

**PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET
POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs
RFP NO.: 2015-003**

**REVISED APPENDIX C
BUDGET INSTRUCTIONS**

SECTION 1. OVERALL INSTRUCTIONS AND GUIDELINES

REVISED, Appendix C- Budget Instructions, provides overall instructions/guidelines that are designed to assist the Proposer in completing the budget forms below for: 1) Program Concept and Component Related Costs; and 2) HIV and STD Program Component Related Costs. Proposer must submit the following required budget templates for **each** proposal under Category 1 **and/or** Category 2 for which the Proposer will be applying for funding (unless instructed otherwise).

1. Budget Forms: Program Concept and Component Related Costs

- **REVISED** Appendix C-1A: 1-Page Budget Narrative for Program Concept and Component Related Costs
- **REVISED** Appendix C-1B: Line Item Budget for Program Concept and Component Related Costs
- **REVISED** Appendix C-1C: Budget Summary Justification for Program Concept and Component Related Costs

2. Budget Forms: HIV and STD Screening Program Component Related Costs

- **REVISED** Appendix C-1D: Category 1: 1-Page Narrative for HIV and STD Program Component Related Costs
- **REVISED** Appendix C-1E: Line Item Budget for HIV and STD Program Component Related Costs
- **REVISED** Appendix C-1F: Budget Summary Justification for HIV and STD Program Component Related Costs

3. Budget Forms: Disclosure of Additional Resources for HIV and STD Prevention Services

- Appendix D, Required Forms – Exhibit 29: Proposer’s Funding Disclosure Form
- **REVISED** Appendix C-1G: 1-Page Exhibit 29 Supplemental

4. Budget Forms: Total Program Costs

- **REVISED** Appendix C-1H: Total Program Costs

Each of Proposer’s budget forms should only reflect costs associated with its proposed program(s) and must:

- 1) Be feasible and cost effective for the proposed quantity and quality of activities pursuant to Appendix B-1, Statement of Work for Category 1 and/or Appendix B-2, Statement of Work for Category 2 **and** each applicable Exhibit 27, Sample Scope of Work and Template;
- 2) Include staffing patterns that are appropriate for the proposed program services;
- 3) Provide operating costs that are consistent with the quantity and type of services proposed;

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- 4) Include justification that is detailed and has adequate rationale for each line item expenditure; and
- 5) Be submitted utilizing the budget format provided and with the correct calculations.

Proposer is advised that budget forms referenced above are the only budget formats acceptable. Any other formats will be not be accepted and shall result in Proposer receiving zero/no points for this section of the evaluation.

SECTION 2. BUDGET RESTRICTIONS

Budget Restrictions for Category 1: HIV and STD Prevention Services for YMSM

Proposer should consider the following budget restrictions when submitting their proposals for Category 1:

Tier Level 1 Restrictions: Proposal(s) for Tier Level 1 eligible cluster areas (Central and South Cluster Areas) with requested annual budgets in excess of seven hundred fifty thousand dollars (\$750,000) will be deemed **non-responsive and will be disqualified** from further consideration.

Tier Level 2 Restrictions: Proposal(s) for Tier Level 2 eligible cluster areas (East, North and Northwest Cluster Areas) with requested annual budgets in excess of two hundred fifty thousand dollars (\$250,000) will be deemed **non-responsive and will be disqualified** from further considerations.

Budget Restrictions for Category 2: HIV and STD Prevention Services for Transgender Individuals

Proposer should consider the following budget restrictions when submitting their proposals for Category 2:

Proposal(s) with requested annual budgets submitted in excess of one million dollars (\$1,000,000) will be deemed **non-responsive and will be disqualified** from further consideration consistent with RFP Sub-paragraph 1.3.6, Availability of Funding.

NOTE: If selected for funding, the selected Proposer will be required to provide a more detailed line item budget and budget summary justification using different budget templates that will be provided to the selected Proposer at the time of contract negotiations.

