



# Ryan White HIV/AIDS Program Part A HRSA-25-054 Budget Resources

**Division of Metropolitan HIV/AIDS Programs (DMHAP)**  
HIV/AIDS Bureau (HAB)

**Vision: Healthy Communities, Healthy People**



# Overview

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- Budget Requirements
  - SF-424A
  - Budget Narrative/Justification
- Object Class Category Examples
  - Personnel
  - Quality Assurance versus Quality Improvement
  - Supplies
  - Contractual
- Indirect Costs



# Budget Requirements

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Budget information consists of two parts:

1. SF-424A Budget Information for Non-Construction Programs
2. Budget Narrative/Justification



# Budget Requirements: SF-424A

## Budget Information

4040-0006  
02/28/2025

**BUDGET INFORMATION - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
			Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.	Part A & MAI Administration	93.914	\$	\$	\$	\$	\$
2.	Part A & MAI CQM	93.914					
3.	Part A & MAI HIV Services	93.914					
4.							
5.	<b>Totals</b>		\$	\$	\$	\$	\$

**Add info to column (a)**

**Totals auto-populate**

**Enter dollar amounts for column (e) - rows 1, 2, & 3**

**Add CFDA #s to column (b)**

**Totals cannot exceed amount in Appendix B**



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# Budget Requirements: SF-424A

## Budget Categories

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Part A & MAI Administration	(2) Part A & MAI CQM	(3) Part A & MAI HIV Services	(4)	
					Totals auto-populate
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					\$
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

Enter object class category amounts into columns 1-3

Column totals auto-populate

Reminder: Total cannot exceed amount in Appendix B



# Budget Requirements: SF-424A

## Budget Information

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Part A & MAI Administration	\$	\$	\$	\$
9. Part A & MAI CQM				
10. Part A & MAI HIV				
11.				

**Complete Row 13 Only**

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	€	€	€	€	€
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

16. Part A & MAI Administration					
17. Part A & MAI CQM					
18. Part A & MAI HIV Services					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	



# Budget Requirements: SF-424A

## Budget Information

(a) Grant Program	ES	(e)TOTALS
8. Part A & MAI Administration		
9. Part A & MAI CQM		

Complete "(b) First" for FY2026

Complete "(c) Second" for FY2027

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Part A & MAI Administration	\$	\$		\$
17. Part A & MAI CQM				
18. Part A & MAI HIV Services				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$		\$

Totals auto-populate

19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$		\$
SECTION F - OTHER BUDGET INFORMATION				
21. Direct Charges:		22. Indirect Charges:		
23. Remarks:				



# Budget Requirements: SF-424A

## Budget Information

SECTION C - NON-FEDERAL RESOURCES					
	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	Part A & MAI Administration	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9.	Part A & MAI CQM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	Part A & MAI HIV Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Remember to complete items 21 & 22 in Section F

SECTION D - FORECASTED CASH NEEDS	
Total for 1st Year	1st Quarter
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks: <input type="text"/>	

16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17.	Part A & MAI CQM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	Part A & MAI HIV Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	TOTAL (sum of lines 16 - 19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks: <input type="text"/>	





# Budget Narrative/Justification

## Budget Summary

**RWHAP PART A BUDGET SUMMARY**  
**RECIPIENT:**  
**FISCAL YEAR: 2025**

Object Class Categories	Part A			Minority AIDS Initiative (MAI)			Total
	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Direct Charges</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Indirect Charges</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Program Income</b>							\$ -

<b>FY 2024 Funding Ceiling:</b>		Administrative Budget 10%
		Part A and MAI Within Limit
<b>Part A Funding</b>	\$ -	
<b>MAI Funding</b>	\$ -	CQM Budget 5%
<b>Total:</b>	\$ -	Part A and MAI Within Limit

Manually Enter HIV Services Allocation Percentages	
Core Medical Services	Support Services
0%	0%

**CAUTION** Only enter program income on this worksheet (i.e., cells D19 and G19), if applicable. Otherwise, do not enter any other amounts on this table; the remaining cells will autopopulate based on amounts entered in the Part A and MAI worksheets.



