**Budget and Budget Justification**

**[Proposal Name]**

**[College or University Name]**

*Instructions to complete the budget and budget justification are attached on page 7*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Duration for Project** | **1 year** | **2 years** | **Other, specify:** |  |

**If the project contains a Medicaid portion and a non-Medicaid portion, only report costs related to the Medicaid portion on this Budget.**

1. **Overall Project Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget**  **Category** | **Year 1** | **Year 2,**  **if applicable** | **Total** |
| Salaries |  |  |  |
| Fringe |  |  |  |
| Consulting Services |  |  |  |
| Operating Services |  |  |  |
| Supplies |  |  |  |
| Travel |  |  |  |
| Other costs |  |  |  |
| **Total Direct Costs** | |  |  |
| **Indirect Costs** | |  |  |
| **Overall Project Total (Direct + Indirect)** | |  |  |

1. **Funding Amount and Sources for Required Contractor Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Year 1** | **Year 2, if applicable** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Totals*** |  |  |  |

**Report all budget information at the full project expense. LDH funding will be calculated as** **100% of the Contractor match or the difference between the Contractor match and the total project costs, whichever is the lesser amount.**

1. **Prepared by**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Name** | **Title** | **University/College** | **Date** |

**E. Budget Justification**

**The budget justification consists of clarifying information for the key personnel as well as detailed for consultant services, operational services, supplies, travel to identify relevant project costs.**

**Key personnel identified by name/title, qualifications, maximum salary, FTE contribution and fringe salary costs. Biography and/or resumes should be included for all key personnel.**

**Template is for demonstration. Please adjust or add rows or categories as needed to reflect the project proposal.**

**E.1 Personnel (If applicable, enter Year 2 costs, otherwise, indicate N/A)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Title** | **Maximum Salary** | **FTE Allocation (Hours or %)** | | **Year 1**  **Project Salary Costs (Salary x FTE%)** | **Year 2**  **Project Salary Costs (Salary x FTE%)** |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  | **Total Personnel Costs by year** | | |  |  |
|  |  |  | | **Project Personnel Costs Total** | |  |

|  |
| --- |
| **Narrative Justification for Personnel Costs** |
|  |

**E.2 Fringe Benefits Costs (If applicable, enter Year 2 costs, otherwise, indicate N/A)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Rate %** | **Year 1 Fringe Costs** | **Year 2 Fringe Costs** |
| **Fringe Benefits Costs** |  |  |  |
| **Total Fringe Benefits**  **Costs By Year** | |  |  |
| **Project Fringe**  **Costs Total** | | |  |

**E.3. Operating Services (If applicable, enter Year 2 costs, otherwise, indicate N/A)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Purpose** | **Year 1 Operating Services Costs** | **Year 2 Operating Services Costs** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Operating Services**  **Costs by year** | |  |  |
| **Project Operating Services**  **Costs Total** | | |  |

|  |
| --- |
| **Narrative Justification for Operating Services** |
|  |

**E.4 Consulting Services (If applicable, enter Year 2 costs, otherwise, indicate N/A)**

|  |  |  |
| --- | --- | --- |
| **Item** | **Year 1 Consulting Costs** | **Year 2 Consulting Costs** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Consulting**  **Costs By Year** |  |  |
| **Project Consulting**  **Costs Total** | |  |

|  |
| --- |
| **Narrative Justification for Consulting Services** |
|  |

**F.5 Supplies (If applicable, enter Year 2 costs, otherwise, indicate N/A)**

|  |  |  |
| --- | --- | --- |
| **Items** | **Year 1Supplies Cost** | **Year 2 Supplies Costs** |
|  |  |  |
|  |  |  |
| **Total Supplies**  **Costs By Year** |  |  |
| **Project Supply**  **Costs Total** | |  |

|  |
| --- |
| **Narrative Justification for Supplies** |
|  |

**F.6. Travel (If applicable, enter Year 2 costs, otherwise, indicate N/A)**

**Notes**

* **All travel should conform with State travel policy PPM49. As travel is planned, travel authorization must be submitted to the Contract Monitor.**
* **PPM49 specifies mileage is limited to reimbursement of 99 miles Round Trip. If travel is expected to exceed that, rental cars are to be utilized using the State’s Motor Pool contract with Enterprise Rental Car.**
* **PPM49** <https://www.doa.la.gov/media/41jb4zhz/travelguide-2020-2021.pdf>
* **Awardees are expected to attend, in person, to present project results in Baton Rouge annually. Annual Meeting travel should be included for this purpose. The example provides information to assist with projecting travel expenses. Please use the template on the subsequent page to complete the projected budget needs for the Annual Meeting Travel.**

