

# RFA HHS0015357

## Exhibit E-1, Expenditure Proposal Instructions

### Texas Health and Human Services Commission (HHSC) Access & Eligibility Services Supplemental Nutrition Assistance Program Outreach and Application Assistance Instructions for Exhibit E, Expenditure Proposal

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Program Summary (Budget Summary 2 Tab) **Do not use “Hidden Tab” HHSC use only**

## **A. Introduction, Categorical Budgets, and Supporting Documentation**

The Applicant must use the **Exhibit E-1, Expenditure Proposal Instructions** to develop a cost proposal in the **Exhibit E, Expenditure Proposal** for three strategies for the Request for Application. The Strategies are listed below:

1. Strategy 1: Network of Organizations
2. Strategy 2: Applications and Education
3. Strategy 3: Community Led Innovation

The Applicant's budgets sent to HHSC must be organized, efficient, accurate, timely, and comply with state and federal laws related to fiscal and program management identified in the RFA document.

**Categorical Budgets:** “Categorical Budget” means the financial plan for the award that HHSC approves, which documents the proposed cost for the following categories: Personnel (Salary and Benefits), Travel (Long Distance and Local), Copying/Printing/Materials/, Internet/Telephone, Equipment & Other Capital Expenditures, Supplies and Non-Capital Expenditures, Building Space, Other, Contractual, and Indirect costs.

**Supporting Documents to Prepare Budget: The Applicant must use applicable financial documentation to aid in completing the cost proposal.** Three examples are supplied below.

1. Balance Sheet: An agency's assets, liabilities, and equity are detailed in a balance sheet.
2. Income Statement: Revenue for a year or part of a year is shown in an income statement. An income statement also displays revenue-related expenditures and expenses. The “bottom line” reflects the agency's net earnings or losses. This shows how much the agency made or lost.
3. Cash Flow Statement: An agency's cash flow considers the cash inflows and outflows. This is important since an agency requires funds to pay obligations, purchase goods, and to perform services.

**Budget Worksheets:** The budget worksheets are designed to link with other worksheets within HHSC systems which generate information used for reporting. The budget worksheets **must not** be altered, renamed, hidden, or changed in the order of the originally published version.

**Altered workbooks cannot be accepted and Application will be considered incomplete.**

## **B. Personnel: Salary & Fringe Benefits**

**Salary and Fringe Benefits: Salary and Fringe Benefits are costs included in a program's direct cost.** An agency's expenses will encompass the wages and benefits of staff members who dedicate their time particularly to the implementation of SNAP Outreach, both in direct and administrative capacities.

**HHSC Requirement #1:** The Applicant must allocate its staff time to provide the services mentioned in the narrative for each strategy. The time billed for each staff member working on the

strategy(ies) should accurately match the actual time spent on project activities related to that strategy. To accomplish this, The Applicant can create a project work plan for each strategy and allocate staff time accordingly.

**HHSC Requirement #2:** The Applicant must use the "Other Funding Source" for the percentage of time a staff member will not be paid with HHSC Grant funds. The total percentage of time a staff member is allocated to HHSC and the percentage of time they are allocated to "other funding sources" must equal 100% of the annual salary cost.

**Important: The time billed for each staff member working on the project must align with the actual time spent conducting activities within each specific strategy.** This is how staff time and activities are validated.

Time and effort reporting **is required** for all paid staff and volunteers supported by the outreach plan.

**Reference: Exhibit E: Personnel (Salary Benefits) tab**

| Salary (List each position by title and name of employee, if available Show the annual salary rate and percentage of time to be devoted to the project.) |                                               |                     |                                                             |                                     |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------|-------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Name (List each name, if known)                                                                                                                          | Position Title (List each position, if known) | Vacant/Filled (V/F) | Certification/License Required: (Enter N/A if not required) | Brief Job Description/Justification | Justification/Methodology Used to calculate Fringe Benefit |

**Budget Detail Table 1:** Complete the budget detail table in the **Personnel: Salary Benefits** as shown above. Enter the personnel **Name, Position Title, Vacancy or Filled positions, Certifications/License Requirements, Brief Job Description/Justification, and Justification/Methodology Used to Calculate Fringe Benefit Rate.**

**Name:** List the name of each staff member that will be working to implement the program activities, either directly or administratively.

**Position Title** (List each position, if known):

**Position Title:** Enter the functional title; multiple positions with the same title must be listed separately.

**Vacant/Filled (V/F):** If the position is vacant; place a "V" in the cell. If the position is filled; place an "F" in the cell.

**Certification/License Required:** (Enter N/A if not required). List the positions/certifications/license required for the position. List N/A if not required.

**Brief Job Description/Justification:** Provide a brief job description of the position in each cell. This is required information and cannot be left blank.

**Justification/Methodology Used to calculate Fringe Benefit:** This is required information and cannot be left blank. The applicant must provide the justification and methodology used to calculate the fringe benefits rate. Provide a budget narrative that justifies each cost and explains how the amount for each line was determined.

|                                                            |                                                                      |                                                                    |                        |                        |                                |
|------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|------------------------|------------------------|--------------------------------|
| Percentage of Time Dedicated to SNAP Outreach Delivery (%) | Percentage of Time Dedicated to Management/Administrative Duties (%) | Total Percentage of Time Dedicated to SNAP Outreach for Strategy 1 | Salary Cost Strategy 1 | Fringe Cost Strategy 1 | Salary_Benefit Cost Strategy 1 |
|------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|------------------------|------------------------|--------------------------------|

**Budget Detail Table 2:** Complete the budget detail table in the **Personnel: Salary Benefits** as shown above. **Enter** each staff’s **Percentage of Time Dedicated to SNAP Outreach Delivery and the Percentage of Time Dedicated to Management/Administrative Duties (%)**: **Please enter whole percentages (for example, 10%, 20%, etc.):** *This information is required for each strategy.*

**Important:**

The “**Total Percentage of time Dedicated to SNAP Outreach**” will **auto-calculate** by adding the percentages of time for both outreach delivery and management/administrative duties.

