matthew Swain
Department of Health and Human Services
Office of the National Coordinator for Health IT
330 C St., S.W., Suite 1100
Washington, DC 20201
Telephone: 202-205-3754

For financial, grants management, or budget assistance, contact:

Ellen Wesley, mellen.wesley@hhs.gov

For general questions, contact:

ONCGrants@hhs.gov

IX. Appendices

Appendix A: Budget Detail Guidance

The purpose of this appendix is to provide guidance to applicants on completing budget justifications. Justifications must include supporting detail and narrative justification for the costs proposed. Sufficient detail should be provided to document costs as they pertain to the administration of the project. The applicant is responsible for ensuring that the narrative and justification are sound and clearly provide all required information. The budget detail must include an itemized breakout of proposed costs and sub-total of these costs for each Object Class Category listed in the template below. In addition, it must include a breakout of proposed costs by whether they will be funded through Federal funding or Non-Federal Match.

SAMPLE BUDGET AND NARRATIVE JUSTIFICATION FOR COMPLETING SF 424A

A. Personnel:

An employee of the applying agency whose work is tied to the application

TABLE 1: FEDERAL REQUEST

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
|---------------------|----------------|--------------------|-----------------|----------|
| Program Director | John Doe | \$64,890 | 10% | \$6,489 |
| Project Coordinator | To be selected | \$46,276 | 100% | \$46,276 |
| | | | TOTAL | \$52,765 |

NARRATIVE JUSTIFICATION: *Enter a description of the Personnel funds requested and how their use will support the purpose and goals of this proposal. Be sure to describe the role, responsibilities and unique qualifications of each position.*

TABLE 2: NON-FEDERAL MATCH

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
|------------------|---------------|----------------------|-----------------|---------|
| Clerical Support | Susan Johnson | \$13.38/hr x 100 hr. | | \$1,338 |
| | | | TOTAL | \$1,338 |

NARRATIVE JUSTIFICATION: *Enter a description of the Personnel matching funds provided and how their use will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.*

SOURCE OF MATCH FUNDS: *State source of match funds*

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A): **\$52,765**

NON-FEDERAL MATCH (enter in Section B column 2 line 6a of form SF424A): **\$1,338**

**SAMPLE BUDGET AND NARRATIVE JUSTIFICATION
FOR COMPLETING SF 424A**

B. Fringe Benefits:

Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs.

List all components of fringe benefits rate.

TABLE 3: FEDERAL REQUEST

| Component | Rate | Wage | Cost |
|----------------------|-------------|--------------|-----------------|
| FICA | 7.65% | \$52,765 | \$4,037 |
| Workers Compensation | 2.5% | \$52,765 | \$1,319 |
| Insurance | 10.5% | \$52,765 | \$5,540 |
| | | TOTAL | \$10,896 |

NARRATIVE JUSTIFICATION: *Enter a description of the Fringe funds requested, how the rate was determined, and how their use will support the purpose and goals of this proposal.*

TABLE 4: NON-FEDERAL MATCH

| Component | Rate | Wage | Cost |
|----------------------|-------------|--------------|--------------|
| FICA | 7.65% | \$1,338 | \$102 |
| Workers Compensation | 2.5% | \$1,338 | \$33 |
| Insurance | 10.5% | \$1,338 | \$140 |
| | | TOTAL | \$275 |

NARRATIVE JUSTIFICATION: *Enter a description of the Fringe matching funds provided, how the rate was determined, and how their use will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.*

SOURCE OF MATCH FUNDS: *State source of match funds*

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A): **\$10,896**

NON-FEDERAL MATCH (enter in Section B column 2 line 6b of form SF424A): **\$275**

**SAMPLE BUDGET AND NARRATIVE JUSTIFICATION
FOR COMPLETING SF 424A**

C. Travel:

Explain need for all travel required by this application. The lowest available commercial fares for coach or equivalent accommodations must be used. Local travel policies prevail.

