



Illinois Children's
Healthcare Foundation

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
2010 Request for Proposals
Building System Capacity – Expanding Access to Oral Health Services

Budget Narrative Instructions

Each proposal must be accompanied by a summary budget and a budget narrative that accompanies the summary budget. In completing the summary budget (form provided) and the budget narrative, the following definitions and instructions should be utilized:

I. PERSONNEL:

This category captures the personnel costs required to perform the project. In the budget narrative, please include a detailed description of the activities, base annual salary and FTE (full-time equivalency or percentage of effort) for each position related to the project. For each position, also include the amount requested from ILCHF and the amounts being provided from other sources. In the Budget Narrative tell us the names of those who will be providing the “other” dollars – including your organization. Costs for project staff who are not/will not be employees of the applicant should be entered under **Purchased Services**.

Personnel subcategories:

- *Project Director/Principal Investigator*: Direct project time associated with such positions as project director, principal investigator, and co-principal investigators providing leadership to the project (note: time allocated, if any, to this area should be kept to a minimal).
- *Project Staff*: Time or salary costs for a project manager, project coordinator, case manager, senior staff, etc. who provide direct input to the project. This subcategory would include professional staff such as dentists and dental hygienists.
- *Administrative Staff*: Administrative support positions (such as receptionist, administrative assistant, program assistant, secretary, etc.) general clerical help, temporary help, data entry, phone bank callers, etc.
- *Other Staff*: Any salary costs not covered under the other **Personnel** subcategories.

- *Fringe Benefits:* Should include all federal, state and local taxes as well as health insurance, tuition and other benefits provided to employees. If different rates were used for different individuals, please explain the calculation for each individual. Also indicate the percentage used to calculate the fringe benefit costs. If the rate exceeds 30% for any individual, please provide a listing of the benefits included.

II. OTHER DIRECT COSTS:

These are the direct non-personnel, project-related costs excluding consultant fees and contracts. In the budget narrative, state the amount requested from ILCHF and the amounts being provided by other sources (name those sources).

Direct Cost Subcategories:

- *Office Operations:* Includes supplies, printing/duplicating, telephone, postage, service/maintenance agreements, software, computer use (includes payment for costs associated with processing information on a mainframe computer or server), and staff training directly related to the project. In the budget narrative, please list the items being funded under this subcategory and the amount budgeted for each item.
- *Communications/Marketing:* Funds needed to increase awareness and visibility as well as to promote a project; includes costs of written or electronic materials.
- *Travel:* Travel by project staff and consultants directly related to the project; includes such costs as travel to professional meetings to present program findings/conclusions, or to promote the program, guest speaker travel, etc.
- *Meeting Expenses:* Project-related expenses for meetings, including meeting room rental, A/V equipment, presentation costs, and meals/refreshments; guest speaker fees should be included under the category **Purchased Services** and speaker travel/lodging should be included under the category **Travel**.
- *Surveys:* Costs associated with conducting surveys that do not fall under **Personnel** or **Purchased Services**; includes items such as temporary help, polling costs, design/development of a survey, mailing surveys, telephone survey costs, etc.
- *Equipment:* Computers, printers, fax machines, telephones, postage meters, etc. purchased or leased for the program (please itemize the equipment and include unit and total costs).

- *Construction/Remodeling:* Costs related to any construction or remodeling that must be done in order to provide the expanded health services in the health center. In the Budget Narrative tell us when the construction is planned to begin and end.
- *Project Space:* Space costs required as a result of this project; includes the prorated costs of the occupied space or the actual costs of the additional space requirements (please provide the basis used to calculate the amount requested).
- *Other:* Includes any other cost not previously covered under **Other Direct Costs**.

II. PURCHASED SERVICES:

- *Consultants:* Fees or honoraria paid to individuals for a specific service provided based upon an agreed-upon rate; could include speaking fees, service on an advisory committee, technical assistance, etc.
- *Contracted Professionals:* Costs related to a service negotiated for a specific period of time with specific deliverables, and provided through a signed contract; the salaries and fringe benefits of personnel working on the project who are not employees of the applicant should be included under **Contracted Professionals**. Please include the specific amount for each contract, what the figure represents, the length of the contract and the specific deliverables agreed upon as part of the contract.

IV. INDIRECT COSTS:

These are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identifiable with a specific project. These might include administrative expenses that are related to overall operations and are shared among projects and/or functions (i.e. executive oversight, accounting, grants management, legal expenses, utilities, and facility management), but may not exceed 10% of the program budget being requested from ILCHF.

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