

**RFA HHS0015545**  
**Exhibit E-1, Expenditure Proposal Instructions**

**Texas Health and Human Services Commission (HHSC) Access  
& Eligibility Services  
211 Texas Information and Referral Network  
Operations  
Instructions for Exhibit E, Expenditure Proposal  
Template**

A. Introduction, Cost Categorical Budgets and Supporting Documentation..... 2

B. Personnel: Salary & Fringe Benefits ..... 2

C. Travel Long Distance and Local Travel ..... 5

D. Equipment.....6

E. Supplies ..... 7

F. Contractual ..... 8

G. Other Cost.....8

H. Indirect Cost..... 9

## **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 Template** for the Request for Application.

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), Equipment, Supplies, 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 the 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 211 TIRN, both in direct and administrative capacities.

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

program should accurately match the actual time spent on 211 TIRN activities. To accomplish this, The Applicant must allocate staff time accordingly.

**HHSC Requirement #2:** The Applicant must use the "Other Funding Source" for the time a staff member will not be paid with HHSC Grant funds. The total time a staff member is allocated to HHSC and the 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 211 TIRN.** This is how staff time and activities are validated.

Time and effort reporting **is required** for all paid staff and volunteers supported by 211 TIRN.

### Reference: Exhibit E: Personnel (Salary) tab

Budget Details: Salaries						
A. Personnel ( List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.)						
			Computation Show the annual salary rate & time devoted to the project for each name/position.			
Name	Position	Annual Salary	Percentage of Time	Total Cost	Other Funding Sources Contribution	Total State and Federal Requested
{Name}	Position Vacant			\$0.00	\$0.00	\$0.00

Narrative Text: (Provide a overview of staff or expenditure description, responsibilities, dedicated to a project).		
Name List each name, if known	Position List each position, if known	Justification/Description for Staff Position
John Smith	Director	John Smith oversees the general operation of the program Monday through Friday from 8:00am-5:00pm. He is responsible for the overall provision and coordination of information and referral services and staff training. He also serves as the regional AIC emergency management coordinator. He participates in emergency management planning.

**Budget Detail Table 1 & 2:** Complete the budget detail table in the **Salary: Salary** as shown above. Enter the personnel **Name**, **Position Title**, **Computation for the annual salary**, and **percentage of time devoted to the project for each named/position**, **other funding source contributions** **Brief Job Description/Justification**, and **Justification/Methodology for staff position**. *(Please be as detailed as possible).*

**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; the cell will auto populate the word “vacant.” If the position is filled, place name of the staff in the cell.

**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.

SGR Operations		FD Operation	
SGR Operations	Percentage	FD Operation	Percentage
\$3,775.10	49.84%	\$3,799.33	50.16%

Federal and State Total		Other Funding Sources	Total Cost	
Federal and State Total	Percentage	Other Funding Sources	All Funding Source Cost	CHECK
\$7,574.43	100.00%	\$68,169.89	\$75,744.32	-

*(This is an example only please use the percentage detailed in the instructions Budget Detail Table 3 below.)*

**Budget Detail Table 3 & 4 :** Complete the budget detail table for the **Salary tab:** as shown above. Please follow the steps listed below to complete this section within the Salary tab.

1. Once the salary details are entered, Enter the estimated cost of **State General Revenue (SGR) Operations** funds which is a total of **(49.655%)** of the total allocation for each region.
2. Next enter the estimated cost of **Federal Operations** funds which is a total of **(50.345%)** of the total allocation for each region.
3. The percentages of funding will **auto-calculate**.
4. The Federal and State Total will **auto-calculate**.
5. The Other Funding Sources **auto-calculate**.
6. The Total Cost will **auto-calculate**.

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

EXHIBIT E Solicitation RFA HHS0015545						
Budget Detail: Fringe Benefits						
B. Fringe Benefits ( List each grant-supported position receiving fringe benefits.)						
Computation Show the basis for computation.						
Name	Position	Annual Salary	Percentage of Time	Total Cost	Other Funding Sources	Total State and Federal Requested
(Name)	Position Vacant	\$0.00		\$0.00		\$0.00

**Budget Detail Table 5:** Complete the budget detail table for **Personnel: Fringe Benefits** as shown above. The staff name, position, and base amount will auto populate based on the information entered in the Salary tab.

