



FORM 4 – APPLICANT’S BUDGET

Instructions: Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

If an Applicant has or has prepared a cost allocation plan for this Subaward, it may submit it along with the Application.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants thus must provide one of the following along with their budget:

1. A current federally approved indirect cost rate agreement;
2. A currently approved indirect cost rate agreement with DHHS; or
3. A calculation of *de minimis* indirect costs consistent with federal rules.

DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request;

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

The budget needs to include amounts and sources of non-federal funds available. A breakout should include the following budget categories, but is not limited to:

1. Personnel costs
2. Travel costs
3. Space costs
4. Equipment costs
5. Materials and Supplies
6. Operating Services/Expenses
7. Indirect costs
8. Participant Reimbursements for Supportive Services

Example budget template provided on next page.

SUMMARY BUDGET

Organization Name

Project Title

Project Duration

	Requested Funds	Matching Funds	Total Project Budget
A Personnel	\$ -	\$ -	\$ -
B Fringe Benefits	\$ -	\$ -	\$ -
C Travel	\$ -	\$ -	\$ -
D Equipment	\$ -	\$ -	\$ -
E Supplies	\$ -	\$ -	\$ -
F Consultants/Contracts	\$ -	\$ -	\$ -
G Other Direct Costs	\$ -	\$ -	\$ -
H Total Direct Costs	\$ -	\$ -	\$ -
I Total Indirect Costs	\$ -	\$ -	\$ -
J Total (Sum H+I)	0.00	0.00	0.00