- Unlike other SNAP programs, for SNAP Outreach the Percentage of time between SNAP Outreach Delivery and SNAP Outreach Management/Administrative duties **do not need to equal to 100%**.

**Salary Cost Strategy 1, 2, 3...** will **auto-calculate** once the Annual Salary is entered in the worksheet. Column/Row (BI8)

**Fringe Cost Strategy 1, 2, 3...** will **auto-calculate** once the fringe rate is entered in the worksheet. Column/Row (BO8)

**Salary Benefit Cost Strategy 1, 2, 3...** will **auto-calculate** once the both the Salary Cost Strategy (1,2,3...) and Fringe Cost Strategy (1,2,3...) is calculated.

**Quick Tips #1:**

- First, **enter** the percentage of time dedicated to performing direct and/or management/administrative duties in column G & H (strategy 1), W & X (strategy 2), AM & AN (strategy 3).

|                                                            |                                                                      |
|------------------------------------------------------------|----------------------------------------------------------------------|
| Percentage of Time Dedicated to SNAP Outreach Delivery (%) | Percentage of Time Dedicated to Management/Administrative Duties (%) |
|------------------------------------------------------------|----------------------------------------------------------------------|

- In column BC, “SNAP Outreach Time and Job Duties (%)” will **auto-calculate** (by adding the percentages of time dedicated to SNAP Delivery for each strategy listed on the worksheet).

|                                       |
|---------------------------------------|
| SNAP-Outreach Time and Job Duties (%) |
|---------------------------------------|

- Next, **enter** the Full-Time Equivalent Charged to SNAP Outreach Program (column BF) and Full Time Equivalents Charged to the Other (i.e., Non-SNAP-Outreach) Planned, Public, and Private Funding (column. Please use decimals (for example, 0.25, 0.60)
- Column BE “**Full Time Equivalent**” must equal “1” and it will **auto-calculate**.

| FTE Equivalents      |                                                                                                                           |                                                                                                        |
|----------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Full-Time Equivalent | Full-Time Equivalent Charged to the SNAP Outreach Program between 0.0001 and 1.00 (charged to SNAP Outreach Program only) | Full Time Equivalents Charged to the Other(i.e., Non-SNAP-Outreach) Planned Public and Private Funding |
| 0                    |                                                                                                                           |                                                                                                        |

**Salary Cost:**

| BI | BJ | BK | BL | BM |
|----|----|----|----|----|
|----|----|----|----|----|

| Salary Cost                                                                   |                                                                             |                                                                                                                                                     |                                                                                                                                                                            |                                                                                                                                                  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full -Time Annual Salary (based on a Full-Time Employee's salary of 40 hours) | Full -Time Equivalent Salary Cost (based on employee's actual hours worked) | Total Salary Cost to SNAP Outreach (based on Full-time Annual Salary (x) Full Time Equivalent Charged to the SNAP Outreach Program) (see column BF) | Other (i.e., Non-SNAP Outreach) Planned Public and Private Funding (based on the Full-Time Equivalent portion charged to Non-SNAP Outreach funding source (see column BG)) | Total Salary Federal Cost (based on the Full-Time Equivalent Salary Cost (-) Other (i.e., Non SNAP Outreach) Planned Public and Private Funding) |
|                                                                               | \$0.00                                                                      | \$0.00                                                                                                                                              | \$0.00                                                                                                                                                                     | \$0.00                                                                                                                                           |

**Budget Detail Table 3: Complete the budget detail table in the Personnel: Salary Benefits as shown above. Enter each staff's Full-Time Annual Salary. The Full-time Equivalent Salary Cost, Total Salary Cost to SNAP Outreach, Other (i.e., Non-SNAP Outreach Planned Public, and Private Funding), and Total Salary Federal Cost will auto-calculate.**

- 1. Full-Time Annual Salary: Enter** each staff's Annual Salary based on a Full-Time employee's salary of 40 hours.
- 2. Full-Time Equivalent Salary Cost: auto-calculate:** This is based on employee's actual hours worked.
- 3. Total Salary Cost to SNAP Outreach: auto-calculate:** This is based on full-time annual salary (x) full time equivalent charged to SNAP Outreach Program (see column BF).
- 4. Other (i.e., Non-SNAP Outreach Planned, Public and Private Funding): auto-calculate:** This is based on the Full-Time Equivalent portion charged to Non-SNAP Outreach Funding Source (see column BG).
- 5. Total Salary Federal Cost: auto-calculate:** This is based on the Full-time Equivalent Salary Cost (-) Other (i.e., Non-SNAP Outreach) Planned, Public, and Private Funding.

