

HDHHS HIV/STD PREVENTION BUDGET SUBMISSION FORM

SERVICE CATEGORY FUNDING

PROVIDER NAME:

CATEGORY: AWARD AMOUNT:

AWARD #: FUNDING SOURCE:

EFFECTIVE DATES: to

FEDERAL OBJECT CLASS:	(1) TOTAL CATEGORY COSTS	(2) OTHER FUNDING THIS CATEGORY	(3) CATEGORY FUNDING THIS CONTRACT	(4) PRIOR YEAR FUNDING THIS CONTRACT
PERSONNEL SERVICES				
FRINGE BENEFITS				
SUBTOTAL PERSONNEL				
TRAVEL				
EQUIPMENT				
SUPPLIES				
SUBCONTRACT COSTS				
OTHER:				
Rent				
Utilities				
Communication				
Leased Equipment				
Insurance				
Printing				
Repairs/Maintenance				
Other				
SUBTOTAL OTHER:				
SUBTOTAL OPERATING COSTS				
TOTAL DIRECT (PERSONNEL + OPERATING)				
INDIRECT			N/A	N/A
TOTAL BUDGETED COSTS				

THE AMOUNTS LISTED UNDER (3) "CATEGORY FUNDING THIS CONTRACT" ARE CELL-REFERENCED TO THE SUMMARY TOTALS ON THE BUDGET NARRATIVE.

HDHHS HIV/STD PREVENTION BUDGET SUBMISSION FORM

PERSONNEL SCHEDULE

PROVIDER NAME: <input style="width: 95%;" type="text"/>	AGENCY FULL-TIME HOURS: <input style="width: 95%;" type="text"/>
CATEGORY: <input style="width: 95%;" type="text" value="Select One"/>	AWARD AMOUNT: <input style="width: 95%;" type="text"/>
AWARD #: <input style="width: 95%;" type="text"/>	FUNDING SOURCE: <input style="width: 95%;" type="text" value="Select One"/>
EFFECTIVE DATES: <input style="width: 45%;" type="text"/> to <input style="width: 45%;" type="text"/>	

	(1) EMPLOYEE NAME	(2) POSITION TITLE	(3) MONTHS PER THIS BUDGET	(4) WEEKLY HOURS WORKED	(5) TOTAL ANNUAL SALARY	(6) HDHHS FUNDED FTE	(7) WEEKLY HOURS PER THIS BUDGET	(8) HDHHS FUNDED SALARY
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	TOTAL							

HDHHS HIV/STD PREVENTION BUDGET SUBMISSION FORM
BUDGET JUSTIFICATION

PROVIDER NAME: SUBCONTRACTOR NAME:
 CATEGORY: AWARD AMOUNT:
 AWARD #: FUNDING SOURCE:
 EFFECTIVE DATES: to

PERSONNEL

(1) DESCRIBE DUTIES FOR THIS CONTRACT	(2) EMPLOYEE NAME(S)	(3) FULL-TIME SALARY	(4) PERCENT OF SALARY ALLOCATED	(5) CONTRACT AMOUNT
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
SUBTOTAL PERSONNEL (PAGE 1)				
				PAGE 1 OF 9

FORM B-4

PERSONNEL (continued)				
(1) DESCRIBE DUTIES FOR THIS CONTRACT	(2) EMPLOYEE NAME(S)	(3) FULL-TIME SALARY	(4) PERCENT OF SALARY ALLOCATED	(5) CONTRACT AMOUNT
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
SUBTOTAL PERSONNEL (PAGE 2)				
				PAGE 2 OF 9

FORM B-4

PERSONNEL (continued)				
(1) DESCRIBE DUTIES FOR THIS CONTRACT	(2) EMPLOYEE NAME(S)	(3) FULL-TIME SALARY	(4) PERCENT OF SALARY ALLOCATED	(5) CONTRACT AMOUNT
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				
SUBTOTAL PERSONNEL (PAGE 3)				
TOTAL PERSONNEL				
				PAGE 3 OF 9

FORM B-4

SUPPLIES				
(1) PROGRAM SUPPLIES <small>(For each, describe type, cost, and reason needed)</small>	(2) CONTRACT AMOUNT			
SUBTOTAL PROGRAM SUPPLIES:				
(1) OFFICE SUPPLIES <small>(For each, describe type, cost, and reason needed)</small>	(2) CONTRACT AMOUNT			
SUBTOTAL OFFICE SUPPLIES:				
TOTAL SUPPLIES:				
CONTRACT SERVICES (HOURLY RATE CONSULTANTS AND/OR SUBCONTRACT ORGANIZATIONS)				
(1) HOURLY RATE CONSULTANTS <small>(Describe duties and service units provided.)</small>	(2) NAME(S)	(3) HOURLY RATE	(4) TOTAL ANNUAL HOURS	(5) CONTRACT AMOUNT
TITLE:				
NARRATIVE:				

