GUIDELINES FOR BUDGET PREPARATION

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

INTRODUCTION
Guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by insuring that the required or needed information is provided.

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample budget

Personnel *Total $_____*

Position Title and Name	*Annual*	*Time*	*Months*	*Amount Requested*
Project Coordinator *Susan Taylor*	*$45,000*	*100%*	*12 months*	*$45,000*
Finance Administrator *John Johnson*	*$28,500*	*50%*	*12 months*	*$14,250*
Outreach Supervisor *(Vacant*)*	*$27,000*	*100%*	*12 months*	*$27,000*

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)
This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to CDC. This position relates to all program objectives.

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B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Sample Budget

Fringe Benefits *Total $_____*

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example:	*Project Coordinator - Salary*		*$45,000*
	Retirement 5% of $45,000	=	*$2,250*
	FICA 7.65% of $45,000	=	*3,443*
	Insurance	=	*2,000*
	Workers= Compensation	=	_____
		Total:	

C. **Consultant Costs**

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization. Written approval must be obtained from CDC prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information to CDC **(see Budget Appendix A)**:

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services To Be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses) - list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the

budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Equipment

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the **Other** category.

Sample Budget

Equipment *Total $_____*

Item Requested	*How Many*	*Unit Cost*	*Amount*
Computer Workstation	*2 ea.*	*$5,500*	*$11,000*
Computer	*1 ea.*	*6,000*	*6000*
		Total	*$17,000*

Sample Justification

Provide complete justification for all requested equipment, including a description of how it will be used in the program.

Note: Equipment—Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

E. **Supplies**

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies *Total $_____*

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Computer work station (specify type)

3 ea. x $2500 = $7,500 = *$7,500*

Computer (specify type)

2 ea. x $3,300 = $6,600 = *$6,600*

General office supplies (pens, pencils, paper, etc.)

12 months x $240/year x 10 staff = *$2,400*

Educational Pamphlets (3,000 copies @) $1 each = *$3,000*

Educational Videos (10 copies @ $150 each) = *$1,500*

Word Processing Software (@ $400-specify type) = *$ 400*

Sample Justification

Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities . Word Processing Software will be used to document program activities, process progress reports, etc.

F. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the **Other** category.

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In-State Travel - Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Out-of-State Travel - Provide a narrative justification describing the same information requested above. Include CDC meetings, conferences, and workshops, if required by CDC. Itemize out-of-state travel in the format described above.

Sample Budget

Travel (in-State and out-of-State) *Total $_____*

In-State Travel:

1 trip x 2 people x 500 miles r/t x .27/mile	=	*$ 270*
2 days per diem x $37/day x 2 people	=	*148*
1 nights lodging x $67/night x 2 people	=	*134*
25 trips x 1 person x 300 miles avg. x .27/mile	=	*2,025*
	Total	*$ 2,577*

Sample Justification

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The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

Sample Budget

Out-of-State Travel:

1 trip x 1 person x $500 r/t airfare	=	*$500*
3 days per diem x $45/day x 1 person	=	*135*
1 night=s lodging x $88/night x 1 person	=	*88*
Ground transportation 1 person	=	*50*
	Total	*$773*

Sample Justification

The Project Coordinator will travel to CDC, in Atlanta, GA, to attend the CDC Conference.

G. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

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Sample Budget

Other *Total $_____*

Telephone

($ ___ per month x ___ months x #staff) = *$ Subtotal*

Postage

($ ___ per month x ___ months x #staff) = *$ Subtotal*

Printing

($ ___ per x ___ documents) = *$ Subtotal*

Equipment Rental (describe)

($ ___ per month x ___ months) = *$ Subtotal*

Internet Provider Service

($___ per month x ___ months) = *$ Subtotal*

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

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8. Contractual Costs

Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval to initiate program activities through the services of a contractor requires submission of the following information to CDC **(see Budget Appendix B)**:

1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

1. Total Direct Costs $_____

Show total direct costs by listing totals of each category.

J. Indirect Costs $_____

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To claim indirect costs, the applicant organization must have a current approved indirect

cost rate agreement established with the cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is ___% and is computed on the following direct cost base of $_____.

Personnel		*$*	
Fringe	*$*		
Travel	*$*		
Supplies		*$*	
Other		*$_____*	
	Total	*$*	*x ___% = Total Indirect Costs*

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

Appendix A:

Required Information for Consultant Approval

This category is appropriate when hiring an individual who gives professional advice or provides services for a fee and who is not an employee of the grantee organization. All consultants require prior approval from CDC annually. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.

2. Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.

3. Nature of Services To Be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.

4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.

5. Number of Days of Consultation: Specify the total number of days of consultation.

6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem,

and supplies.

7. Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

Appendix B:

Required Information for Contract Approval

All contracts require prior approval from CDC. Funds may not be used until the following required information for each contract is submitted to and approved by CDC:

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.

2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.

3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.

4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.

5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.

6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.