SECTION 3. 1-PAGE BUDGET NARRATIVE – INSTRUCTIONS

Proposer must submit a **separate and completed** One-Page Budget Narrative for a) Program Concept and Component Related Costs (REVISED Appendix C-1A), **and** b) HIV and STD Program Component Related Costs (REVISED Appendix C-1D) **for each proposal submitted under Category 1 and/or 2**. Each One-Page Budget Narrative **must** explain how **each** of the

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costs fiscally supports the activities of the proposed program, staffing requirements, organizational requirements, necessary supplies, etc.

SECTION 4. LINE ITEM BUDGET – INSTRUCTIONS

Proposer must submit a **separate and completed** Line Item Budget for: a) Program Concept and Component Related Costs (REVISED Appendix C-1B), **and** b) HIV and STD Program Component Related Costs (REVISED Appendix C-1E) **for each proposal submitted under Category 1 and/or 2.** Proposer's Line Item Budget must be for a **12-month period** and should reflect all of the significant activities described in **each** submitted proposal, Appendix B-1 Statement of Work for Category 1 and/or Appendix B-2 Statement of Work for Category 2 **and** each applicable Exhibit 27, Sample Scope of Work and Template. Proposer may use additional sheets as necessary, however **each** of Proposer's Line Item Budgets must be formatted and provide all the information as required in the template and budget instructions.

Each of Proposer's Line Item Budgets **must** address **each** of the Line Item Budget Categories below (A-H) for a **12-month period**. This will serve as the Proposer's assessment of its total costs to provide the services described in the RFP, Appendix B-1, Statement of Work for Category 1 and/or Appendix B-2, Statement of Work for Category 2 **and** each applicable Exhibit 27, Sample Scope of Work and Template.

UNALLOWABLE COSTS

All Proposers are advised to review the *United States Public Health Service (US PHS) Grants Policy Statement* and *OMB Circular A-122, Cost Principles for Non-Profit Organizations*, for a discussion and examples of unallowable costs. The proposed budgets are the basis of negotiation; inclusion of unallowable costs in a proposed budget does not mean those costs will be allowed should the Proposer be recommended for a funding award. Rather, a final budget will be negotiated within the established federal, State and local accounting guidelines and principles.

DHSP Financial Services will work with those Proposers recommended for awards to ensure no ineligible items are allocated against the final, approved program budget. The US PHS grants policy statement and *OMB Circular A-122* can be accessed by using the links provided below:

- US PHS grants: <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
- OMB Circular: <http://www.nonprofitaccountingbasics.org/federal-awards/omb-circular-122>

ADMINISTRATIVE COSTS

Proposers should not attempt to calculate administrative costs in their requested budget proposal. Proposers recommended for funding awards will be given further instructions on administrative cost caps and how to incorporate administrative costs into their budget request prior to contract negotiations.

A. Full-Time and Part-Time Salaries

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Full-Time Salaries: List each employee by position. Staff members and other employees are determined by the fact that agency reports and pays payroll taxes (SUI, FICA, etc.) and pays employees' income taxes as basic legal requirements. Include the name of the staff person filling each position. Specify vacant if staff have not been identified. (**Note:** The annual salary limit for staff listed on budget is \$183,300 as of January 2015; this is based on the Executive Level II salary of the Federal Executive Pay Scale)

- **Full-Time Salaries:** Enter the position title for each full-time equivalent that will provide services under the proposed program.
- **Monthly Salary:** For each position, enter the monthly salary based on full-time equivalent.
- **Number (#) of Months:** For each position, indicate budgeted number of months for a 12-month period.
- **Percentage (%) of Time:** Enter the total percentage of time that each employee will work for the proposed services. If all employee's time will be spent on the proposed services, enter 100% (100% means 40 hours per week). If less than 40 hours per week will be spent on the proposed services, enter the appropriate percentage of time. If an employee is a part-time staff (working for the agency less than 40 hours a week and only for the proposed services) list them under part-time staff.
- **Total:** Enter the salary amount being requested as it applies to the proposed program. (Example: For each full-time position, multiply monthly salary by the number of months by percent of time, then enter amount in the Total column.)
- **Sub-total Full-Time Salaries:** Add the subtotal amounts for Full-Time Salaries in the Total column.

