State of Indiana FSSA RFF 23-010

Long-Acting Reversible Contraception Grant Program

Attachment B - Grant Budget Proposal Instructions

INSTRUCTIONS

All applicants must submit a completed Attachment B - Grant Budget Proposal. Please provide your Grant Budget Proposal by populating the "Budget Template" tab to demonstrate your budget for your proposed project and how your grant funding would be used. The costs you provide on the "Budget Template" tab must represent your RFF grant budget and be inclusive of funding requested through this grant. You shall provide your costs for the 12-month grant period only, which is expected to begin on July 1, 2023 and end on June 30, 2024. All budget items must directly relate to the RFF Objectives of increasing utilization, integration, and access to Long-Acting Reversible Contraception (LARC) services and family planning for all interested Hoosiers who otherwise may have to go without reproductive health services and counseling. You may submit supplemental documentation to support your requested grant amount.

Fill in only the cells shaded in yellow. All other cells are locked. Blue cells will populate automatically. Please do not attempt to unlock or manipulate the template. Complete every table for which you have associated costs. If there is a particular table that does not apply to your budget, you may leave it blank. The State will not consider any costs that are not included in your budget. The Total Grant Amount Requested from State listed in the "Budget Summary" tab will be the amount of grant funding you are requesting from the State. Note that the State reserves the right to determine the amount of grant funding awarded to the applicant. The State may reject grant funding entirely or issue a partial award. The State reserves the right to disqualify and not score incomplete proposals that do not provide all required application components or include ineligible funding items as detailed in this RFF.

ELIGIBLE AND INELIGIBLE ITEMS

Items included in the Grant Budget Proposal may only be for activities that directly support the accomplishment of the RFF Objectives. Grant funds may not be used for capital needs. Grant funds may be used for all costs associated with the proposed programming outside of capital needs.

GRANT BUDGET NARRATIVE

You must also complete a separate Grant Budget Narrative according to the instructions in Section III.B.2 of the RFF. Do not provide the narrative within this file.

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Attachment B - Grant Budget Proposal Budget Summary

Instructions: Enter the applicant name in the yellow cell above. Applicants do not need to enter any information beyond their name on this tab. The blue cells will populate automatically based on the items entered into your budget template. These items will be used to assign the grant amount to be paid by the State and priority points.

Total Grant Budget Summary	Total Amount
A. Materials	-
B. Staffing Personnel Costs	-
C. Other Costs	-
TOTAL GRANT BUDGET	

Applicant Name:

Enter Applicant Name

Please Complete Yellow Shaded Regions

State of Indiana FSSA RFF 23-010
Long-Acting Reversible Contraception Grant Program
Attachment B - Grant Budget Proposal
Budget Template

Applicant Name:		Enter Applic
	D.	2 14 37 11

Enter Applicant Name
Please Complete Yellow Shaded Regions

Instructions: Please fill in the cells shaded yellow to demonstrate the total budget for the project you are proposing in response to this RFF. The blue cells will populate automatically. If there is a particular table that does not apply to your budget, you may leave it blank.

IMPORTANT NOTE ON BUDGET ITEMS: All requested budget items, including ongoing costs such as staffing personnel, must be sustainable following the end of the grant period. Demonstrating sustainability of all ongoing costs will be a key factor in whether a budget request is awarded.

Application Totals:

Total Grant Budget: \$

Materials (Please see the IMPORTANT NOTE ON BUINGET ITEMS above)

Item Name	Brief Description	Brief Description Estimate			Frant Budget for
ex: Contraceptive Devices	Cost associated with acquiring IUD and implants for potential patients.	\$	20,000.00	\$	40,000.00
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	_
	·	•	Total:	¢	

B. Staffing Personnel Costs

Position	Brief Description	H	lourly Wage Rate	Estimated Number of	Total Grai	nt Budget for
ex: Obstetrician-gynecologist	Salary of new OB/GYN focused on supporting the provision of family planning services including contraception counseling.	\$	45.00	300		13,500.00
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
		_		Total:	\$	-

C. Other Costs (Applicants are STRONGLY encouraged to review eligible and ineligible budget items prior to completing this section)

Item Name	Brief Description	Estimated Total Grant	Total Grant Budget for		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
		Total:	\$ -		

