**Attachment 3**

**Rural Health Network Technical Assistance**

**Budget Instructions**

Applicants should submit a budget and budget justification using the forms provided. Budget requests should be for the period beginning on April 1, 2021 and ending on June 30, 2021. Funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities.

**Budget Form:**

* Applicant Name should be the name of the contractor that signed the Rural Health Network Development Program contract.
* Identify the amount of grant funds requested for the contract period for each budget line and the total amount requested from New York State.
* Budgets that exceed $5,000 will not be accepted.
* Eligible costs include:
  + Contractual Services
  + Other Expenses
* Ineligible budget items include:
  + Personnel
  + Fringe Benefits
  + Equipment
  + Supplies that are unrelated to the project
* Any ineligible items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible budget items.

**Budget Justification Form:**

* Applicant Name should be the name of the contractor that signed the Rural Health Network Development Program contract.
* The justification should list the amount requested for each budget line and explain the purpose of each item. This should include an explanation of how the cost was calculated and how each item is essential to implementing the activities proposed in the scope of work.
* For Contractual Services, enter the total requested for each subcontractor, include the name of the agency or consultant if available, and provide a brief description of services to be provided.
* For Other Expenses, list the type of expenses and amount requested for each expense. Each item must be listed and fully explained. Applicants can indicate “not applicable” in this section if there are not expenses in this category.