**Project Travel Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Purpose of Travel** | **Staff** | **Trip Expense[[1]](#footnote-1)** | **Total** | **Travel Cost (Mileage @ $0.655/mile or rental expense[[2]](#footnote-2)** | **Year 1 Travel** | **Year 2 Travel** |
| *Example: Travel between clinics* | *Staff role or name* | *Mileage*  *10 miles x 52/visits* | *520 miles* | *$341* | *$341* | *$341* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Totals By Year** | | | | |  |  |

***(Insert these totals in the Total Travel Budget Table below)***

**Total Travel Budget Table**

|  |  |  |
| --- | --- | --- |
| **Travel Expense Costs** | **Year 1** | **Year 2** |
| **Annual Meeting Travel Costs** |  |  |
| **Project Travel Costs** |  |  |
| **Total Travel**  **By Year Costs** |  |  |
| **Total Project Travel** | |  |

|  |
| --- |
| **Narrative Justification for Travel** |
|  |

**F.7. Other Costs (If applicable, enter Year 2 costs, otherwise, indicate N/A)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Purpose** | **Year 1 Cost** | **Year 2 Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Other**  **Costs By Year** | |  |  |
| **Total Project Costs** | | |  |

|  |
| --- |
| **Narrative Justification for Other Costs** |
|  |

**F.8. Indirect Costs**

***Required* *if requesting indirect costs in proposal* - Attach copy of the federally approved indirect rate certification with the application**

|  |  |  |
| --- | --- | --- |
| **Year 1 Subtotal of all categories** | **Indirect Cost %** | **Year 1 Total Indirect Costs** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 2 Subtotal of all categories** | | **Indirect Cost %** | **Year 2 Total Indirect Costs** |
|  | |  |  |
| **Total Project Indirect Costs** |
|  |

**Instructions for Completing the Budget and Budget Justification Template**

1. Indicate the **duration** of the budget proposal. If the duration is other than a full 1- or 2-year term, please select other and indicate the actual duration in years or months, with a maximum of 2 years (24 months).

**Medicaid Portion Only**: If the study consists of a Medicaid-focused portion of the study and a non-Medicaid focused portion of the study, all costs related to the non-Medicaid-focused portion must be excluded from this Budget. Funding cannot be used for study activities not directly relevant to Medicaid.

1. **Overall Project Budget:** These categories should be completed after the Budget Justification Template is completed. Transfer calculated amounts from those categories to this table.

For each of the categories listed, list the totals for Year 1 and Year 2 (as applicable). These are listed at the **full budget totals**, consisting of both the portion that will be Contractor Match and portion that will be LDH Funding. Complete all categories and calculate an overall total.

1. **Funding Amount and Sources for Required Contractor Match.** List all eligible sources of funding that are allowable for the purposes of claiming Medicaid match (i.e., federal financial participation), as specified in 42 CFR, Part 433, Subpart B. Eligible sources of the public college/university’s share include, but are not limited to, general institutional funds (e.g., deriving from state general funds), private foundation funding, and other sources that meet the requirements of 42 CFR, Part 433, Subpart B. As needed, separate by source and year and provide both yearly totals and a cumulative project total. *The application funding request is 100% of the Contractor match or the difference between the Contractor match and the total project costs, whichever is the lesser amount.*

***Example of Required Contract Match:***

*Table

Description automatically generated*

This example shows that the total research costs are $320,000 with the funding sources as private foundation grants in the amount of $50,000 annually for $100,000, with the university covering $60,000 of the research costs. This section primarily serves to confirm thatt no federal funds are included as part of the research budget.

1. **Prepared by:** List the Name and Title of the University person who has prepared this document.
2. The **Budget Justification** consists of additional information and a worksheet to identify relevant project costs of the categories that are listed in the above summary table: Personnel, Fringe Benefits, Operating Services, Consulting Services, Supplies, Travel; Other Costs, and Indirect Costs. In each category, there is a Year 1 total and a Year 2 total. For projects spanning only a single year, indicate “Not Applicable” in the Year 2 Columns.