# Budget Narrative/Justification

## Sample Worksheet

PART A ADMINISTRATIVE BUDGET				
RECIPIENT:				
FISCAL YEAR: 2025				
Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Personnel Sub-Total with Rounding</b>	\$ -
			<b>Rounding Input Adjustment to Match SF-424A</b>	
			<b>Personnel Total</b>	\$ -
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Fringe Benefit Sub-Total with Rounding</b>	\$ -
			<b>Rounding Input Adjustment to Match SF-424A</b>	
			<b>Fringe Benefit Total</b>	\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)



# Budget Narrative/Justification

## Example – Administrative budget - Personnel

### PART A ADMINISTRATIVE BUDGET

APPLICANT: [REDACTED]

GRANT NUMBER: H89HA000 [REDACTED]

FISCAL YEAR: 2022

### PERSONNEL

Salary	FTE %	Name, Position, Budget Impact Justification	Amount
\$ 110,977	0.69	[REDACTED] <i>Health Care Services Manager</i> <i>Part A 69%, Part A CQM 8%, Part A MAI 10%, EHE 10%, Health Care Svcs 3%</i> <b>Budget Impact Justification:</b> Monitors, develops and maintains full administrative responsibility for the Part A program. Responsible for grants management, administration and executive level work in planning and directing the activities of the local RWP. Makes policy and contracting decisions related to contract terms and conditions. Oversees all programmatic and fiscal functions. Ensures integration of proposed activities into the continuum of services are provided.	76,574



# Budget Narrative/Justification

## Example – CQM budget - Personnel

### PART A CLINICAL QUALITY MANAGEMENT BUDGET

APPLICANT: [REDACTED]

GRANT NUMBER: H89HA000 [REDACTED]

FISCAL YEAR: 2022

#### PERSONNEL

Salary	FTE	Name, Position, Budget Impact Justification	Amount
\$ 110,977	8%	[REDACTED], Health Care Services Manager Part A 69%, Part A CQM 8%, Part A MAI 10%, EHE 10%, Health Care Svcs 3% <b>Budget Impact Justification:</b> Provides oversight and is responsible for the overall operation of the CQM program which includes reviewing, planning and coordinating all CQM related activities and meetings with the CQM contracted consultant and Recipient staff who directly perform the work.	8,878



# Budget Narrative/Justification

## CQM

Costs required to maintain a CQM program to assess the extent to which services are consistent with the current HHS Guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services.

Examples of CQM Costs	
Implementation of CQM program	Recipient CQM staff training (including travel and registration)
CQM activities	
Data collection for CQM purposes	Training of subrecipients on CQM

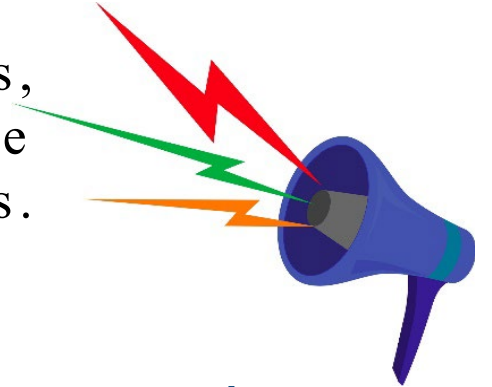
For further guidance on CQM refer to [PCN-15-02 Clinical Quality Management](#)



# Budget Narrative/Justification

## CQM Costs (continued)

Quality assurance activities are NOT considered CQM costs, although the results of quality assurance activities can be used to develop quality improvement activities.



**Quality assurance** refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.

### Quality Assurance Activities

Retrospective process of measuring compliance with standards (site visits, chart reviews)

Inform the quality management program

# Use of CQM and Administrative Funds (as per PCN 15-02)

Activity	CQM	Administrative
Staffing to implement clinical quality management program activities	✓	
Staffing to develop and/or update service standards		✓
Staffing to conduct grants monitoring of subrecipients		✓
Electronic health record interface with other providers		✓
Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)	✓	
Monitoring site visits	✓ To assess or monitor CQM activities	✓



# Related Activities: Quality Assurance (as per PCN 15-02)



Activities aimed at ensuring compliance with minimum quality standards.