**Fringe Benefit Cost:**

| BO                         | BP                                                                                           | BQ                                                                                                              | BR                                                                                                                                                      | BS                                                                                                                                                                                                       | BT                                                                                                                                                                |
|----------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Fringe Benefit Cost</b> |                                                                                              |                                                                                                                 |                                                                                                                                                         |                                                                                                                                                                                                          |                                                                                                                                                                   |
| Fringe Benefits Rate (%)   | Total Fringe Benefits Cost (based on Full-Time Annual Salary (x) Fringe Benefits Percentage) | Full -Time Equivalent Fringe Benefits Cost (Total Fringe Benefits Cost (x) Full-Time Equivalent (see column BC) | Total Fringe Benefits Cost to SNAP Outreach (Full Time Equivalent Charged to the SNAP Outreach Program (x) Total Fringe Benefits Cost ) (see column BP) | Other (i.e., Non-SNAP Outreach) Planned Public and Private Funding (based on the Full-Time Equivalent portion charged to Non-SNAP Outreach funding source (x) Total Fringe Benefits Cost (see column BP) | Total Fringe Benefits Federal Cost (based on the Full-Time Equivalent Fringe Benefits Cost (-) Other (i.e., Non SNAP Outreach) Planned Public and Private Funding |
|                            | \$0.00                                                                                       | \$0.00                                                                                                          | \$0.00                                                                                                                                                  | \$0.00                                                                                                                                                                                                   | \$0.00                                                                                                                                                            |

**Budget Detail Table 4: Complete the budget detail table in the Personnel: Salary Benefits as shown above. Enter each staff’s Fringe Benefits Rate Percentage (%). The Total Fringe Benefit Cost, Full-Time Equivalent Fringe Benefit Cost, Total Fringe Benefit Cost to SNAP Outreach, Other (i.e., Non-SNAP Outreach Planned Public, and Private Funding), and Total Fringe Benefits Federal Cost will all auto-calculate.**

6. **Fringe Benefit Rate:** Enter each staff’s Fringe Benefit rate percentage (column BO).
7. **Total Fringe Benefit Cost:** auto-calculate. This is based on Full-Time Annual Salary (x) Fringe Benefit Percentage.
8. **Full-Time Equivalent Fringe Benefit Cost:** auto-calculate. This is based on Total Fringe Benefit Cost (x) Full-Time Equivalent.
9. **Total Fringe Benefits Cost to SNAP Outreach:** auto-calculate. This is based on the Full Time Equivalent Charged to the SNAP Outreach Program (x) the Total Fringe benefits Cost (see column BP).
10. **Other (i.e., Non-SNAP Outreach) Planned, Public, and Private Funding:** auto-calculate. This is based on the Full-Time Equivalent portion charged to the Non-SNAP Outreach funding source (x) Total Fringe Benefits (Cost) (see column BP).

**Budgeting the cost for each Strategy:**

| M                                                                           | N                                          | O                  | P                             | Q                                                               | R                             | S                            | T                           |
|-----------------------------------------------------------------------------|--------------------------------------------|--------------------|-------------------------------|-----------------------------------------------------------------|-------------------------------|------------------------------|-----------------------------|
| <b>Strategy 1: Formal Network Providing App. Assistance &amp; Education</b> |                                            |                    |                               |                                                                 |                               |                              |                             |
| (a) Public Cash (State)                                                     | (b) Federal (Cash Match) 50% Reimbursement | (c) Public In-Kind | (d) Private Cash Contribution | (e) Private Cash Contribution Federal Match (50% Reimbursement) | Other Funding Sources (L-P-M) | (f =a+c+d) Total Non-Federal | (g=b+e) Total Federal Funds |
|                                                                             | \$0.00                                     |                    |                               | \$0.00                                                          | \$0.00                        | \$0.00                       | \$0.00                      |

**Quick Tips #2:**

- **Please Read** and Follow Quick Tips #1 **before** starting Quick Tips# 2.
- Revisit each Strategy to budget the cost that will be charged to each strategy based on the percentage of time dedicated to SNAP Outreach, (annual salary and fringe benefit rate).
- The funds must be budgeted are found in columns “L,” “AB” and “AR,” Titled “Salary Benefit Cost

**Strategy.”**

- The Applicant will budget the following:
  - (a) Public Cash – State General Revenue (SGR) – Enter the State General Revenue cost The Applicant plans to expend to fund the cost of each staff’s salary and fringe benefit per strategy.
  - (b) **Federal (Cash Match) 50% Reimbursement – auto-calculate. This cannot be changed.**
  - (c) **Public In-Kind – “State Use Only” DO NOT ENTER ANY COST** in this column.
  - (d) **Private Cash Contribution – Enter** the Private Cash Contribution that will be used to cover the cost of salary and fringe benefits for each Strategy.
  - (e) **Private Cash Contribution Federal Match (50% Reimbursement) – auto-calculate. This cannot be changed.**
  - **Other Funding Sources - auto-calculate.** Other funding used to cover the cost of the salary charged to each strategy will not be eligible for 50% reimbursement. Only the Public (State) and the Private Cash Contributions will be eligible for the Federal Match at 50%. **(HHSC Use Only) This amount isn’t calculated in the total budget on the Budget Summary tab.)**
  - 
  - (f) **Total Non-Federal – auto -calculate.** Totals the Non- Federal (Public(state), Public -In kind **(Do not use)**, Private Cash Contributions. This total will not include the “Other Funding” “Other Funding Sources is a placeholder for HHSC to see what funding amount remains the after Public (State) and Private Cash Contributions have been budgeted. The Applicant can find the total cost budgeted for “Other Funding Sources on the “Budget Summary 1 Tab worksheet.
  - (g) **Total Federal Funds – auto-calculate.** Totals the Federal Funds only. This will be the total federal 50% Reimbursement that is auto calculated.
  - (h) **Total Funds – auto-calculate.** Total funds (salary and benefits) are the cost charged to each strategy.
  - **Total Other (Non-SNAP-Outreach) and Total Federal and State Cost auto-calculate.**

|    |    |
|----|----|
| BV | BW |
|----|----|

|                                                                                                   |                                        |
|---------------------------------------------------------------------------------------------------|----------------------------------------|
| Total Other<br>(Non-SNAP-Outreach)                                                                | <u>Total Federal and State</u>         |
| Other (i.e., Non-SNAP<br>Outreach) Planned Public and<br>Private Funding<br>Salary_Benefits Total | SNAP Outreach<br>Salary_Benefits Total |

**C. Travel Long Distance and Local Travel**

The Applicant must budget costs for long and local distance travel. Each Travel Trip location must be entered on a separate travel trip itinerary.

