

**Attachment 19**  
**Instructions for Completion of Budget Forms for Solicitations**

**Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health**  
**RFA #23-0005**

Applicants may access the Excel file to be used for submission of the budget by downloading it at:  
<http://www.healthresearch.org/funding-opportunities>

**Page 1 - Summary Budget**

- A. This page is linked to the other pages of the budget. The amount requested for each major category should auto-populate as you complete the budget forms. These include:
1. Salaries
  2. Fringe Benefits
  3. Supplies
  4. Travel
  5. Equipment
  6. Miscellaneous (includes Space, Telecommunications and Other)
  7. Subcontracts/Consultants
  8. Indirect Costs
- B. The column labeled Third Party Revenue should only be used if a grant-funded position on this contract generates revenue. Please indicate how the revenue generated by this grant will be used in support of the proposed project. For example, if you have a case manager generating \$10,000 in revenue and the revenue will be used to cover supplies, the \$10,000 should be listed in the supplies line in the Third-Party Revenue column.

**Page 2- Salaries**

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page.

Please refer to the instructions regarding the information required in each column. These instructions are provided at the top of each column. Following is a description of each column in the personal services category:

Column 1: For each position, indicate the title along with the incumbent's name. If a position is vacant, please indicate "TBD" (to be determined).

Column 2: For each position, indicate the number of hours worked per week regardless of funding source.

Column 3: For each position, indicate the total annual salary regardless of funding source.

Columns 4, 5, and 6 request information specific to the proposed program/project.

Column 4: Indicate the number of months or pay periods each position will be budgeted.

Column 5: For each position, indicate the percent effort devoted to the proposed program/project.

Column 6: Indicate the amount of funding requested from the AIDS Institute for each position.

Column 7: If a position is partially supported by third party revenue, the amount of the third-party revenue should be shown in Column 7.

The totals at the bottom of Columns 6 and 7 should be carried forward to page 1 (the Summary Budget).

### **Page 3 - Fringe Benefits and Position Descriptions**

On the top of page 3, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate you are requesting for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification should be attached.

The bottom of the page is for position descriptions. For each position, please indicate the title (consistent with the title shown on page 2, personal services) and a brief description of the duties of the position related to the proposed program/project. Additional pages may be attached if necessary.

**Page 3A** – Additional area for Position Descriptions

**Page 4 – Supplies, Travel and Equipment** - Please refer to the instructions regarding the information required in each section.

**Page 5 – Miscellaneous (Telecommunications, Space and Other)** - Please refer to the instructions regarding the information required in each section.

### **Page 6 –Subcontracts/Consultant/ Indirect Costs**

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. An indirect cost rate of up to 10% of modified total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.

### **Page 7 - Budget Justification**

Please provide a narrative justification for each item for which you are requesting reimbursement. (Do not include justification for personal services/positions, as the position descriptions on page 3 and 3A serve as this justification.) The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project.

**The budget justification should not exceed two-double spaced pages in total.**