**Missouri Foundation for Health Grant 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 Instructions:**

Read the instructions below before developing your budget narrative:

* Include [expenses](#Expense) and explanations **only** for the portion of funding requested from MFH.
* Each line item must be fully explained using the [narrative format](#Narrative) 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.
* Delete instructions, examples and tips.
* Complete the [worksheet](#Worksheet) on the last page which should correspond to the line items in the budget narrative.

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

*Note*: If awarded, the following documentation must be provided with each report 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 in this section.***

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

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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). This should not include the request from MFH.

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 expenses related funding requested from MFH in this Expense section.***

**Salary:** Salary expense is for project-related staff employed by applicant (costs for project staff who are not employees of the applicant should be included in the [Contracted Services/Other Compensation](#Contracted_Services) section). Provide title, name or to be hired (TBH), annual salary, and FTE for 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.

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

**Benefits and Payroll Taxes:** For each employee listed in the Salary section above, benefits and payroll taxes may **ONLY** be requested for:

* employer portion of federal, state, and local taxes
* health, life, and disability insurance related to the Foundation funded employee(s)
* retirement (only 401(k), 403(b) or pension) related to the Foundation funded employee(s)

*Note: 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.

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*Budget Explanation:* Provide a breakdown of the applicant’s actual benefit and payroll tax rate (see explanation above the table for allowable expenses).

**Contracted Services/Other Compensation:** Provide a detailed budget for contractors/consultants 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 when invoices will be paid for services provided.

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

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*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 $0.67 per mile = $335

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

 Total = $11,028 (Year 1)

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

*Budget Explanation:* Explain the benefit of the contractor to the project including a scope of service with project activities, and process and rationale for selecting the contractor. If stipends or compensation to project partners is included, explain the benefit and role of the partner to the project.

**Equipment:** 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.

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*A quote for any expense 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, provide the process and rationale for selecting the equipment and the percentage of time it will be dedicated to the project.

**Travel:** Travel can be included for project staff only. Travel must adhere to Foundation travel policy which includes coach airfare, [per diem](https://www.gsa.gov/travel/plan-book/per-diem-rates) and [standard mileage](https://www.irs.gov/tax-professionals/standard-mileage-rates) 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.

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EXAMPLE: Travel

Mileage:

 50 weeks x 2 trips per week x 20 miles per trip x $0.67 per mile = $1,340

 Total = $1,340 (Year 1)

*Budget Explanation:* Provide an explanation and rationale for how travel will benefit the project. If conference travel is requested, include name of conference, location, and dates, if known.

**Other Direct:** Provide a breakdown of any other expense that can be directly tracked to the project. Contractors or compensation to project partners should be included in the [Contracted Services/Other Compensation](#Contracted_Services) section.

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

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Title of Expense:

Provide detailed breakdown of expenses and how the amount was determined.

Total: $XXX (Year 1)

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

**Indirect Expense:**

In 2024, MFH updated its [indirect expense policy](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmffh.org%2Fwp-content%2Fuploads%2F2024%2F01%2FIndirect-Expense-Policy-FAQs.pdf&data=05%7C02%7Cdlauverscotti%40mffh.org%7Ca74110b2681949d39bac08dc0d67e78c%7Ca83d0e6c161740df9eb06fda5d8c836a%7C0%7C0%7C638399987135387486%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=pKZAcSMJOyW%2FFYjQ%2FZJjm%2FHd2I%2FFDfV3R3YL5Evtluo%3D&reserved=0). This change applies only to grant proposals received on or after January 1, 2024.

Indirect expenses are shared among projects and/or functions. Examples include executive management, accounting, grants management, human resources or administrative and other support services, phones, occupancy, insurance, utilities, and facility maintenance.

Indirect expense is calculated as a percentage of the total direct expense request from MFH and the rate is based on the applicant’s expenses from the most recent annual accounting period as outlined in the table below. The direct expense request from MFH does not include indirect expense or the fiscal sponsor fee, if applicable, as shown in the spreadsheet on the last page.

|  |
| --- |
|  |
| **Expenses from Applicant’s Recent Annual Accounting Period** | **MFH Indirect Rate** |
| Under $1 million | 25% |
| Between $1.01 & 5 million | 20% |
| Over $5 million  | 15% |

To calculate indirect, add all expenses requested from MFH as outlined above. Insert the total in the Total MFH Direct Expense column below and insert the indirect rate according to the table above.

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*Note: Fiscal sponsor fees are not to be included in the total direct expense calculation (see spreadsheet on last page)*

*No Budget Explanation necessary*