**Long Distance Travel**

| Trip Name: (Specify)                               |                 |                                         |                                                   |                                                                                                                |        |
|----------------------------------------------------|-----------------|-----------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------|
| Trip Purpose/benefits to the SNAP Outreach Program |                 |                                         |                                                   |                                                                                                                |        |
| Travel Location (City, State)                      |                 |                                         |                                                   |                                                                                                                |        |
| Staff Positions Traveling                          |                 |                                         |                                                   |                                                                                                                |        |
| Category                                           | Number of Staff | Cost Per Unit (ex. Air Fare per person) | Number of Units (ex. Number of days, miles, etc.) | Other (i.e., Non-SNAP Outreach) Planned Public and Private Funding used to purchase Air Travel, Lodging, etc.) | Total  |
| Air Travel                                         | 0               | \$0.00                                  |                                                   | \$0.00                                                                                                         | \$0.00 |
| Lodging                                            | 0               | \$0.00                                  | 0                                                 | \$0.00                                                                                                         | \$0.00 |
| Ground transportation                              | 0               | \$0.00                                  | 0                                                 | \$0.00                                                                                                         | \$0.00 |
| Per Diem                                           | 0               | \$0.00                                  | 0                                                 | \$0.00                                                                                                         | \$0.00 |
| Registration Fee                                   | 0               | \$0.00                                  | 0                                                 | \$0.00                                                                                                         | \$0.00 |
| <i>Grand Total of Trip Cost</i>                    |                 |                                         |                                                   |                                                                                                                | \$0.00 |

**Local Travel**

| Trip Name: (Specify)                               |                 |                                         |                                                   |                                                                                                                |        |
|----------------------------------------------------|-----------------|-----------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------|
| Trip Purpose/benefits to the SNAP Outreach Program |                 |                                         |                                                   |                                                                                                                |        |
| Travel Location (City, State)                      |                 |                                         |                                                   |                                                                                                                |        |
| Staff Positions Traveling                          |                 |                                         |                                                   |                                                                                                                |        |
| Category                                           | Number of Staff | Cost Per Unit (ex. Air Fare per person) | Number of Units (ex. Number of days, miles, etc.) | Other (i.e., Non-SNAP Outreach) Planned Public and Private Funding used to purchase Air Travel, Lodging, etc.) | Total  |
| Air Travel                                         |                 |                                         |                                                   |                                                                                                                | \$0.00 |
| Lodging                                            |                 |                                         |                                                   |                                                                                                                | \$0.00 |
| Ground transportation                              |                 |                                         |                                                   |                                                                                                                | \$0.00 |
| Per Diem                                           |                 |                                         |                                                   |                                                                                                                | \$0.00 |
| Mileage                                            |                 |                                         |                                                   |                                                                                                                | \$0.00 |
| <i>Grand Total of Trip Cost</i>                    |                 |                                         |                                                   |                                                                                                                | \$0.00 |

1. Enter the **Trip Purpose/Benefits to the SNAP Outreach Program**. Please be detailed and explain the benefits to the SNAP Outreach Program and purpose for the trip.
2. **Trip Location** (City, State) **List all the cities'** staff will travel, especially if The Applicant is budgeting mileage only. **This cannot be blank.**
3. **Staff Position Traveling:** Enter each position traveling.
4. Category (Air Travel, Lodging, Ground Transportation, Per Diem, Registration Fees).
5. **Number of Staff** – Enter the total number of staff traveling.
6. **Cost Per Unit** (ex. Air Travel per person): Enter the cost per unit.
7. **Number of Units** (ex. Number of days, miles, etc.)
8. **Other** (i.e., Non-SNAP Outreach Planned Public and Private Funding Used to purchase Air Travel, and Lodging, etc.) Enter the amount of **Other** funding and/or Private Cash Contributions
9. **Total:** The total will **auto-calculate**.

**Example:** Local travel is calculated at 6 round trips from Capital City to Austin to train outreach workers. Each trip is 120 miles round trip. (6 × 120 = 720 total miles). The total cost for local travel is 720 × \$.67 = \$482.40. The mileage rate used is the 2024 rate established by the Internal Revenue Service of \$67.0 cents per mile for business miles driven.

