



Grant Number: 5U19GH000963-02

Principal Investigator(s):

KHATUNA ZAKHASHVILI

Project Title: Cooperative Agreement with the National Center for Disease Control and Public Health

NATA AVALIANI
9 M.ASATINAI STR.
TBILISI, 0177
GEORGIA

Award e-mailed to: elene.godziashvili@gmail.com

Budget Period: 09/01/2013 – 08/31/2014

Project Period: 09/01/2012 – 08/31/2017

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$519,184 (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 42 USC 241 31 USC 6305 42 CFR 52 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,

Hector Buitrago
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 5U19GH000963-02**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$74,830
Personnel Costs (Subtotal)	\$74,830
Equipment	\$23,970
Supplies	\$143,400
Travel Costs	\$166,674
Other Costs	\$18,460
Consortium/Contractual Cost	\$91,850

Federal Direct Costs	\$519,184
Approved Budget	\$519,184
Federal Share	\$519,184
TOTAL FEDERAL AWARD AMOUNT	\$519,184

AMOUNT OF THIS ACTION (FEDERAL SHARE) **\$519,184**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

03 \$185,000
 04 \$185,000
 05 \$185,000

Fiscal Information:

CFDA Number: 93.283
 EIN: 1900216575A1
 Document Number: UGH000963A

IC	CAN	2013	2014	2015	2016
GH	9212451	\$20,570			
GH	921ZGHD	\$42,000			
GH	939ZSAB	\$14,000			
GH	939ZSAG	\$13,000			
CK	939ZSNF	\$8,000			
GH	939ZVNO	\$121,614	\$185,000	\$185,000	\$185,000
GH	939ZYRU	\$300,000			

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD		CUMULATIVE TOTALS
2		\$519,184	\$519,184
3		\$185,000	\$185,000
4		\$185,000	\$185,000
5		\$185,000	\$185,000

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: / OC: 4141 / Processed: ERAAPPS 08/07/2013

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U19GH000963-02

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

NOTE 4. VALUE-ADDED TAX (VAT): Valued-Added Tax (VAT) and Customs Duties Custom and import duties, including consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost incurred from the effective date of September 13, 2012 until September 12, 2013. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to the Ministries of Health.

NOTE 6. 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 copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:
http://www.whitehouse.gov/sites/default/files/omb/assets/memoranda_2010/m10-15.pdf

NOTE 7. SYSTEM FOR AWARD MANAGEMENT (SAM): 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 Authorized Organizational Representative (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 System for Award Management (SAM) 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. SAM 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 SAM internet site at www.sam.gov.

NOTE 8. FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA): In accordance with 2 CFR Chapter 1, Part 170 REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION, Prime recipients awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards any sub-grant equal to or greater than \$25,000. For instructions on reporting, please visit: <http://www.fsrs.gov> and for information and frequently asked questions: <https://www.fsrs.gov/#a-faqs>.

NOTE 9. NON-DELINQUENCY on FEDERAL DEBT: The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient.

Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. Funds may not be used for or rebudgeted to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act. These requirements apply to all types of organizations and awards, including foreign grants.

NOTE 10. FEDERAL REPORTING REQUIREMENTS

A. ANNUAL FEDERAL FINANCIAL REPORT (FFR):

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of each budget period. The FFR for this budget period is due to the Grants Management Specialist by December 30, 2014. Reporting timeframe is September 01, 2013 through August 31, 2014.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

eRA Commons website: <http://era.nih.gov/>

If the FFR is not finalized by the due date, an interim FFR must be submitted, marked NOT FINAL, and an amount of un-liquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by reviewing,

http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf

B. PROGRESS REPORTING:

i. The Interim Progress Report (IPR) may also serve as the continuation application and therefore may exceed the 6-month reporting as noted in the terms and conditions. IPR reporting timeframe is (start date of budget period through 6 months) September 01, 2013 - March 31, 2014. A due date and specific IPR guidance will be published on www.grants.gov at a later date.

ii. The Annual Progress Report (APR) will be due 90 days following the end of the budget period November 30, 2014. APR programmatic guidance will be provided at a later date. Reporting timeframe is September 01, 2013 through August 31, 2014.