FORM B-4

CONTRACT SERVICES (continued)

(1) HOURLY RATE CONSULTANTS <small>(Describe duties and service units provided.)</small>	(2) NAME(S)	(3) HOURLY RATE	(4) TOTAL ANNUAL HOURS	(5) CONTRACT AMOUNT
TITLE: NARRATIVE:				
TITLE: NARRATIVE:				

(1) SUBCONTRACTED ORGANIZATIONS <small>(Describe services and units provided. Also, complete Form B-4 for EACH.)</small>	(2) CONTRACT AMOUNT
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SUBCONTRACTOR #1 (SEE ATTACHED BUDGET): NARRATIVE:	ENTER AMOUNT HERE>>>
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SUBCONTRACTOR #2 (SEE ATTACHED BUDGET): NARRATIVE:	ENTER AMOUNT HERE>>>
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SUBCONTRACTOR #3 (SEE ATTACHED BUDGET): NARRATIVE:	ENTER AMOUNT HERE>>>
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TOTAL CONTRACT SERVICES:	
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¹NOTE: Use a copy of Form B-4 to prepare a budget for EACH subcontracted organization. Place the name of the subcontractor at the top of the form and complete pages as appropriate.

FORM B-4

OTHER

(1) OTHER LINE ITEMS (SHOW COMPUTATION FOR ALL ALLOCATED COSTS)	(2) CONTRACT AMOUNT
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<p>RENT/OCCUPANCY (DESCRIBE/ SHOW COSTS AND ALLOCATION CALCULATION) ENTER AMOUNT HERE>>></p> <p>NARRATIVE:</p>	
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<p>UTILITIES (DESCRIBE/ SHOW COSTS AND ALLOCATION CALCULATION) ENTER AMOUNT HERE>>></p> <p>NARRATIVE:</p>	
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<p>COMMUNICATIONS (DESCRIBE/ SHOW COSTS AND ALLOCATION CALCULATION) ENTER AMOUNT HERE>>></p> <p>NARRATIVE:</p>	
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<p>LEASED EQUIPMENT (DESCRIBE/ LIST COSTS) ENTER AMOUNT HERE>>></p> <p>NARRATIVE:</p>	
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FORM B-4

OTHER (continued)	
(1) OTHER LINE ITEMS <small>(SHOW COMPUTATION FOR ALL ALLOCATED COSTS)</small>	(2) CONTRACT AMOUNT
INSURANCE (DESCRIBE/ LIST COSTS) ENTER AMOUNT HERE>>> NARRATIVE:	
PRINTING (DESCRIBE/ LIST COSTS) ENTER AMOUNT HERE>>> NARRATIVE:	
REPAIRS & MAINTENANCE (DESCRIBE/ LIST COSTS) ENTER AMOUNT HERE>>> NARRATIVE:	
OTHER (NAME, DESCRIBE, AND LIST COSTS) ENTER AMOUNT HERE>>> NARRATIVE:	
TOTAL OTHER:	
TOTAL DIRECT COSTS:	

FUNDING SOURCES:

CDC HIV Prevention
City General Fund
Community Development Block Grant (CDBG)
DSHS HIV/STD Prevention
DSHS Syphilis Elimination
Select One

SERVICE CATEGORIES:

Comprehensive Risk Counseling & Services (CRCS)
Counseling, Testing, & Referral Services (CTR)
Health Education/Risk Reduction (HE/RR)
Program Evaluation, TA, and CBA (CBA)
School-Based Program (SB)
Social Marketing (SM)
Select One

INTERVENTION TYPE:

CRCS
CTR - Non-Traditional Setting
CTR - Traditional Setting
Healthy Relationships
Many Men, Many Voices (3MV)
Mpowerment
Non-DEBI Intervention
Popular Opinion Leader (POL)
Real AIDS Prevention Project (RAPP)
SISTA
Street Smart
VOICES/VOCES
Select One

POPULATIONS:

F/IDU	Female Injection Drug Users
FSM	Females Who Have Sex With Males
M/IDU	Male Injection Drug Users
MSF	Males Who Have Sex With Females
MSM	Men Who Have Sex With Men
MSM/IDU	Men Who Have Sex With Men & Use Injection Drugs

SUB-POPULATIONS:

HIV+	HIV-Positive Individuals
TG	Transgenderers
Youth (13-24)	Youth Ages 13 to 24

UNIT OF SERVICE:

CRCS	Comprehensive Risk Counseling Session
CTR PBC	PBC Counseling Session
CTR HIV	HIV Test Regardless of Testing Technology
CTR Syphilis	Syphilis Test
GLI	Group-Level Intervention
HC/PI	Health Communication/Public Information
ILI	Individual-Level Intervention
OUT/REC	Outreach/Recruitment
SME	Social Marketing Individual Exposure