**Budgeting the Travel Long Distance and Local cost for each Strategy:**

| G                                                                | H                                          | I                  | J                             | K                                                               | L                     | M                           | N                           | O                  |
|------------------------------------------------------------------|--------------------------------------------|--------------------|-------------------------------|-----------------------------------------------------------------|-----------------------|-----------------------------|-----------------------------|--------------------|
| Strategy 1: Formal Network Providing App. Assistance & Education |                                            |                    |                               |                                                                 |                       |                             |                             |                    |
| (a) Public Cash (State)                                          | (b) Federal (Cash Match) 50% Reimbursement | (c) Public In-Kind | (d) Private Cash Contribution | (e) Private Cash Contribution Federal Match (50% Reimbursement) | Other Funding Sources | (f =a+c+d)Total Non-Federal | (g=b+e) Total Federal Funds | (h=f+g)Total Funds |
| \$0.00                                                           | \$0.00                                     |                    | \$0.00                        | \$0.00                                                          | \$0.00                | \$0.00                      | \$0.00                      | \$0.00             |
|                                                                  | \$0.00                                     |                    |                               | \$0.00                                                          | \$0.00                | \$0.00                      | \$0.00                      | \$0.00             |
|                                                                  | \$0.00                                     |                    |                               | \$0.00                                                          | \$0.00                | \$0.00                      | \$0.00                      | \$0.00             |
|                                                                  | \$0.00                                     |                    |                               | \$0.00                                                          | \$0.00                | \$0.00                      | \$0.00                      | \$0.00             |
|                                                                  | \$0.00                                     |                    |                               | \$0.00                                                          | \$0.00                | \$0.00                      | \$0.00                      | \$0.00             |
| \$0.00                                                           | \$0.00                                     |                    | \$0.00                        | \$0.00                                                          | \$0.00                | \$0.00                      | \$0.00                      | \$0.00             |

- The Applicant will budget the following:
  - (a) Public Cash – State General Revenue (SGR) – Enter the State General Revenue cost The Applicant plans to expend to fund the cost of each Trip per strategy.
  - (b) **Federal (Cash Match) 50% Reimbursement – auto-calculate. This cannot be changed.**
  - (c) **Public In-Kind – “State Use Only” DO NOT ENTER ANY COST** in this column.
  - (d) **Private Cash Contribution – Enter** Budget the Private Cash Contribution that will be used to cover the cost of the Trip in each Strategy (if applicable).
  - (e) **Private Cash Contribution Federal Match (50% Reimbursement) – auto-calculate. This cannot be changed.**
  - **Other Funding Sources – auto-calculate.** Other funding used to cover the cost of the travel charged to each strategy will not be eligible for 50% reimbursement. Only the Public (State) and the Private Cash Contributions will be eligible for the Federal Match at 50%. **(HHSC Use Only) This amount isn’t calculated in the total budget on the Budget Summary tab.)**
  - (f) **Total Non-Federal – auto-calculate.** Totals the Non- Federal (Public(state), Public -In kind (Do not use), Private Cash Contributions. This total will not include the “Other Funding” “Other Funding Sources is a placeholder for HHSC to see what funding amount remains the after Public (State) and Private Cash Contributions have been budgeted. The Applicant can find the total cost budgeted for “Other Funding Sources on the “Budget Summary 1 Tab worksheet.
  - (g) **Total Federal Funds – auto-calculate.** Totals the Federal Funds only. This will be the total federal 50% Reimbursement that is auto calculated.
  - (h) **Total Funds – auto-calculate.** Total funds needed to travel are the cost charged to each strategy.

**D. Copying/Printing/Materials:** The Applicant must enter the cost for copying, printing, and materials.

| Item | Description | Purpose & Justification | Quantity | Unit Cost | Other (i.e., Non-SNAP-Outreach Public and Private Funding used to purchase Copying/Printing/Materials items) | Total Federal and State Cost |
|------|-------------|-------------------------|----------|-----------|--------------------------------------------------------------------------------------------------------------|------------------------------|
|      |             |                         |          |           | \$0.00                                                                                                       | \$0                          |

**Item:** Enter the item that will be printed/copied or a type of material

**Description:** Enter the description of the item.

**Purpose & Justification:** Enter the justification and purpose for the need to copy, print, and or purchase materials.

**Quantity:** Enter the quantity needed.

**Unit Cost:** Enter the unit cost per item.

**Other:** (i.e., Non-SNAP Outreach Public and Private Funding used to purchase Copying/Printing/Materials Items): **Enter** the other funds that will be used to purchase materials or to copy/print.

**Total Federal and State Cost: Auto-calculate.**

**E. Internet/Telephone:** The Applicant must enter the cost for internet/telephone.

| <i>*Total amounts auto-populate</i> |             |                         |               |           |                                                                                                      |                              |
|-------------------------------------|-------------|-------------------------|---------------|-----------|------------------------------------------------------------------------------------------------------|------------------------------|
| Item #/Name                         | Description | Purpose & Justification | Quantity/Rate | Unit Cost | Other (i.e., Non-SNAP-Outreach Public and Private Funding used to purchase Internet/Telephone items) | Total Federal and State Cost |
|                                     |             |                         |               |           |                                                                                                      | \$0                          |

Item: **Enter** the item that will be used for internet/telephone.

Description: **Enter** the description of the item.

Purpose & Justification: **Enter** the justification and purpose for the need to purchase internet/telephone.

Quantity: **Enter** the quantity needed.

Unit Cost: **Enter** the unit cost per item.

Other (i.e., Non-SNAP Outreach Public and Private Funding used to purchase Internet/Telephone Items): **Enter** the other funds that will be used to purchase internet/telephone items.

**F. Equipment & Other Capital Expenditures:**

| <i>*Total amounts auto-populate</i> |             |                         |          |           |                                                                                                                            |                              |
|-------------------------------------|-------------|-------------------------|----------|-----------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Item                                | Description | Purpose & Justification | Quantity | Unit Cost | Other (i.e., Non-SNAP-Outreach Public and Private Funding used to purchase Equipment and Other Capital Expenditures items) | Total Federal and State Cost |
|                                     |             |                         |          |           |                                                                                                                            | \$0                          |

Item: **Enter** each Equipment or Other Capital Expenditure items.