TABLE 5: FEDERAL REQUEST

| Purpose of Travel | Location | Item | Rate | Cost |
|-------------------|----------------|------------------|------------------------------------|----------------|
| HIT Conference | Washington, DC | Airfare | \$200/flight x 2 persons | \$400 |
| | | Hotel | \$200/night x 2 persons x 3 nights | \$1,200 |
| | | Per Diem (meals) | \$64/day x 2 persons x 3 days | \$384 |
| HIT Forum | Chicago, IL | Airfare | \$200/flight x 2 persons | \$400 |
| | | Hotel | \$140/night x 2 persons x 3 nights | \$840 |
| | | Per Diem (meals) | \$49/day x 2 persons x 4 days | \$392 |
| Local Travel | | Mileage | 3,000 miles @ .38/mile | \$1,140 |
| | | | TOTAL | \$4,756 |

NARRATIVE JUSTIFICATION: *Describe the purpose of travel and how costs were determined.*

TABLE 6: NON-FEDERAL JUSTIFICATION

| Purpose of Travel | Location | Item | Rate | Cost |
|------------------------------|--------------------|------------------|------------------------------------|----------------|
| Regional Training Conference | Chicago, IL | Airfare | \$300/flight x 2 persons | \$600 |
| | | Hotel | \$155/night x 2 persons x 2 nights | \$620 |
| | | Per Diem (meals) | \$46/day x 2 persons x 2 days | \$184 |
| Local Travel | Outreach workshops | Mileage | 400 miles x .38/mile | \$152 |
| | | | TOTAL | \$1,556 |

NARRATIVE JUSTIFICATION: *Enter a description of the Travel matching funds provided and how their use will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.*

SOURCE OF MATCH FUNDS: *State source of match funds*

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A): **\$4,756**

NON-FEDERAL MATCH (enter in Section B column 2 line 6c of form SF424A): **\$1,556**

**SAMPLE BUDGET AND NARRATIVE JUSTIFICATION
FOR COMPLETING SF 424A:**

D. Equipment:

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more.

If applicant agency defines "equipment" at lower rate then follow the applying agency's policy.

TABLE 7: FEDERAL REQUEST

| Item(s) | Rate | Cost |
|---------|-------|------|
| None | | 0 |
| | TOTAL | |

NARRATIVE JUSTIFICATION: *Enter a description of the Equipment and how its purchase will support the purpose and goals of this proposal.*

TABLE 8: NON-FEDERAL MATCH

| Item(s) | Rate | Cost |
|---------|-------|------|
| None | | 0 |
| | TOTAL | 0 |

NARRATIVE JUSTIFICATION: *Enter a description of the Equipment match provided and how its purchase will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.*

FEDERAL REQUEST (enter in Section B column 1 line 6d of form SF424A): **\$ 0**

NON-FEDERAL MATCH (enter in Section B column 2 line 6d of form SF424A): **\$ 0**

**SAMPLE BUDGET AND NARRATIVE JUSTIFICATION
FOR COMPLETING SF 424A:**

E. Supplies:

Materials costing less than \$5,000 per unit and often having one-time use

TABLE 9: FEDERAL REQUEST

| Item(s) | Rate | Cost |
|-----------------------------|------------------------|---------|
| General office supplies | \$50/mo. x 12 mo. | \$600 |
| Postage | \$37/mo. x 8 mo. | \$296 |
| Laptop Computer | \$900 | \$900 |
| Printer | \$300 | \$300 |
| Projector | \$900 | \$900 |
| Copies | 8000 copies x .10/copy | \$800 |
| Computer update (if needed) | | \$250 |
| | TOTAL | \$4,046 |

NARRATIVE JUSTIFICATION: *Enter a description of the Supplies requested and how their purchase will support the purpose and goals of this proposal.*

TABLE 10: NON-FEDERAL MATCH

| Item(s) | Rate | Cost |
|----------|-----------------|-------|
| Computer | \$500 | \$500 |
| Postage | \$37/mo. x 4 mo | \$148 |
| | TOTAL | \$648 |

NARRATIVE JUSTIFICATION: *Enter a description of the Supplies match provided and how their purchase will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.*

SOURCE OF MATCH: *State source of match funds*

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A): **\$4,046**

NON-FEDERAL MATCH (enter in Section B column 2 line 6e of form SF424A): **\$648**

**SAMPLE BUDGET AND NARRATIVE JUSTIFICATION
FOR COMPLETING SF 424A:**

F. Contractual:

The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost comprising the charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.