Part-Time Salaries: Part-time staff are individuals who work for the agency on a part-time basis only for the proposed services, and are paid on an hourly basis. **NOTE:** If an employee works 40 hours per week but only 40% of their time is charged to the project and 60% charged to another project within the agency, they should be listed under full-time staff.

- **Part-Time Salaries:** Enter the position title for each part-time position that will provide services under the proposed program.
- **Hourly Salary per hour:** For each part-time position, enter the hourly rate.
- **Percentage (%) of Time:** Enter the total percentage of time that each part-time employee will work for the proposed services.
- **Number of hours worked annually:** For each part-time, enter the position's annual salary.
- **Total:** Enter the salary amount being requested as it applies to the proposed program. (Example: For each part-time staff, multiply hourly salary per hour by percent of time by Number of works worked annually and enter amount in the Total column.)
- **Sub-total Part-Time Salaries:** Add the amounts for Part-Time Salaries in the Total column.

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Total Salaries: Add Sub-total Full-Time and Sub-total Part-Time Salaries and enter the amount in the Total Salaries column.

B. Employee Benefits

- **Employee Benefits for Full-Time Salaries:** Indicate the estimated total employee benefit percentage rate for which the agency is responsible (e.g., FICA, SUI, Worker's Compensation, retirement, etc.). Multiply Subtotal Salaries by the Employee Benefits Rate and enter amount in the Total column.
- **Employee Benefits for Part-Time Salaries:** Indicate the estimated total employee benefit percentage rate for which the agency is responsible (e.g., FICA, SUI, Worker's Compensation, retirement, etc.). Multiply Subtotal Salaries by the Employee Benefits Rate and enter amount in the Total column.
- **Total Employee Benefits:** Add Total Full-Time and Total Part-Time Employee Benefits and enter in the Total column.

C. Operating Expenses

Identify the costs that will be necessary for the performance of the contract and enter the amounts (e.g., office or facility rent/lease, office supplies, printing/reproduction, telephone, etc.) in the Total column. The costs for operating expenses should conform to your proposed program objectives. **Please note that there will be no reimbursement for mortgage expenses on agency or self-owned property.**

D. Mileage and Travel

Identify the travel costs associated with each sponsored training and/or meeting and enter the amount (e.g. registration, hotel, airfare, etc.) in the Amount column.

Identify the mileage from the office to the worksite for each employee, multiply by the **lower** of the agency's current mileage rate or the County's prevailing rate (the calendar year 2015 Los Angeles County mileage reimbursement rate is \$0.54 per mile) and enter the amount in the Amount column.

E. Other Costs (including Consultant/Contractor)

Identify the costs that will be necessary for the performance of the contract and enter the amounts (e.g., consultant costs, subcontractor costs, required testing materials, incentives, condoms, etc.) in Amount column.

F. Total Direct Costs: Add total of expense categories A through E and provide amounts for the Total.

G. Indirect Costs

Enter the total amount of Indirect Costs along with the Indirect Cost rate to be charged to the contracted program. **Total Indirect Costs may not exceed 15% of an agency's total Salary and Employee Benefits cost.**

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To request funds for an Indirect Cost rate, agency may be required to provide one of the following on file: Federally Negotiated Indirect Cost Rate Agreement (NICRA) or an Auditor Certified Indirect Cost Rate (from the past three (3) years or no earlier than agency fiscal year 2012). **Please note that Proposer(s) recommended for funding will need to provide a copy of the NICRA or an Auditor Certified Indirect Cost Rate (as referenced herein) during contract negotiations.**

- H. Total Program Budget:** Add total of expense categories F through G and provide amounts for the Total Amount.