C. REPORTING of FOREIGN TAXES (Applicable to State Dept funding): The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) of 2011 (United States foreign assistance funds). Outlined below are the specifics of this requirement:

a) Annual Report. The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by

a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 - September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

b) **Quarterly Report.** The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

c) **Terms:** For purposes of this clause:

- i. Commodity means any material, article, supplies, goods, or equipment;
- ii. Foreign government includes any foreign government entity;
- iii. Foreign taxes means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

d) **Where:** Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

e) **Contents of Reports.** The reports must contain:

- i. grantee name;
- ii. contact name with phone, fax, and e-mail;
- iii. agreement number(s) if reporting by agreement(s);
- iv. reporting period;
- v. amount of foreign taxes assessed by each foreign government;
- vi. amount of any foreign taxes reimbursed by each foreign government;
- vii. amount of foreign taxes unreimbursed by each foreign government.

f) **Subagreements.** The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

NOTE 11. AUDIT REQUIREMENT : The Audit period is an organization's fiscal year. An audit is required, if during an organization's fiscal year the organization expends a total of \$300,000 or more under one or more HHS awards (as a direct recipient and/or as a sub-recipient). The audit shall be in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. Please forward a completed Audit to the following address:

International:

Department of Health and Human Services
Office of Inspector General
National External Audit Review Center (NEAR)
1100 Walnut Street, Suite 850
Kansas City, MO 64106-2197

The recipient fiscal year is January through December

The report must be submitted nine (9) months after the end of the audit period.

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$300,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

NOTE 12. TRAVEL COST: In accordance with Health and Human Services (HHS) Grants Policy

Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

NOTE 13. FOOD AND MEALS: Costs associated with food or meals are allowable when consistent with OMB Circulars and guidance, DHHS Federal regulations, Program Regulations, DHHS policies and guidance. In addition, costs must be proposed in accordance with recipients approved policies and a determination of reasonableness has been performed by the recipients. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

NOTE 14. PRIOR APPROVAL: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be submitted no later than 120 days prior to the end date of the current budget period and submitted by email to the grants specialist listed below. Any requests 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.

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) Entering into a new 3rd Party agreement that was not on the original budget; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement, 7) Change in Key Personnel, or 8) Liquidation Extensions.

NOTE 15. 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 by email.

NOTE 16. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

NOTE 17. 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 18. CONFERENCE DISCLAIMER AND USE OF LOGOS :

Disclaimer. If a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement

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

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

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 CDCs international cooperative agreements.

NOTE 25. ACCEPTANCE OF THE TERMS OF AN AWARD:

By drawing or otherwise obtaining funds from the grant payment management 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 26. CERTIFICATION STATEMENT: By drawing down funds, the recipient 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.

HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

NOTE 27. CDC CONTACTS:

Programmatic and Technical Contact

Ms. Melissa Kadzik, Project Officer
1600 Clifton Road M/S: D-68
Atlanta, Ga 30333
Telephone: (404) 639-4162

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-75

Atlanta, GA 30341

Email: snichols1@cdc.gov **Phone:** 770-488-2788 **Fax:** 770-488-2688

Grants Management Officer: Hector Buitrago

Centers for Disease Control and Prevention

Procurement and Grants Office

Koger Center, Colgate Building

2920 Brandywine Road, Mail Stop K-75

Atlanta, GA 30341

Email: gmf2@cdc.gov **Phone:** 770-488-2921 **Fax:** 770-488-2688

SPREADSHEET SUMMARY

GRANT NUMBER: 5U19GH000963-02

INSTITUTION: NATIONAL CENTER FOR DISEASE CONTROL

Budget	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$74,830			
Personnel Costs (Subtotal)	\$74,830			
Equipment	\$23,970			
Supplies	\$143,400			
Travel Costs	\$166,674			
Other Costs	\$18,460			
Consortium/Contractual Cost	\$91,850			
TOTAL FEDERAL DC	\$519,184	\$185,000	\$185,000	\$185,000
TOTAL FEDERAL F&A				
TOTAL COST	\$519,184	\$185,000	\$185,000	\$185,000

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)

$$3 \text{ ea.} \times \$2500 = \$7,500$$

Computer (specify type)

$$2 \text{ ea.} \times \$3,300 = \$6,600$$

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

$$12 \text{ months} \times \$240/\text{year} \times 10 \text{ staff} = \$2,400$$

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

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

$$\text{Word Processing Software (@ } \$400 \text{Cs specify type)} = \$400$$

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>_____</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:

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

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.