1. Enter the **Percentage of time**.
2. Enter **Other Funding Source Contribution** if applicable.
3. Once the Fringe Benefit details are entered, Enter the estimated cost of **State General Revenue (SGR) Operations** funds which is a total of **(49.655%)** of the total allocation for each region.
4. Next enter the estimated cost of **Federal Operations** funds which is a total of **(50.345%)** of the total allocation for each region.
5. The percentages of funding will **auto-calculate**.
6. The Federal and State Total will **auto-calculate**.
7. The Other Funding Sources **auto-calculate**.
8. The Total Cost will **auto-calculate**.

### C. Travel Long Distance and Local Travel

**Reference: Exhibit E: Travel (In State) tab**

TRIP #8							
Trip Name							
Trip Purpose/benefits to the TIRN Program							
Travel Location (City, State)							
Staff Positions Traveling							
Type of Expense	Basis	Cost (a)	Quantity (b)	Number of Staff (c)	Total Cost d=(a) x (b) x (c)	Other Funding Source Contribution (e)	State & Federal Request f= (d) - (e)
Lodging	Per Day				\$0.00		\$0.00
Meals (Per diem)	Per Day				\$0.00		\$0.00
Airfare	Round Trip				\$0.00		\$0.00
Mileage	Per Mile				\$0.00		\$0.00
Other Travel Cost					\$0.00		\$0.00
Total(s)					\$0.00	\$0.00	\$0.00

**Reference: Exhibit E: Travel (Out of State) tab**

Local Travel Justification	Number of Miles	Mileage Reimbursement Rate (cannot exceed state maximum)	Mileage Cost	Other Travel Costs	Total Mileage and Other Costs	Other Funding Source Contribution	State & Federal Request
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**Budget Detail Table 6 & 7:** Complete the budget detail table for **Travel: In state and Out of State Travel** as shown above. The Applicant must include the Purpose of the Travel, Location, Cost, Quantity, No. of Staff, and Other Funding Source Contributions. All other fields will auto-calculate.

1. Enter the **Trip Purpose/Benefits to the 211 TIRN Program**. Please be detailed and explain the benefits to the 211 TIRN 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. (Note: Local travel “budget detailed table 4” will only include the Local Travel Justification, Number of miles, Mileage Rate, Other Cost, and Other Funding Source Contributions) Please do not leave any of these fields 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. **Quantity** (ex. Number of days, miles, etc.)
8. **Other Funding Source Contributions.**
9. **Total:** The total will **auto-calculate**.
10. Once the Travel details are entered, Enter the estimated cost of **State General Revenue (SGR) Operations** funds which is a total of **(49.655%)** of the total allocation for each region.
11. Next enter the estimated cost of **Federal Operations** funds which is a total of **(50.345%)** of the total allocation for each region.
12. The percentages of funding will **auto-calculate**.
13. The Federal and State Total will **auto-calculate**.
14. The Other Funding Sources **auto-calculate**.
15. The Total Cost will **auto-calculate**.

**Important:**

**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. ( $6 \times 120 = 720$  total miles). The total cost for local travel is  $720 \times \$0.70 = \$504.00$ . The mileage rate used is the 2025 rate established by the Internal Revenue Service of \$0.70 cents per mile for business miles driven.

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

**D. Equipment**

**Reference: Exhibit E: Equipment tab**

D. Budget Details: Equipment		Computation						SGR Operations		FD Operation	
(List and describe each item of equipment that will be purchased)		Compute the cost (e.g. the number of each item to be purchased X the cost per item.)						SGR Operations	Percentage	FD Operation	Percentage
		# of Items	Unit Cost	Total Cost	Other Funding Source Contribution	Federal Request					
				\$0.00		\$0.00					
				\$0.00		\$0.00					
				\$0.00		\$0.00					

**Budget Detail Table 8:** Complete the budget detail table for **Equipment: Equipment tab** as shown above. The Applicant must include list and describe each item of equipment that will be purchased and provide computation for the estimated cost.