All costs listed should be the full total costs, consisting of both the portion that will be Contractor Match and portion that will be LDH Funding.

Each category has a budget table and a justification text box. Use only the categories that apply for the university submission. Each table with a budget total must have an accompanying narrative justification for the requested amount. Additional table rows may be added as needed.

F.1. **Personnel** – List all personnel included in the project. For each person listed in the table, indicate the title and maximum salary. FTE allocation indicates the time and effort percentage that this person is dedicated to the project. For each row, calculate the salary costs by multiplying the maximum salary by the FTE percentage. If this is a two-year project, carry over this total for each staff that will participate in the subsequent year into the Year 2 column. Calculate totals for personnel by year and then the overall budget total for personnel.

For the Personnel Costs Narrative, indicate the person’s job role and tasks for the project.

Indicate how each person listed will contribute to the overall project efforts. Attach a copy of each person’s resume, biography or CV. For yet-to-be named staff, after the person is added to the project, forward a copy of these documents to the Contract Monitor.

F.2. **Fringe Benefits** – Enter the Fringe Benefit percentage and calculate by using the annual personnel costs for Year 1 and Year 2 Fringe Benefit amounts with an overall Fringe Benefit cumulative total.

F.3. **Operating Costs** – Identify operating costs with Year 1 and Year 2 totals, as applicable. Enter a cumulative total for the project. For the narrative, identify how these will be used to support the project.

F.4. **Consulting Services Costs** – Indicate types of consulting services that will be used for the project. These include subcontracts to collaborating universities or organization. List the purpose of the consulting services in the narrative and include any relevant information that supports the need for these services, especially if they are not involved with the public university.

F.5. **Supplies Costs** – List the types of supplies that are part of the project. These consist of consumable items, such as general office supplies, printing services, postage, software programs, leased equipment, etc. List the purpose of the supplies in the narrative.

F.6 **Travel** -- • All travel must conform with State travel policy PPM49. (<https://www.doa.la.gov/media/41jb4zhz/travelguide-2020-2021.pdf>). All travel should be planned in advance through a travel authorization submitted to the Contract Monitor

Identify types of travel needs and the projected amounts. This can be listed as a total mileage amount that will be necessary for project activities, such as “travel between clinics” with the specified mileage by trips per month*.*

*Example: Weekly travel between clinics. 15 miles x 1 staff x 4 trips per month x .58/mile x 12 months = $418.* This can also be expressed as a lump sum travel allocation per month. *Example: Travel to meet with community groups for monthly meetings. 700 miles/month x .58/mile x 12 months = $4,872.*

Mileage reimbursement cannot exceed 99 miles on a single trip, as per PPM49. When mileage is expected to exceed 99 miles round trip, rental cars must be used. Rental cars and mileage in personal vehicles can be used by different staff on a single trip for the same event, however, it is encouraged to rideshare whenever possible.

Receipts must be included for all appropriate travel costs to include rental car agreement, gasoline for rental car, tolls, airfare, lodging and other ground transportation. Please refer to PPM 49 for guidance on lodging, airfares, parking lots and receipts.

F.7. **Other Costs** – List the other costs used to support the project. This can include publication costs, client incentives or participation fees, WiFi hotspots, internet access, conference registration and other expenses not covered by other previous budget categories.

List the purpose of other cost. In the justification, explain the use of each item requested and how it relates to the overall project.

F.8. **Indirect Costs:** Indirect cots rates can only be claimed if the college/university applicant has a negotiated indirect costs rate or cost allocation plan. A copy of the current fully execute indirect cost rate or cost allocation must be attached.

The indirect cost rate is calculated by applying the current negotiated cost rate to the total base budget. This amount is calculated for both Year 1 and Year 2.

These individual totals are entered into **Section B** to calculate the overall project budget.

1. Trip Expense from PPM 49 includes Rental Car, Mileage, Overnight Lodging, Parking, Ground Transportation, Air Travel, Baggage Fares, etc. [↑](#footnote-ref-1)
2. Per mile rate will be increased as State Regulations revisions are released. [↑](#footnote-ref-2)