Instructions for Completion of Request for Proposals Basic Budget Forms FY 2019-2020

Page 1 - Summary Budget

List the amount requested for each of the major budget categories for the 12 month timeframe. These include:

1. Personnel Services
2. Fringe Benefits
3. Contractual
4. Equipment
5. Supplies
6. Space Costs and Related
7. Other
8. Indirect Costs
9. Restricted (Not to be completed in this RFP cycle.)

Page 2 - Personnel Services

Include all positions for which you are requesting reimbursement on this page.

Refer to the instructions regarding the information required in each column. These instructions are provided at the top of each column. The following is a description of each column in the personnel services category:

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

**Column B:** Annualized Salary - calculated based upon a full time work schedule. This indicates the annual salary that would be paid. (For example, a position that is scheduled for 3 days a week for 52 weeks at $24,000 for year, the annualized salary would be $40,000 - $24,000/.60)

**Column C:** For each position, indicate the total salary per payroll.

**Columns D, E and F request information specific to the proposed program/project.**

**Column D:** Indicate the work hours per week.

**Column E:** For each position, indicate the percent effort dedicated to the proposed program/project.

**Column F:** Number of payrolls in this contract period.

**Column G:** Contract Amount Requested.
The totals at the bottom of Column G should be carried forward to page 1 (the Summary Budget).
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Page 2a - Position Descriptions
Provide brief descriptions of job duties specific to this contract. Time allocation methodology should be described. For example, a full time employee who is 60% on this contract and 40% on another should be explained.

Page 3 - Fringe Benefits
List all fringe benefits paid to staff and the percentage to total salary. If different rates are used for different positions attach a spreadsheet to show how you arrived at these numbers.

Pages 4- 4.b
Contractual
Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. Include the amount of hours that will be worked as well as the hourly rate.

Equipment
Indicate the type of equipment that will be needed for this contract. If a shared expense allocation methodology should be described.

Supplies
Indicate the type of supplies that will be needed for this contract. If a shared expense allocation methodology should be described.

Space Costs and Related
Space costs include rent, utilities and any other occupancy costs to be charged to this contract. Cost basis should be described. Square footage and cost per square foot is an allowable cost basis. Total occupancy costs divided by fte’s allocated to this contract is also an allowable cost basis.

Other Costs
All expenses that do not have a subcategory listed above are to be included in this section. They must listed separately and cost basis must be described.(examples of expenses listed in this section are postage, printing, travel and telephone.)

Pages 5-5.a
Indirect Costs Calculation
If your agency has a federally approved rate, 10% is the maximum allowable on Part A contracts. Any indirect costs higher than 10 % are to be considered in-kind.

Page 7 - Grant Funding From Other Sources
Please indicate all funding your agency receives for HIV-related services. Research grants do not to be included.

Note - there is a sufficient amount of space to describe each expense cost basis. Do not list any expenses without including a justification for each expense indicated.