Description: **Enter** the description of the item.

Purpose & Justification: **Enter** the justification and purpose for the need to Equipment and Other Capital Expenditures items.

Quantity: **Enter** the quantity needed.

Unit Cost: **Enter** the unit cost per item.

Other (i.e., Non-SNAP Outreach Public and Private Funding used to purchase Equipment and Other Capital Expenditures Items): **Enter** the other funds that will be used to purchase the Equipment and Other Capital Expenditures items.

**G. Supplies & Non-Capital Expenditures:**

| <i>*Total amounts auto-populate</i> |             |                         |          |           |                                                                                                                         |                    |
|-------------------------------------|-------------|-------------------------|----------|-----------|-------------------------------------------------------------------------------------------------------------------------|--------------------|
| Item                                | Description | Purpose & Justification | Quantity | Unit Cost | Other (i.e., Non-SNAP-Outreach Public and Private Funding used to purchase Supplies and Non-Capital Expenditures items) | Total Federal Cost |
|                                     |             |                         |          |           |                                                                                                                         | \$0                |

Item: **Enter** each Supplies and Non- Capital Expenditures items.

Description: **Enter** the description of the item.

Purpose & Justification: **Enter** the justification and purpose for the need to purchase Supplies and Non-

Capital Expenditures items.

Quantity: **Enter** the quantity needed.

Unit Cost: **Enter** the unit cost per item.

Other (i.e., Non-SNAP Outreach Public and Private Funding used to purchase Supplies and Non-Capital Expenditures Items) **Enter** the other funds that will be used to purchase Supplies and Non- Capital Expenditures items.

**H. Building Space:**

*\*Total amounts auto-populate*

| Item | Description | Purpose & Justification | Quantity | Unit Cost | Other (i.e., Non-SNAP-Outreach Public and Private Funding used to purchase Building/Space items) | Total Federal and State Cost |
|------|-------------|-------------------------|----------|-----------|--------------------------------------------------------------------------------------------------|------------------------------|
|      |             |                         |          |           |                                                                                                  | \$0                          |

Item: **Enter** each Building/Space item.

Description: **Enter** the description of the item.

Purpose & Justification: **Enter** the justification and purpose for the need to purchase Building/Space.

Quantity: **Enter** the quantity needed.

Unit Cost: **Enter** the unit cost per item.

Other (i.e., Non-SNAP Outreach Public and Private Funding used to purchase Building/Space Items) **Enter** the other funds that will be used to purchase Building/Space items.

**I. Other:**

| Item | Description | Purpose & Justification | Quantity | Unit Cost | Other (i.e., Non-SNAP-Outreach Public and Private Funding used to purchase Other items) | Total Federal and State Cost |
|------|-------------|-------------------------|----------|-----------|-----------------------------------------------------------------------------------------|------------------------------|
|      |             |                         |          |           |                                                                                         | \$0                          |

Item: **Enter** each Other item.

Description: **Enter** the description of the item.

Purpose & Justification: **Enter** the justification and purpose for the need to purchase the Other item.

Quantity: **Enter** the quantity needed.

Unit Cost: **Enter** the unit cost per item.

Other (i.e., Non-SNAP Outreach Public and Private Funding used to purchase other items) **Enter** the other funds that will be used to purchase the Other items.

**Budgeting the Copying/Printing/Materials, Internet/Telephone, Equipment & Other Capital Expenditures, Supplies & Non-Capital Expenditures, Building Space, and Other cost for each Strategy:**

| Strategy 1:             | Formal Network Providing App. Assistance & Education |                    |                               |                                                                 |                      |                               |                             |                    |
|-------------------------|------------------------------------------------------|--------------------|-------------------------------|-----------------------------------------------------------------|----------------------|-------------------------------|-----------------------------|--------------------|
| (a) Public Cash (State) | (b) Federal (Cash Match) 50% Reimbursement           | (c) Public In-Kind | (d) Private Cash Contribution | (e) Private Cash Contribution Federal Match (50% Reimbursement) | Other Funding Source | (f = a+c+d) Total Non-Federal | (g=b+e) Total Federal Funds | (h=f+g) Total Fund |
| \$ -                    | \$ -                                                 |                    | \$ -                          | \$ -                                                            |                      | \$ -                          | \$ -                        | \$ -               |

- The Applicant will budget the following:

- (a) Public Cash – State General Revenue (SGR) – Enter the State General Revenue cost The Applicant plans to expend to fund the cost of each item per strategy.
- (b) **Federal (Cash Match) 50% Reimbursement – auto-calculate. This cannot be changed.**
- (c) **Public In-Kind – “State Use Only” DO NOT ENTER ANY COST** in this column.
- (d) **Private Cash Contribution – Enter** Budget the Private Cash Contribution that will be used to cover the cost of the item in each Strategy (if applicable).
- (e) **Private Cash Contribution Federal Match (50% Reimbursement) – auto-calculate. This cannot be changed.**
- **Other Funding Sources – auto-calculate.** Other funding used to cover the cost of the items charged to each strategy will not be eligible for 50% reimbursement. Only the Public (State) and the Private Cash Contributions will be eligible for the Federal Match at 50%. **(HHSC Use Only) This amount isn’t calculated in the total budget on the Budget Summary tab.)**
- (f) **Total Non-Federal – auto-calculate.** Totals the Non- Federal (Public(state), Public -In kind (Do not use), Private Cash Contributions. This total will not include the “Other Funding” “Other Funding Sources is a placeholder for HHSC to see what funding amount remains the after Public (State) and Private Cash Contributions have been budgeted. The Applicant can find the total cost budgeted for “Other Funding Sources on the “Budget Summary 1 Tab worksheet.
- (g) **Total Federal Funds – auto-calculate.** Totals the Federal Funds only. This will be the total federal 50% Reimbursement that is auto calculated.
- (h) **Total Funds – auto-calculate.** Total funds needed to purchase items are the cost charged to each strategy.