SECTION 5. BUDGET SUMMARY JUSTIFICATION - INSTRUCTIONS

Proposer must submit a **separate and completed** Budget Summary Justification **for each proposal submitted under Category 1 and/or Category 2 for a 12-month period** for: a) Program Concept and Component Related Costs (**REVISED** Appendix C-1C) , **and** b) HIV and STD Program Component Related Costs (**REVISED** Appendix C-1F) that provides detailed budget justifications for all program services. Proposer must provide a brief budget justification narrative for each of the amounts entered for **each** Line Item Budget. Also, Proposer must identify any one-time costs. Budget Justification narratives must be detailed, specific, and explain: (1) what type of services will be provided; (2) who will provide the services; and (3) how the services will be provided. Proposer may use additional sheets as necessary; however **each** of Proposer's Budget Justification Summary (ies) must be formatted and provide all the information as required in the template and budget instructions.

A. Full-Time and Part-Time Salaries

List each position by job title and briefly justify each position and duties by relating it to specific program objectives.

B. Employee Benefits

Identify the method to calculate the employee benefits percentage rate. List each employee benefit, its appropriate percentage rate, and the total Employee Benefits rate for full-time and part-time employees. (**Example:** FICA 7%, SUI 3%, Workers' Compensation 1%, Medical/Dental 5%, Retirement 2%, Other 1%, etc. for a total Employee Benefits rate of 19 %.)

C. Operating Expenses

Identify and briefly describe the costs necessary for the performance of the program. The narrative should describe how the costs will relate to the program objectives including: telephone, postage, utilities, office supplies, printing/reproduction, computer connection, rent, etc. The costs must be used specifically for the delivery of the proposed services and should assist your agency in meeting the scope of work objectives. Include cost calculations.

D. Mileage & Travel

Travel pertains to pre-approved in-state, excluding travel within the County of Los Angeles, or budgeted out-of-state trips. Briefly describe all travel-related costs. Give

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the purpose of the trip, destination, and the title(s) of persons who will be taking the trip.

Mileage pertains to local travel (within County of Los Angeles). Mileage example: Reimbursement is requested at \$0.54 per mile for mileage incurred by project staff traveling to outreach and enrollment sites within the County. The mileage rate cannot exceed the County's mileage reimbursement rate and must be the **lower** of the agency's reimbursement rate or County's.

E. Other Costs (including Consultant/Contractor)

Briefly describe and justify any non-routine, occasional or onetime expenses needed for the performance of the program. The narrative should describe how the costs will relate to the program objectives, including any materials or incentives for clients, supplies, condoms, etc. The costs must be used specifically for the delivery of the proposed services and should assist your agency in meeting the scope of work objectives. Include cost calculations.

SECTION 6. APPENDIX D, REQUIRED FORMS – EXHIBIT 29: PROPOSER'S FUNDING DISCLOSURE FORM – INSTRUCTIONS

Proposer is advised that funding made available as a result of this RFP shall only be used to fund new or enhanced HIV and STD prevention services **and** shall in no way supplant existing resources. To assure this, Proposer must disclose all currently available or committed revenue and funding resources available (as those described in this RFP for Category 1 and/or Category 2) in which Proposer now provides services **and** for which Proposer requests funding through this RFP. Therefore, Proposer **must** submit a completed Appendix D, Required Forms, Exhibit 29, Proposer's Funding Disclosure Form in order to provide this information. A single completed Exhibit 29 is required for all proposal submissions under Category 1 and/or Category 2. Proposer is advised that the information provided on its Exhibit 29 is subject to verification, and failure to provide a completed Exhibit 29 may result in automatic disqualification.

SECTION 7. ONE-PAGE EXHIBIT 29 SUPPLEMENTAL – INSTRUCTIONS

If Proposer is requesting new or enhanced funding for HIV and STD services under this RFP, Proposer must submit a completed REVISED Appendix C-1G, 1-Page Exhibit 29 Supplemental. Proposer's REVISED Appendix C-1G **must** explain how the new/enhanced funding will be used in conjunction with current funding for existing services. **A single completed Appendix REVISED C-1G is required for all proposal submissions under Category 1 and all proposal submissions under Category 2 as applicable.**

SECTION 8. TOTAL PROGRAM COSTS – INSTRUCTIONS

Proposer must submit a **separate and completed** Total Program Costs (REVISED Appendix C-1H) form that combines Proposer's Program Concept and Component Related Costs **and** Proposer's HIV and STD Program Component Related Costs **for each proposal submitted under Category 1 and/or Category 2.** Proposer's Total Program Costs must be for a **12-month**

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period and should only reflect Proposer's total costs for its Program Concept and Component Related Costs **and** Proposer's HIV and STD Program Component Related Costs. Proposer may use additional sheets as necessary; however **each** of Proposer's Total Program Costs must be formatted and provide all the information as required in the template and budget instructions.

