



Grant Number: 1U51IP000526-01

Principal Investigator(s):
KHATUNA ZAKHASHVILI

Project Title: Sustaining Influenza Surveillance Networks and Response to Seasonal

NATA AVALIANI, DIRECTOR
L. SAKVARELIDZE NATIONAL CENTER FOR
9 M. ASATIANI STREET
TBILISI,
GEORGIA

Budget Period: 09/30/2011 – 09/29/2012
Project Period: 09/30/2011 – 09/29/2016

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$332,800 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to L. SAKVARELIDZE NATIONAL CENTER FOR DISEASE CONTROL AND in support of the above referenced project. This award is pursuant to the authority of PHS Act, Sec 1706, 42 USC 300u-5, as amended; Sec 2(d), PL 98-551 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Roslyn Curington
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1U51IP000526-01**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$98,912
Fringe Benefits	\$13,638
Personnel Costs (Subtotal)	\$112,550
Consultant Services	\$4,200
Supplies	\$46,110
Travel Costs	\$26,800
Other Costs	\$143,140

Federal Direct Costs	\$332,800
Approved Budget	\$332,800
Federal Share	\$332,800
TOTAL FEDERAL AWARD AMOUNT	\$332,800

AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$332,800
--	------------------

Fiscal Information:

CFDA Number:	93.283
EIN:	1900216575A1
Document Number:	UIP000526A

IC	CAN	2011
IP	939ZMET	\$332,800

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$332,800	\$332,800

CDC Administrative Data:**PCC: / OC: 4141**

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U51IP000526-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhtips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1U51IP000526-01

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

SECTION IV – IP Special Terms and Conditions – 1U51IP000526-01

NOTE 1. INCORPORATION: This award is subject not only to any terms and conditions detailed in the award, but also to those cited and incorporated by reference. Funding Opportunity Number IP11-1103 entitled "Sustaining Influenza Networks and Response to Seasonal and Pandemic Influenza by National Health Authorities Outside the United States," the application dated April 30, 2011 are made part of this award by reference.

NOTE 2. APPROVED FUNDING: This action awards funding in the amount of \$332,800 for Budget Period 01, from September 30, 2011 to September 29, 2012. The Project Period ends September 29, 2016.

NOTE 3. RESPONSE TO THE SUMMARY STATEMENT: Attached to this Notice of Award is a Summary Statement of the application. A written response to the recommendations and weaknesses within the review must be submitted to the Grants Management Specialist no later than 30 days after receipt of the Notice of Award. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

NOTE 3a. REVISED BUDGET: Please submit a revised budget and justification in accordance with the attached sample budget guidelines within 30 days of receipt of the Notice of Award to the Grants Management Specialist referenced in the CDC contact names.

NOTE 4. REPORTING REQUIREMENTS

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS:

All applicant organizations must obtain a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov. If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):

All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS

i. In the subrecipient's preceding fiscal year, the subrecipient received-

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

ii. The total compensation of the five most highly compensated executives of any subrecipient.

- i. A Governmental organization, which is a State, local government, or Indian tribe;
- ii. A foreign public entity;
- iii. A domestic or foreign nonprofit organization;
- iv. A domestic or foreign for-profit organization;
- v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

doi:10.1017/S0022292412001619 Published online by Cambridge University Press

manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item and the condition of the item. Equipment with a unit acquisition cost of less than \$1,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

FINAL INVENTION STATEMENT is due 90 days after the end of the budget period. An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting <http://www.hhs.gov/forms/hhs568.pdf>. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

If the final reports (Final Financial Status Report/Federal Financial Report and Final Progress Report) cannot be submitted within 90 days after the end of the project period, you must submit a letter requesting an extension that includes the reason(s) for the delay and state the expected date which the Procurement and Grants Office will receive the reports. All required documents may be mailed to the Grants contact as provided below in Section IV. Staff Contacts.

Disclaimer: Ensure all financial information is submitted for the last year of the budget period.

NOTE 9. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS: Effective October 1, 2010, all applicant and grantee organizations are required to obtain a DUNS number and maintain active registration in the Central Contractor Registry (CCR) database. Additionally, all CDC grantees must notify potential first-tier sub-recipients that no entity may receive a first-tier sub-award unless the entity has provided a DUNS number to the prime grantee organization. For the full text of the requirements under 2 CFR 25.110, review: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

NOTE 10. CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Steward Nichols, Grants Management Specialist or Grants Management Officer
Centers for Disease Control, PGO, Branch VII
2920 Brandywine Road, Mail Stop K75
Atlanta, GA 30341-4146
Telephone: (770) 488-2788 Fax: (770) 488-2688
e-mail: shn8@cdc.gov

NOTE 11. PRIOR APPROVAL: All requests requiring prior approval must bear the signature of an authorized business official of the grantee organization as well as that of the principal investigator and/or program director named in the Notice of Award. The request must be postmarked no later than 120 days prior to the end date of the current budget period. Any request received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request. Refer to the HHS Grants Policy Statement, <http://www.hhs.gov/grantsnet/adminis/gpd>.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement, 7) Change in Key Personnel, or 8) Liquidation Extensions.