Measures compliance with standards.



Major part of administrative functioning of a recipient's program



May inform the clinical quality management program, but does not improve health outcomes



# Quality Assurance is NOT Quality Improvement

	Quality Assurance	Quality Improvement
<b>Motivation</b>	Measuring compliance with standards	Continuously monitoring processes to improve standards
<b>Means Approach</b>	Inspection Required, Defense	Proactive Chosen, Offense
<b>Focus</b>	Outliers, “Bad Apples”, Individuals	Processes and Systems
<b>Scope</b>	Service Providers	Patient Care
<b>Responsibility</b>	Few	All



# Budget Narrative/Justification

## Example – Supplies

### Supplies

*[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.*

List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>	Amount
Computer Hardware: replacement	Replacement of computer and hardware required to conduct program operations (5 employees, \$1,100 per laptop, \$200 per monitor, \$150 per surge protector)	\$7,250
Photo copier paper, pens, ink cartridges, notebooks, batteries, and other office supplies	Office supplies to conduct daily program operations for 10 employees including photo copier paper, pens, ink cartridges, notebooks, batteries, and other office supplies. \$200 per person.	\$2,000
<b>Supplies Total</b>		<b>\$9,250</b>



# Budget Narrative/Justification

## Example - Contractual

Contractual			
List of Contract	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.	Amount
Canon	Copier rental	Copier rental (\$138.90/mo.) X 12 months X 91.37% allocated based on program need in order to make copies of necessary documents. Cost determined by County contract	1,523
Sunshine Data Group	Data System Updates	Funds to be used to make updates to a web-based RWHAP Part A HIV/AIDS data system. The data system will be used by both recipients and providers to meet CLD requirements. 200 Users: Annual fee includes license annual maintenance (\$300/user); license annual enhancement support (\$120/per user); data management and web hosting (\$240/user); document scanning and image storage functionality at (\$50/user); AMA ICD-9 and CPT Code Licensing Fees (\$20/user); Website Hosting (\$7,500 annually), Eligibility and Enrollment Fee Per Transaction at (\$0.30/per transaction @ 60,000 transactions); custom programming and report development (\$200/hour @ 120 hours), and end user training (\$200/hr. @ 45 hours). 12.4% of the total cost (\$204,500) is allocated to the Part A Budget.	25,358
<b>Contracts Total</b>			<b>\$ 26,881</b>



# Methods for Claiming Indirect Costs

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1. A federally negotiated indirect cost rate agreement (NICRA)
2. Tribal organizations and state/local government agencies may claim indirect costs without a federally negotiated indirect cost rate agreement
  - Cost Allocation Plan or Indirect Cost Rate Proposal
3. 10% De Minimis Cost Rate



# Resources

## Program Support Center (PSC)/Cost Allocation Service on Indirect Costs

- [DHHS, Program Support Center \(PSC\), Cost Allocation Services](#)
- [PSC Indirect Cost Negotiations](#)
- [PSC/CAS State and Local Governments FAQs on Indirect Costs](#)
- [PSC General FAQs on Indirect Cost Negotiations](#)
- PSC/CAS Sample Indirect Cost Proposal Format for Nonprofit Organizations
  - [https://rates.psc.gov/fms/dca/np\\_exall.pdf](https://rates.psc.gov/fms/dca/np_exall.pdf)
  - [https://rates.psc.gov/fms/dca/np\\_exall2.html](https://rates.psc.gov/fms/dca/np_exall2.html)
- [Cost Allocation Services \(CAS\) Best Practices Manual For Reviewing State and Local Governments State/Local-Wide Central Service Cost Allocation Plans And Indirect Cost Rate Proposals](#)
- [Review Guide For State And Local Governments State/Local-wide Central Service Cost Allocation Plans And Indirect Cost Rates](#)

**Note: Your Grants Management Specialist is your contact for indirect cost related questions.**