1. Enter the **Description of Item**. Describe each line item of equipment and attach a complete specification, if available.
2. **Purpose & Justification:** State the purpose for the item(s) and why the equipment is necessary. Also, if a portion of the equipment cost is funded by non-HHSC funds, name the funding source, and include the percentage of the cost being funded in the "Funding from Other Sources" column.
3. **Number of Units:** Enter the number of units (quantity) to be purchased.
4. **Cost Per Unit:** Enter the cost per unit.
5. **Other Funding Source Contributions.**
6. Total: The total will auto-calculate.
7. Once the Travel details are entered, Enter the estimated cost of **State General Revenue (SGR)**

- Operations funds which is a total of (49.655%) of the total allocation for each region.
8. Next enter the estimated cost of **Federal Operations** funds which is a total of (50.345%) of the total allocation for each region.
  9. The **percentages of funding** will auto-calculate.
  10. The **Federal and State Total** will auto-calculate.
  11. The **Other Funding Sources** auto-calculate.
  12. The **Total Cost** will auto-calculate.

## **E. Supplies**

### **Reference: Exhibit E: Supplies tab**

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
<b>E. Budget Details: Supplies</b>																		
Supply ITEM (List and describe each item of equipment that will be purchased)							Computation (Compute the cost (e.g. the number of each item to be purchased X the cost per item.)											
							# of Items	Unit Cost	Total Cost	Other Funding Source Contribution	State and Federal Request	SGR Operations		FD Operation				
												SGR Operations	Percentage	FD Operation	Percentage			

**Budget Detail Table 9:** Complete the budget detail table for **Supplies: Supplies tab** as shown above. The Applicant must include list and describe each item of equipment that will be purchased and provide computation for the estimated cost. Include if item costs \$500-\$9,999.99: Sound systems and other audio equipment, camera (portable, digital, SLR), TVs, video players/recorders, computers (laptops and desktops), data projectors, smartphones, and tablets and other handheld devices.

1. Enter the **Description of Item**. Describe each line item of supply and attach a complete specification, if available.
2. **Purpose & Justification:** State the purpose for the item(s) and why the Supply is necessary. Also, if a portion of the supply cost is funded by non-HHSC funds, name the funding source, and include the percentage of the cost being funded in the "Funding from Other Sources" column.
3. **Number of Units:** Enter the number of units (quantity) to be purchased.
4. **Cost Per Unit:** Enter the cost per unit.
5. **Other Funding Source Contributions.**
6. Total: The total will auto-calculate.
7. Once the Travel details are entered, Enter the estimated cost of **State General Revenue (SGR)** Operations funds which is a total of (49.655%) of the total allocation for each region.
8. Next enter the estimated cost of **Federal Operations** funds which is a total of (50.345%) of the total allocation for each region.
9. The **percentages of funding** will auto-calculate.
10. The **Federal and State Total** will auto-calculate.
11. The **Other Funding Sources** auto-calculate.
12. The **Total Cost** will auto-calculate.

## F. Contractual

### Reference: Exhibit E: Professional & Contractual tab

F. Budget Details: Professional & Contractual						Computation			SGR Operations		FD Operation	
Description and Justification of the Professional Contract and Unit Rates						Compute the cost (e.g. the cost of each product or services to be procured.)						
Professional/Subcontractor (Provide the name)	Description of Services (Provide a description of the products or services and justification)	Justification	Method of Payment (i.e., Monthly, Hourly, Unit Rate)	Number of Months, Hours, Unit, etc.	Rate of Payment (i.e., Monthly, Hourly, Unit, etc.)	Total Cost	Other Funding Source Contribution	State and Federal Request	SGR Operations	Percentage	FD Operation	Percentage

**Budget Detail Table 10:** Complete the budget detail table for **Professional & Contractual** tab as shown above. The Applicant must provide the description and justification of the Professional Contract and unit rates.