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**REVISED APPENDIX C-1A
1-PAGE BUDGET NARRATIVE FOR PROGRAM CONCEPT AND COMPONENT RELATED COSTS**

PROPOSER'S NAME:	
PROGRAM NAME:	
1-PAGE BUDGET NARRATIVE FOR (CATEGORY OF SERVICE):	
TIER LEVEL (IF APPLICABLE):	
CLUSTER AREA/TARGET AREA:	

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REVISED APPENDIX C-1C

BUDGET SUMMARY JUSTIFICATION FOR PROGRAM CONCEPT AND COMPONENT RELATED COSTS

PROPOSER'S NAME:	
PROGRAM NAME:	
BUDGET TERM:	12 Months
BUDGET SUMMARY JUSTIFICATION FOR (CATEGORY OF SERVICE):	
TIER LEVEL (IF APPLICABLE):	
CLUSTER AREA/TARGET AREA:	

A.	FULL-TIME AND PART-TIME SALARIES	
	Full-Time Position and Job Title	Job Duties Related to Specific Program Objectives
	Part-Time Position and Job Title	Job Duties Related to Specific Program Objectives

B.	EMPLOYEE BENEFITS	
	Full-Time Employee Benefit	Percentage Rate
	Total Full-Time Employee Benefits Rate	
	Part-Time Employee Benefit	Percentage Rate
	Total Part-Time Employee Benefits Rate	

C.	OPERATING EXPENSES	
Item	Item Justification	

D.	MILEAGE AND TRAVEL	
Item	Item Justification	

E.	OTHER COSTS (Including Consultant/Contractor)	
Item	Item Justification	

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**REVISED APPENDIX C-1D
1-PAGE BUDGET NARRATIVE FOR PROGRAM HIV AND STD PROGRAM COMPONENT RELATED
COSTS**

PROPOSER'S NAME:	
PROGRAM NAME:	
1-PAGE BUDGET NARRATIVE FOR (CATEGORY OF SERVICE):	
TIER LEVEL (IF APPLICABLE):	
CLUSTER AREA/TARGET AREA:	

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**REVISED APPENDIX C-1F
BUDGET SUMMARY JUSTIFICATION FOR HIV AND STD PROGRAM COMPONENT RELATED COSTS**

PROPOSER'S NAME:	
PROGRAM NAME:	
BUDGET TERM:	12 Months
BUDGET SUMMARY JUSTIFICATION FOR (CATEGORY OF SERVICE):	
TIER LEVEL (IF APPLICABLE):	
CLUSTER AREA/TARGET AREA:	

A.	FULL-TIME AND PART-TIME SALARIES	
	Full-Time Position and Job Title	Job Duties Related to Specific Program Objectives
	Part-Time Position and Job Title	Job Duties Related to Specific Program Objectives

B.	EMPLOYEE BENEFITS	
	Full-Time Employee Benefit	Percentage Rate
	Total Full-Time Employee Benefits Rate	
	Part-Time Employee Benefit	Percentage Rate
	Total Part-Time Employee Benefits Rate	

C.	OPERATING EXPENSES	
Item		Item Justification
D.	MILEAGE AND TRAVEL	
Item		Item Justification

E.	OTHER COSTS (Including Consultant/Contractor)	
Item		Item Justification

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REVISED APPENDIX C-1G

1-PAGE EXHIBIT 29 SUPPLEMENTAL FOR HIV AND STD PROGRAM COMPONENT RELATED COSTS

PROPOSER'S NAME:	
PROGRAM NAME:	
1-PAGE BUDGET NARRATIVE FOR (CATEGORY OF SERVICE):	
TIER LEVEL (IF APPLICABLE):	
CLUSTER AREA/TARGET AREA:	

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