A contract is generally the amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

TABLE 11: FEDERAL REQUEST

| Name | | Cost |
|-------------------|---|----------|
| 1. To be selected | Environmental Strategy Consultation Rate is \$150/day for 35 days = \$5,250 Travel 500 miles @ .38/mile = \$190 | \$5,440 |
| 2. To be selected | Data Analysis | \$6,300 |
| | TOTAL | \$11,740 |

NARRATIVE JUSTIFICATION: *Explain the need for each agreement and how their use will support the purpose and goals of this proposal. For those contracts already arranged, please provide the proposed categorical budgets. For those subcontracts that have not been arranged, please provide the expected Statement of Work, Period of Performance and how the proposed costs were estimated and the type of contract (bid, sole source, etc.)*

TABLE 12: NON-FEDERAL MATCH

| Name | Service | Cost |
|------|-----------------------------|----------|
| 1. | University Service contract | \$25,200 |
| | TOTAL | \$25,200 |

NARRATIVE JUSTIFICATION: *Explain the need for each match contract agreement and how their use will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.*

SOURCE OF MATCH FUNDS: *State source of match funds*

FEDERAL REQUEST (enter in Section B column 1 line 6f of form SF424A): **\$11,740**

NON-FEDERAL MATCH (enter in Section B column 2 line 6f of form SF424A): **\$25,200**

**SAMPLE BUDGET AND NARRATIVE JUSTIFICATION
FOR COMPLETING SF 424A:**

G. Construction: NOT ALLOWED

On your SF424A, leave the following section blank: Section B columns 1&2 line 6g

H. Other: Expenses not covered in any of the previous budget categories

TABLE 13: FEDERAL REQUEST

| Item | Rate | Cost |
|----------------|--------------------------------|----------|
| 1. Rent | \$500/mo x 12 mo. | \$6,000 |
| 2. Telephone | \$100/mo. x 12 mo. | \$1,200 |
| 3. Surveys | \$1/survey x 2,784 | \$2,784 |
| 4. Brochures | .89/brochure X 1,500 brochures | \$1,335 |
| 5. Web Service | \$100/mo x 12 mo | \$1,200 |
| | TOTAL | \$12,519 |

NARRATIVE JUSTIFICATION: *Explain the need for each item and how their use will support the purpose and goals of this proposal. Be sure to break down costs into cost/unit: i.e. cost/square foot and explain the use of each item requested.*

TABLE 14: NON-FEDERAL MATCH

| Item | Rate | Cost |
|--|--|----------|
| 1. Space rental | Varies between \$75/event to over \$300/event | \$8,300 |
| 2. Printing | \$300/run x 6 runs | \$1,800 |
| 3. Transition program for youth & parents | 1 person x \$25/hr. x 3 hrs = \$75 100 parent packets x \$3.50/packet = 350 | \$425 |
| 4. Health Fair | Coordination and administration MOU demonstrates breakout of services | \$1,500 |
| 5. Physician/Health Provider diagnostic tools and training | Coordination and administration MOU demonstrates breakout of services | \$2,000 |
| | TOTAL | \$14,025 |

NARRATIVE JUSTIFICATION: *Explain the need for each match item and how their use will support the purpose and goals of this proposal. Be sure to break down costs into cost/unit: i.e. cost/square foot and explain the use of each item requested. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.*

SOURCE OF MATCH FUNDS: *State source of match funds*

FEDERAL REQUEST (enter in Section B column 1 line 6h of form SF424A): **\$12,519**

NON-FEDERAL MATCH (enter in Section B column 2 line 6h of form SF42A): **\$14,025**