**Quick Tips #3:**

**Note: All programmatic supplies and general office supplies cannot be grouped together. Cost must be entered in separate rows.**

**J. Contractual:**

| Professional / Contract Name | Subcontractor/Professional Services | Types of Contract (Please select one) | Description of Services | Justifications |
|------------------------------|-------------------------------------|---------------------------------------|-------------------------|----------------|
|------------------------------|-------------------------------------|---------------------------------------|-------------------------|----------------|

**Professional/Contract Name:** Enter the contractor’s name/official entity/business name.

**Subcontract/Professional Services:** Select from the Drop-Down menu whether the contract is a professional service contract or a subcontractor agreement.

**Type of Contract (Please select one from drop down menu)** the type of contract.

**Description of Service:** Enter a detailed description of services.

**Justification:** Enter a detailed justification of the program's benefit and the need for the contract type.

**Contractor’s Travel Details:**

| Contractor Travel Details                                           | Travel (Yes or No) | Travel Justification |
|---------------------------------------------------------------------|--------------------|----------------------|
| # of Employees Traveling                                            | N/A                |                      |
| Position Titles                                                     | N/A                |                      |
| Provide the location (City, State), Trip Title, Purpose of the Trip |                    |                      |
| Travel Local                                                        |                    |                      |
| Travel Long Distance                                                |                    |                      |
| Mileage                                                             |                    |                      |
| Perdiem                                                             |                    |                      |
| Ground Transportation                                               |                    |                      |
| Mileage                                                             |                    |                      |
| Parking Fees                                                        |                    |                      |
| Airfare                                                             |                    |                      |
| Registration Fees                                                   |                    |                      |

**Contractor Travel Details:** Enter the contractor/subcontractor travel details.

**Travel Cost (Yes, No, or N/A):** If this is a travel cost please select Yes or No (Dropdown)

**Travel Justification:** Enter the Travel Justification. For example, the # of Employees Traveling two (2).

| Cost Categories | Method of Payment (i.e., Monthly, Hourly, Unit, Lump Sum) | # of Months, Hours, Units, etc. | Rate of Payment (i.e., hourly rate, unit rate, lump sum amount, and Fringe Benefits Rate) | Other (i.e., Non-SNAP-Outreach) Planned Public and Private Funding used to procure services by Contract/subgrants/agreements | TOTAL |
|-----------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------|
|-----------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------|

**Cost Categories (Listed)**

**Method of Payment:** Enter the Method of Payment for each cost category.

**Number of Months, Hours, Units:** Enter the number of month, hours, and/or units.

**Rate of Payment:** Enter the Rate of Payment.

**Other (i.e., Non-SNAP Outreach) Planned Public and Private Funding used to procure services by Contract/subgrants/agreements:** Enter the “other funding sources” cost used to reimburse the contractor/subcontractor for services performed.

**Total:** Total subcontractor’s cost

**Budgeting the Contractual Cost:**

| Strategy 1: Formal Network Providing App. Assistance & Education |                                            |                    |                               |                                                                 |                      |                              |                             |                     |
|------------------------------------------------------------------|--------------------------------------------|--------------------|-------------------------------|-----------------------------------------------------------------|----------------------|------------------------------|-----------------------------|---------------------|
| (a) Public Cash (State)                                          | (b) Federal (Cash Match) 50% Reimbursement | (c) Public In-Kind | (d) Private Cash Contribution | (e) Private Cash Contribution Federal Match (50% Reimbursement) | Other Funding Source | (f =a+c+d) Total Non-Federal | (g=b+e) Total Federal Funds | (h=f+g) Total Funds |
| \$0.00                                                           | \$0.00                                     |                    | \$0.00                        | \$0.00                                                          | \$0.00               | \$0.00                       | \$0.00                      | \$0.00              |

- The Applicant will budget the following:
  - (a) Public Cash – State General Revenue (SGR) – Enter the State General Revenue cost The Applicant plans to expend to fund the cost for each contractor per strategy.
  - (b) Federal (Cash Match) 50% Reimbursement – auto-calculate. **This cannot be changed.**
  - (c) Public In-Kind – “**State Use Only**” **DO NOT ENTER ANY COST** in this column.
  - (d) Private Cash Contribution – Enter Budget the Private Cash Contribution that will be used to cover the cost for the contractor in each Strategy (if applicable).
  - (e) Private Cash Contribution Federal Match (50% Reimbursement) – auto-calculate.

**This cannot be changed.**

- **Other Funding Sources – auto-calculate.** Other funding used to cover the cost of the items charged to each strategy will not be eligible for 50% reimbursement. Only the Public (State) and the Private Cash Contributions will be eligible for the Federal Match at 50%. **(HHSC Use Only) This amount isn't calculated in the total budget on the Budget Summary tab.)**
- **(f) Total Non-Federal – auto-calculate.** Totals the Non- Federal (Public(state), Public -In kind (Do not use), Private Cash Contributions. This total will not include the “Other Funding” “Other Funding Sources is a placeholder for HHSC to see what funding amount remains the after Public (State) and Private Cash Contributions have been budgeted. The Applicant can find the total cost budgeted for “Other Funding Sources on the “Budget Summary 1 Tab worksheet.
- **(g) Total Federal Funds – auto-calculate.** Totals the Federal Funds only. This will be the total federal 50% Reimbursement that is auto calculated.
- **(h) Total Funds – auto-calculate.** Total funds needed to fund the contractual agreements are the cost charged to each strategy.