NOTE 12. EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. For additional information, please review the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed:
http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

NOTE 13. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clauses in 37 CFR 401.14.

NOTE 14. PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

NOTE 15. ACKNOWLEDGMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

NOTE 16. INSPECTOR GENERAL: The HHS Office of the Inspector General (OIG) maintains a toll-free telephone number, (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, and Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

NOTE 17. PAYMENT INFORMATION

Automatic Drawdown:

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

a.) PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533

Email: PMSSupport@psc.gov

Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

Please Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

Governmental and Tribal Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true

Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx

International Payment Branch:
Bhavin Patel (301) 443-9188
Note: Mr. Patel is the only staff person designated to handle all of CDC's international cooperative agreements.

b.) If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

US Department of Health and Human Services
PSC/DFO/Division of Payment Management
7700 Wisconsin Avenue ? 10th Floor
Bethesda, MD 20814

NOTE 18. ACCEPTANCE OF THE TERMS OF AN AWARD:

By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

NOTE 19. CERTIFICATION STATEMENT: By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

NOTE 20. CDC CONTACT NAMES:

Programmatic Contacts
Charlene Sanders, Project Officer
1600 Clifton Road, NE, MS-A20
Atlanta, GA 30333
Telephone: (404) 639-0345
E-mail address: zen3@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Steward Nichols
Centers for the Disease Control and Prevention
Procurement and Grant Office
Koger Center, Colgate Building
2920 Brandywine Road, Mailstop K&%
Atlanta, GA 30341
Email: snichols1@cdc.gov **Phone:** 770-488-2788 **Fax:** 770-488-2688

Grants Management Officer: Roslyn Curington
Centers for Disease Control and Prevention
OD/OCOO/PGO/AABI
Koger Center, Colgate Builder
2920 Brandywine Road, Mailstop E15
Atlanta, GA 30341
Email: rcurington@cdc.gov **Phone:** (770) 488-2832 **Fax:** 770-488-2868

SPREADSHEET SUMMARY

GRANT NUMBER: 1U51IP000526-01

<i>Budget</i>	<i>Year 1</i>
Salaries and Wages	\$98,912
Fringe Benefits	\$13,638
Personnel Costs (Subtotal)	\$112,550
Consultant Services	\$4,200
Supplies	\$46,110
Travel Costs	\$26,800
Other Costs	\$143,140
TOTAL FEDERAL DC	\$332,800
TOTAL FEDERAL F&A	
TOTAL COST	\$332,800

Centers for Disease Control and Prevention

**Sustainable Influenza Surveillance Networks and Response to Seasonal and Pandemic
Influenza by National Health Authorities outside the United States**

Program Announcement IP09-1103

Objective Review Summary Statement

Date Reviewed: 26 May 2011

Applicant Name:

L. Sakvarelidze National Center for Disease Control and Public Health

Principal Investigator/Program Director: Dr. Khatuna Zakhashvili

CDC Project Officer: Charlene Sanders, MPH, RD

Requested Amount: \$350,000

Recommended Funding: \$ 332,800

Recommendation:

☒ Approve ☐ Disapprove

Program Summary

The Republic of Georgia has submitted an application for cooperative agreement funding to support activities that will lead to a sustainable influenza surveillance system that currently consists of six sentinel sites. The applicant proposes to: 1) review the current surveillance system; 2) develop a summary report with findings from the review; 3) develop a sustainability plan for the surveillance network; 4) procure the necessary equipment, supplies, and reagents for the National Influenza Center and the sentinel sites; 5) develop estimates of influenza disease and economic burden; and 6) submit data to GISN on a regular basis. The applicant proposes to address gaps that are currently known and/or identified during the review process so that a high functioning and sustainable system will be in place to address the needs in the country.

Summary of Major Strengths (Please use bullets):

- The applicant provided a good summary of progress to date in the background and needs section.
- The applicant clearly outlines specific and measurable activities for the proposed

- The budget request includes \$1,500 for an audit. The audit will not be funded as CDC does not require an audit unless the award is at least \$500,000.
- Inconsistency are noted in the budget narrative and detailed budget in the number of meetings and fees for review group.
- Representative costs (8.6) and tender costs (8.5) are not adequately explained.
- CDC policy does not allow funding for refreshments/ food. The travel and reimbursement for training participants was reduced accordingly.

GUIDELINES FOR BUDGET PREPARATION

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

INTRODUCTION

Guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by insuring that the required or needed information is provided.

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested.. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample budget

Personnel

Total \$_____

<i>Position Title and Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<i>Project Coordinator Susan Taylor</i>	<i>\$45,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$45,000</i>
<i>Finance Administrator John Johnson</i>	<i>\$28,500</i>	<i>50%</i>	<i>12 months</i>	<i>\$14,250</i>
<i>Outreach Supervisor (Vacant*)</i>	<i>\$27,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$27,000</i>

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to CDC. This position relates to all program objectives.