1. Enter the Professional/Subcontractor Name
2. Enter the **Description of Service**. Provide a description of the products or services and justification.
3. **Purpose & Justification:** State the purpose for the item(s) and how this services and benefits 211 TIRN program.
4. **Method of Payment:** Enter the method of payment (i.e., monthly, hourly, and unit rate).
5. **Number of Months, Hours, Units, etc.**
6. **Other Funding Source Contributions.**
7. Total: The total will auto-calculate.
8. Once the Travel details are entered, Enter the estimated cost of **State General Revenue (SGR)** Operations funds which is a total of (49.655%) of the total allocation for each region.
9. Next enter the estimated cost of **Federal Operations** funds which is a total of (50.345%) of the total allocation for each region.
10. The **percentages of funding** will auto-calculate.
11. The **Federal and State Total** will auto-calculate.
12. The **Other Funding Sources** auto-calculate.
13. The **Total Cost** will auto-calculate.

## G. Other

### Reference: Exhibit E: Other tab

G. Budget Details: Other Costs							SGR Operations		FD Operation	
Computation										
(List and describe each item that will be purchased)										
(Show the basis for computation)										
	Quantity	Rate	Length of Time	Total Cost	Other Funding Source Contribution	State & Federal Request	SGR Operations	Percentage	FD Operation	Percentage
				\$0.00		\$0.00				
				\$0.00		\$0.00				
				\$0.00		\$0.00				
				\$0.00		\$0.00				

**Budget Detail Table 11:** Complete the budget detail table for **Other Cost: Other Cost** tab as shown above. The Applicant must provide the description and justification of Other Cost for the 211 TIRN program.

1. Enter description of the products or services and justification.
2. **Quantity.** Enter the quantity of the type of other cost.
3. **Rate:** Enter the method of payment (i.e., monthly, hourly, and unit rate).



4. **Length of Time:** Enter the length of time.
5. **Other Funding Source Contributions.**
6. Total: The total will auto-calculate.
7. Once the Travel details are entered, Enter the estimated cost of **State General Revenue (SGR)** Operations funds which is a total of (49.655%) of the total allocation for each region.
8. Next enter the estimated cost of **Federal Operations** funds which is a total of (50.345%) of the total allocation for each region.
9. The **percentages of funding** will auto-calculate.
10. The **Federal and State Total** will auto-calculate.
11. The **Other Funding Sources** auto-calculate.
12. The **Total Cost** will auto-calculate.

## H. Indirect Cost

### Reference: Exhibit E: Indirect Cost tab

H. Budget Details: Indirect Costs		Computation					SGR Operations		FD Operation	
(Describe what the HHSC's approved rate is and how it is applied)		(Compute the indirect cost for those portions of the program which allow such cost.)								
		Base/Cost	Indirect Cost Rate	Total Cost	Other Funding Source Contribution	State and Federal Request	SGR Operations	Percentage	FD Operation	Percentage
				\$0.00		\$0.00				
				\$0.00		\$0.00				
				\$0.00		\$0.00				

**Budget Detail Table 12:** Complete the budget detail table for **Indirect Cost: Indirect Cost tab** as shown above. The Applicant must provide the description and justification of Indirect Cost for the 211 TIRN program.

1. Enter description of the products or services and justification.
2. **Base/Cost.** Enter the quantity of the type of other cost.
3. **Indirect Cost Rate:** Enter the method of payment (i.e., monthly, hourly, and unit rate).
4. **Other Funding Source Contributions.**
5. Total: The total will auto-calculate.
6. Once the Travel details are entered, Enter the estimated cost of **State General Revenue (SGR)** Operations funds which is a total of (49.655%) of the total allocation for each region.
7. Next enter the estimated cost of **Federal Operations** funds which is a total of (50.345%) of the total allocation for each region.
8. The **percentages of funding** will auto-calculate.
9. The **Federal and State Total** will auto-calculate.
10. The **Other Funding Sources** auto-calculate.
11. The **Total Cost** will auto-calculate.

**Note:** If the agency plan to apply for a ESSC and STEAR, please apply the same concept listed through budget document.