**K. Indirect Cost:**

Indirect Cost must be budgeted along with any Modified Total Direct Cost (Exclusions). The Applicant must calculate the MTDC Exclusion and enter that amount in column and Row D8. This amount will be subtracted from the Direct Cost and the new MTDC will populate in column and row D9.

**Indirect Cost Method Used: Select from Drop-Down Menu** (Please refer to the agency approved Indirect Cost Rate Letter to assist with entering this information)

**Note: If the agency has a PCAP please only use the field titled “Indirect Cost Method Used (PACAP only)”**

**Indirect Rate Type: Select from Drop-Down Menu** (Please refer to the agency’s approved Indirect Cost Rate Letter to aid with entering this information

**Indirect Cost Rate: Enter** the indirect cost rate percentage (if applicable).

**Total Cost: Total Indirect Cost. Auto-calculate.**

**Point of Contact information: Enter** the point of contact for the entity.

**Effective Date: Enter** the date the rate became effective.

**Budgeting the MTDC Exclusions:**

|                                        | Strategy 1: Formal Network Providing App. Assistance & Education |                                            |                    |                               |                                                                 |                      |                              |                             |                     |
|----------------------------------------|------------------------------------------------------------------|--------------------------------------------|--------------------|-------------------------------|-----------------------------------------------------------------|----------------------|------------------------------|-----------------------------|---------------------|
|                                        | (a) Public Cash (State)                                          | (b) Federal (Cash Match) 50% Reimbursement | (c) Public In-Kind | (d) Private Cash Contribution | (e) Private Cash Contribution Federal Match (50% Reimbursement) | Other Funding Source | (f =a+c+d) Total Non-Federal | (g=b+e) Total Federal Funds | (h=f+g) Total Funds |
| Personnel (Salary, Benefits)           | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Travel                                 | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Long Distance                          | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Local                                  | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Copying/Printing/Materials             | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Internet/Telephone                     | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Equipment & Other Capital Expenditures | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Supplies & Non Capital Expenditures    | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Building/Space                         | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Other                                  | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Contractual                            | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Total Direct                           | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Modified Total Direct Exclusions       | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| IDC Base                               | \$ -                                                             | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |
| Indirect Cost Total                    | 0%                                                               | \$ -                                       | \$ -               | \$ -                          | \$ -                                                            | \$ -                 | \$ -                         | \$ -                        | \$ -                |

**Modified Total Direct Cost Exclusions:** For each strategy on the indirect cost rate worksheet tab: Budget

**MTDC Exclusions: The Applicant will only budget in the Public Cash(state), Private Cash Contributions, Other Funding Source.**

**Justification: Show the types of cost allocated as indirect cost, the allocation methodology, and the base. (Do not leave blank).**

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| <b>Justification</b>                                                                                                         |
| Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base: |
|                                                                                                                              |

**HHSC USE ONLY: Do not enter any amounts in this section of the indirect cost worksheet.**

| Strategy 1:<br>Formal Network Providing App. Assistance & Education: HHSC Use Only |                                                                         |             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|
| I.                                                                                 | State General Revenue, Federal, Private Cash Contribution Federal Match | \$ -        |
| II.                                                                                | Private Cash Contribution:                                              | \$ -        |
| III.                                                                               | Other Funds:                                                            | \$ -        |
| IV.                                                                                | <b>Total Indirect Cost Strategy 3:</b>                                  | <b>\$ -</b> |

**L. Planned Program Income:**

| LINE ITEM | Planned Program Income Earned (How did the agency earn the Program Income (event, donated, fundraiser, etc.) Please list the name of the event and/who the agency collected/planned to collect or earn the Program Income). | Planned Collected Income (What does the agency plan to collect of Program Income?) | Expended Program Income (What does the agency plan to expend of the collected/earned Program Income?) | Unexpended Program Income | Remarks |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------|---------|
| 1         | Income from fees for services performed                                                                                                                                                                                     | \$ -                                                                               |                                                                                                       | \$ -                      |         |
| 2         | charges for the use or rental of real property                                                                                                                                                                              | \$ -                                                                               |                                                                                                       | \$ -                      |         |
| 3         | equipment or supplies acquired under the grant                                                                                                                                                                              | \$ -                                                                               |                                                                                                       | \$ -                      |         |
| 4         | the sale of commodities or items fabricated under an award;                                                                                                                                                                 | \$ -                                                                               |                                                                                                       | \$ -                      |         |
| 5         | charges for research resources                                                                                                                                                                                              | \$ -                                                                               |                                                                                                       | \$ -                      |         |
| 6         | registration fees for grant-supported conferences                                                                                                                                                                           | \$ -                                                                               |                                                                                                       | \$ -                      |         |

List any planned program income the agency expects to make.

**M. Private Cash Contribution List:**

| LINE ITEM | Private Cash Contribution List (How did the agency receive or earn the cash contribution (event, donated, fundraiser, etc.) Please list the name of the event and/who the agency collected/planned to collect the cash contribution | Total Private Cash Contribution | Remarks |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------|
|           |                                                                                                                                                                                                                                     |                                 |         |

List any planned cash contributions (donation, fundraiser, etc.)