GUIDELINES FOR BUDGET PREPARATION

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Sample Budget

Fringe Benefits

Total \$ _____

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example: Project Coordinator C Salary \$45,000

<i>Retirement 5% of \$45,000</i>	<i>=</i>	<i>\$2,250</i>
<i>FICA 7.65% of \$45,000</i>	<i>=</i>	<i>3,443</i>
<i>Insurance</i>	<i>=</i>	<i>2,000</i>
<i>Workers= Compensation</i>	<i>=</i>	<i>_____</i>

Total:

C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization. Written approval must be obtained from CDC prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information to CDC (**see Budget Appendix A**):

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services To Be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses) List a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the

GUIDELINES FOR BUDGET PREPARATION

budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Equipment

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the AOther@ category.

Sample Budget

Equipment			Total \$ _____
<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
Computer Workstation	2 ea.	\$5,500	\$11,000
Computer	1 ea.	6,000	6000
Total			\$17,000

Sample Justification

Provide complete justification for all requested equipment, including a description of how it will be used in the program.

Note: Equipment—Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

E. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies	Total \$ _____
----------	----------------

GUIDELINES FOR BUDGET PREPARATION

Computer work station (specify type)

3 ea. x \$2500 = \$7,500

Computer (specify type)

2 ea. x \$3,300 = \$6,600

General office supplies (pens, pencils, paper, etc.)

12 months x \$240/year x 10 staff = \$2,400

Educational Pamphlets (3,000 copies @) \$1 each = \$3,000

Educational Videos (10 copies @ \$150 each) = \$1,500

Word Processing Software (@ \$400Cspecify type) = \$ 400

Sample Justification

Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities . Word Processing Software will be used to document program activities, process progress reports, etc.

F. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the **Other** category.

GUIDELINES FOR BUDGET PREPARATION

In-State Travel Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Out-of-State Travel Provide a narrative justification describing the same information requested above. Include CDC meetings, conferences, workshops, if required by CDC. Itemize out-of-state travel in the format described above.

Sample Budget

Travel (in-State and out-of-State)

Total \$ _____

In-State Travel:

<i>1 trip x 2 people x 500 miles r/t x .27/mile</i>	<i>=</i>	<i>\$ 270</i>
<i>2 days per diem x \$37/day x 2 people</i>	<i>=</i>	<i>148</i>
<i>1 nights lodging x \$67/night x 2 people</i>	<i>=</i>	<i>134</i>
<i>25 trips x 1 person x 300 miles avg. x .27/mile</i>	<i>=</i>	<i>2,025</i>
<i>Total</i>		<i>\$ 2,577</i>

Sample Justification

GUIDELINES FOR BUDGET PREPARATION

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

Sample Budget

Out-of-State Travel:

<i>1 trip x 1 person x \$500 r/t airfare</i>	<i>=</i>	<i>\$500</i>
<i>3 days per diem x \$45/day x 1 person</i>	<i>=</i>	<i>135</i>
<i>1 night=s lodging x \$88/night x 1 person</i>	<i>=</i>	<i>88</i>
<i>Ground transportation 1 person</i>	<i>=</i>	<i>50</i>
<i>Total</i>		<i>\$773</i>

Sample Justification

The Project Coordinator will travel to CDC, in Atlanta, GA, to attend the CDC Conference.

G. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

GUIDELINES FOR BUDGET PREPARATION

Other

Total \$ _____

Telephone

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Postage

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Printing

(\$ ___ per x ___ documents) = \$ Subtotal

Equipment Rental (describe)

(\$ ___ per month x ___ months) = \$ Subtotal

Internet Provider Service

(\$ ___ per month x ___ months) = \$ Subtotal

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

GUIDELINES FOR BUDGET PREPARATION

H. Contractual Costs

Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval to initiate program activities through the services of a contractor requires submission of the following information to CDC (see **Budget Appendix B**):

1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

I. Total Direct Costs \$ _____

Show total direct costs by listing totals of each category.

J. Indirect Costs \$ _____

To claim indirect costs, the applicant organization must have a current approved indirect

cost rate agreement established with the cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is ____% and is computed on the following direct cost base of \$_____.

Personnel	\$	
Fringe	\$	
Travel	\$	
Supplies	\$	
Other	\$	_____
Total	\$	_____ x ____% = Total Indirect Costs

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

Appendix A:

Required Information for Consultant Approval

This category is appropriate when hiring an individual who gives professional advice or provides services for a fee and who is not an employee of the grantee organization. All consultants require prior approval from CDC annually. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
2. Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.
3. Nature of Services To Be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per

diem, and supplies.

7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

Appendix B:

Required Information for Contract Approval

All contracts require prior approval from CDC. Funds may not be used until the following required information for each contract is submitted to and approved by CDC:

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.