**SAMPLE BUDGET AND NARRATIVE JUSTIFICATION
FOR COMPLETING SF 424A:**

TOTAL DIRECT COSTS: \$139,764

FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF424A): **\$96,722**

NON-FEDERAL MATCH (enter in Section B column 2 line 6i of form SF424A): **\$43,042**

TOTAL INDIRECT COSTS: \$4,526

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A): **\$4,526**

NON-FEDERAL MATCH (enter in Section B column 2 line 6j of form SF424A): **\$0**

TOTAL PROJECT COSTS: \$144,290 (Sum of Total Direct Costs and Indirect Costs)

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A): **\$101,248**

NON-FEDERAL MATCH (enter in Section B column 2 line 6k of form SF424A): **\$43,042**

TABLE 15: BUDGET SUMMARY

| Category | Federal Request | Non-Federal Match | Total |
|---------------------|------------------------|--------------------------|--------------|
| Personnel | \$52,765 | \$1,338 | \$54,103 |
| Fringe | \$10,896 | \$275 | \$11,171 |
| Travel | \$4,756 | \$1,556 | \$6,312 |
| Equipment | 0 | 0 | 0 |
| Supplies | \$4,046 | \$648 | \$4,694 |
| Contractual | \$11,740 | \$25,200 | \$36,940 |
| Other | \$12,519 | \$14,025 | \$26,544 |
| Total Direct Costs | \$96,722 | \$43,042 | \$139,764 |
| Indirect Costs | \$4,526 | \$0 | \$4,526 |
| Total Project Costs | \$101,248 | \$43,042 | \$144,290 |

Key Points to Consider When Completing Budget Detail

Personnel

- Is the basis for determining each employee's compensation described (*annual salary and % time devoted*)?
- Is each position identified by title/responsibility?
- Are time commitments and the amount of compensation stated and reasonable?
- Are salary increases anticipated during the grant period and are they justified (*COLA, etc.*)?
- Are any personnel costs unallowable?
 - Dual Compensation
 - Federal Employee

Fringe Benefits

- Is the amount specified as a separate line item?
- Is each type of benefit indicated separately or does the organization have an approved fringe benefit rate?
- Are fringe increases contemplated during the grant period?
- Are any fringe costs unallowable?

Travel

- Is the basis for computation provided?
- Is the travel necessary for the purpose of the program?
- Are travel costs separately identifiable and reasonable (transportation, hotel, meals, and mileage)?
- Does the organization have a written travel policy? Is this travel policy being followed?
- If no written policy—must follow Federal guidelines.

Equipment

- Are equipment items specified by unit and cost?
- Is the request reasonable and allowable under the project?
- Does the organization have a procurement policy in place?
- Is a lease vs. purchase study necessary (*vehicles, large items of equipment*)?
- Are purchases distinguishable from rentals?

Supplies

- Are supplies listed separately?
 - Office
 - Training
 - Research
 - Other types of supplies
- How was cost determined?
- Is the basis for the cost reasonable?
 - Monthly estimates are sufficient
- Are costs consistently treated?

Contractual

- Is the type of each service to be rendered described?
- For Consultants/Individuals
 - Is an hourly, daily or weekly base rate given?
 - Are rates allowable, justified, reasonable and comparable to market?
- Is the total amount for any contract in excess of \$100,000?
 - Is procurement method described?
 - If the contract is not competitively bid, has a sole source justification been provided?

Note: The competitive process must be used if goods and services will be provided through a contract (e.g., vendor or consultant). All costs associated with contracts should be included in this category. Subawards are made to entities carrying out part of the program effort, goals and objectives. Subawards are to be listed individually in the "Other" cost category.

Other

- Are items listed by major type (space rental, printing, phone, maintenance, etc.)?
- Are all costs justified, reasonable and allowable?
- Reasonable basis for costs?
- List each subaward and amount of award
- Provide description of activities to be performed
- Describe method used to select the subaward and type of agreement to be awarded
- Provide a separate budget and budget narrative for each subaward

Note: Costs for contractual arrangements (vendors, consultants) should be budgeted in the "Contractual" cost category.