DESERT HEALTHCARE
DISTRICT & FOUNDATION

Instructions for Completing the Line Item Budget and Budget Narrative

The Line Item Budget must be submitted using the Excel template available from the Desert Healthcare District and Foundation website. Program/project budgets must include each line item for which support is being requested, along with any other sources of funding for that same line item. Be sure to complete all three worksheets of the budget document.

A detailed narrative of project expenses must be included; a section of the spreadsheet was created for the budget narrative. For each line item in the budget, please provide a detailed description of how the requested funds will be used.

Please note: Line items may not be added or changed without a grant amendment and prior authorization is required for transferring funds (<10%) between existing line items.

SECTION 1 - Operational Costs

☐ *Total Staffing Costs:* All employees' salaries and professional services/consultants allocated to the program/project.

☐ *Equipment:* Include all equipment purchases. Itemize each item purchased and its cost. (Capital expenses are on hold.)

☐ *Supplies:* Include cost of all supplies, including office supplies, related to the program/project.

☐ *Printing/Duplication:* Include such items as: printing, copying, and publication services.

☐ *Mailing/Postage:* Any mailing and postage expenses, related to the program/project.

☐ *Travel/Mileage:* Include any travel expenses associated with the grant. Mileage rate is based on the current IRS mileage rate.

☐ *Education/Training:* Specific to the program/project and workforce development to increase the capacity of the organization.

☐ *Office/Rent/Mortgage*: Include line items for facility costs incurred by the program/project.

☐ *Telephone/Facsimile/Internet:* Include phone, fax and electronic communications, incurred by the program.

- *Utilities:* Include line items for the cost of utilities incurred by the facility(ies) used by the program/project.
- *Insurance:* List any insurance needs for the implementation of the program/project.
- *Other facility costs:* Account for any other facility costs not already listed.
- Other program costs: Account for any other program costs not already listed.

SECTION 2 - Labor Costs

- *Employee Position/Title:* Identify each employee position/title, annual salary, percentage of time allocated to the program/project (i.e., 1.0 FTE, 0.5 FTE), and actual salary. (Please describe in detail the scope of work and duties for each employee in the budget narrative)

- *Employee Benefits:* Include a total percentage and amount of all related benefits and for **ALL** previously listed employees. (Please describe in detail the employee benefits including the percentage and salary used for calculation in the budget narrative)

- *Professional Services/ Consultants:* Provide the company and staff title, along with the hourly, hours/week worked, and/or monthly fees for any professional service or consultants related to the grant. (Please describe in detail the scope of work for each professional service/consultant on this grant in the budget narrative)

SECTION 3 – Other Program Funds

- *Other Funding Received:* Include actual or projected funding from fees, donations, grants, and/or any fundraising activities.

- *Other Income:* Include any bequests, membership dues, in-kind services, investment income, fees from other agencies, etc…

  Please describe in detail all fees, donations, grants and other income for the program/project in the budget narrative