**Missouri Foundation for Health Budget Guidelines**

This is the general template used for grants and is to be submitted in accordance with the Request for Application(s). If responding to a Request for Contracted Service Proposals, contact the appropriate staff member to discuss formatting.

**Budget Narrative Instructions:**

Read the instructions below before developing your budget narrative:

* Include expenses and explanations **only** for the portion of funding requested from MFH.
* Each line item must be fully explained using a narrative format as outlined beginning on the next page.
* Double click on each table to activate the EXCEL spreadsheet. Insert funding requested from MFH only and the totals will automatically calculate. Insert rows or columns as needed.
* This document must be submitted as a Microsoft Word document.
* This document is the template. Delete instructions, examples and tips.

Refer to **Budget Tips** throughout this document for developing a budget related to the project timeline.

*Note*: If awarded, the following documentation for the entire project period to support expenses as outlined below is required:

Budget Line Items Required Documentation

Salary Payroll Register

Other Direct Paid Invoice (items over $250) and General Ledger Detail

Indirect None

All other line items Paid Invoice and General Ledger Detail

**This document is the template. Delete instructions, examples and tips.**

**Applicant Name**

**Project Title**

**Budget Narrative and Spreadsheet**

**OTHER FUNDING SOURCES FOR THIS PROJECT**

***List any earned revenue that will be generated as a direct result of MFH funding of this project and/or other funding sources for this project. Do not include MFH request.***

Double click on the table to insert numbers. It will automatically calculate. Add or delete rows or columns as needed.

**

Earned Revenue

Include revenue earned as a direct result of MFH funding of this project (e.g., Medicaid reimbursement for services provided by MFH funded project staff)

Other Grants

Include other grants which will support the project (state whether secured and unsecured)

In-Kind

Include in-kind support donated by other sources for this project. Do not include volunteer time.

**EXPENSE**

***ONLY include the portion of funding requested from MFH in the Expense section.***

**Salary:** Salary expense is for project-related staff employed by applicant (contracted services/other compensation are listed in a separate line item below). State the title, name or to be hired (TBH), annual salary, and full-time equivalency (FTE) to this project.

Budget Tip:Are the positions to be hired? If so, FTE should be adjusted to allow for recruitment time.

Double click on the table to insert numbers. It will automatically calculate. Add or delete rows or columns as needed.

**

*Budget Explanation:* Provide a brief description of each position’s responsibilities for this project.

**Benefits and Payroll Taxes\*:** For each employee supported with Foundation funds, benefits and payroll taxes may **ONLY** be requested for:

* employer portion of federal, state, and local taxes
* health, life, and disability insurance related only to the Foundation funded employee(s)
* retirement related only to the Foundation funded employee(s) (do not include retiree benefits other than 401(k), 403(b) or pension)

\*MFH reserves the right to negotiate an agreed upon rate

Double click on the table to insert numbers. It will automatically calculate. Add or delete rows or columns as needed.

**

*Budget Explanation:* Provide a breakdown of benefits and payroll taxes.

**Contracted Services/Other Compensation:** Provide a detailed budget for contractors/consultants (not employed by applicant) or compensation to project partners, including estimated hours, hourly rate, travel, or other direct project expenses. *Note: Contracted Services for this project must adhere to MFH budget guidelines.*

Budget Tip**:** Consider timeline for services to be provided (*i.e.,* first half, second half, or entire year).

Double click on the table to insert numbers. It will automatically calculate. Add or delete rows or columns as needed.

**

*Note: A proposal or contract for contracted services totaling $10,000 or more must be provided.*

EXAMPLE: Consultant:

 Professional Fees: 80 hours x $130 per hour = $10,400

 Mileage: 500 miles x $0.56 per mile = $280

 Hotel: $150 per night x 2 nights x 1 staff = $300

 Total = $10,980 (Year 1)

 *Note: Refer to contractor’s proposal submitted with application*

*Budget Explanation:* Explain the benefit of the contractor to the project and provide scope of services, fee detail and process and rationale for selecting the contractor.

**Equipment:** List item quantity and cost. All equipment, including technology, should be listed in this section.

Double click on the table to insert numbers. It will automatically calculate. Add or delete rows or columns as needed.

**

*Note: A vendor quote for equipment or construction greater than $5,000 must be provided.*

*Budget Explanation:* Provide a brief description of each item, how it relates to the project and when it is expected to be purchased. If equipment is 50% or more of the request from MFH, provide the process and rationale for selecting the equipment and the percentage of time it will be dedicated to the project.

**Travel:** Explain how travel costs are calculated. Travel has been substantially impacted and reduced due to COVID-19. Include information on contingencies the applicant has in place if travel is unable to occur as a result COVID-19. *Note: Include travel for project staff only. If conference travel is requested, travel funded for this project must adhere to Foundation travel policy which includes coach airfare,* [*per diem*](http://www.gsa.gov/portal/category/100120) *and standard mileage not to exceed established federal rates.*

Double click on the table to insert numbers. It will automatically calculate. Add or delete rows or columns as needed.

**

 EXAMPLE: Travel

Mileage:

 50 weeks x 2 trips per week x 20 miles per trip x $0.56 per mile = $1,120.

 Total = $1,120 (Year 1)

*Budget Explanation:* Provide an explanation and rationale for how travel will benefit the project.

**Other Direct:** Provide a breakdown of any other expense not listed above that can be directly tracked to the project.

Double click on the table to insert numbers. It will automatically calculate. Add or delete rows or columns as needed.

**

Title of Expense:

Detailed breakdown of expenses

Total: $XXX (Year 1)

*Budget Explanation:* Describe each item being requested, how the amount was determined, and how it benefits the project.

**Indirect Expense:** Indirect expenses are organizational expenses shared among projects and/or functions, such as executive management, finance, grants management, human resources or administrative and other support services, office equipment and supplies, telecommunications, occupancy, insurance, utilities, facility maintenance, etc.

The Foundation allows indirect expenses up to a maximum of 15% of total compensation expense (includes salary and benefits & payroll taxes).

Double click on the table to insert requested funding and the totals will automatically calculate. Add rows as needed.

**

*No Budget Explanation necessary*

