Multi-Year Grant Budget Request (FS-20) and Instructions - to be completed only for 2nd and 3rd year of the multi-year grant.
New Jersey Department of Health
MULTI-YEAR GRANT BUDGET REQUEST – Subsequent Years (FS-20)
Instructions

General Instructions
The Multi-Year Grant Budget Request (FS-20) including all supporting data is to be submitted to the appropriate granting agency of the New Jersey Department of Health. Please provide all pertinent information. Incomplete applications could jeopardize funding.

Grantee Name and Address
Enter the name and complete mailing address, including the zip code.

Project Title
Enter the title of the Project.

Requested Budget Period
Enter the requested budget period. The Budget Period is the period of time for which a project is funded.

Project Period
Refer to Notice of Grant Award of the latest Approved Grant Modification for this information; the Project Period is the period of time expected to complete this project.

Agency’s Fiscal Year End
Enter the data that the Agency’s fiscal year ends.

Current Grant Number
Enter the Grant Number as shown on the latest signed Notice of Grant Award.

Method of Payment
Indicates the payment method of current Grant Award.

Year
Please check the appropriate box indicating for which year of your Multi-Year Grant you are requesting funds.

Budget Categories and Current Year
Enter the amounts by budget category as approved in the Notice of Grant Award, Attachment B or the amounts in the most recent budget request approved by the New Jersey Department of Health.

Estimated Unexpended Balances
This information can be determined by adding your actual expenditures and your estimated additional expenditures and obligations expected to be incurred by the end of the current budget period and subtracting this total from your latest approved budget.

Certification
The request must be signed by a certifying representative of the agency. This certification possess legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant’s governing body, authorizing the filing of the request.

FS-20 (Instructions)
AUG 12
New Jersey Department of Health
MULTI-YEAR GRANT BUDGET REQUEST – subsequent years (FS-20)
Budget / Cost Categories and Elements of Cost

**Personnel Cost**
- Salaries and Wages
- Fringe Benefits

**Consultant/Professional Service Cost**
- Accounting and Auditing Services
  - Any other non-employee related professional services which a formal consultant agreement is required.
  - Bookkeeping Services

**Office Expense and Related Cost**
- Advertising for Recruitment and Procurement
- Bonding Cost
- Data Processing supplies and services
  - Office Equipment maintenance which are normal maintenance costs compared to capital improvements
- Payroll Services
- Postage
- Printing and Office Supplies
- Telephone

**Program Expense and Related Cost (1)**
- Education Supplies and Equipment Maintenance
- Food for Patients
- Kitchen Supplies and Maintenance of Equipment
- Medical or Laboratory Supplies of Contract Services (other than consultants)
- Medical Supplies and Equipment Maintenance Supplies
- Patient Personal care items
- Recreation Supplies and Services
- Vocational Supplies and Equipment Maintenance

**Staff Training and Education Cost**
- All costs relating to training and continuing education of agency staff.

**Travel, Conferences, and Meetings**
- Conference and meeting costs
- Cost of meals or refreshments served at meeting with volunteers
- Employee travel reimbursement
- Insurance for Agency Vehicles
- Maintenance cost for agency owned vehicles
- Reimbursement to volunteers

**Equipment and other Capital Expenditures**
- Purchase of capital assets including renovation, cost

**Facility Cost**
- Depreciation or Use Allowance
- Household supplies and Security Services
- Insurance and property taxes
- Lease or rent payments
- License Fees
- Maintenance of Building and Grounds
- Utilities
- Water and Sewer

**Sub-Grants**

*NOTE: Please refer to the appropriate cost principles for the exact definitions of these cost elements.
(1) Definitions and Cost elements to be included with the applications.*
New Jersey Department of Health

MULTI-YEAR GRANT BUDGET REQUEST
(Subsequent Years)

Attach justification for each category revision on a separate sheet.

<table>
<thead>
<tr>
<th>Name of Grantee</th>
<th>Project Title</th>
<th>Current Grant No.</th>
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<tr>
<th>Address</th>
<th>Project Period</th>
<th>Agency’s Fiscal Year End</th>
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<tr>
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<td>Scheduled Advanced Payment</td>
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<th>ROUND OFF TO NEAREST DOLLAR</th>
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<tr>
<th>BUDGET CATEGORIES</th>
<th>CURRENT YEAR BUDGET</th>
<th>YR. 2 3 BUDGET REQUEST</th>
<th>STATE USE ONLY</th>
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<tbody>
<tr>
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<td>Grant Funds</td>
<td>Other Funds</td>
<td>Grant Funds</td>
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<tr>
<th>A. PERSONNEL COST</th>
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<tr>
<td>Salaries / Wages</td>
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<td>Fringe Benefits</td>
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<td><strong>Total</strong></td>
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<tr>
<th>B. CONSULTANT / PROFESSIONAL SERVICES COST</th>
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<td><strong>Total</strong></td>
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<tr>
<th>C. OTHER COST CATEGORIES</th>
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<tbody>
<tr>
<td>Office Expense &amp; Related Cost</td>
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<tr>
<td>Program Expense and Related Cost</td>
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<tr>
<td>Staff Training &amp; Education Cost</td>
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<td>Travel, Conferences &amp; Meetings</td>
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<td>Equipment &amp; Other Capital Expenditures</td>
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<td>Facility Cost</td>
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<tr>
<td>Sub-Grants</td>
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<tr>
<td><strong>Total</strong></td>
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Total Direct Cost
Indirect Cost
Total Cost
Less Program Income
**NET TOTAL COST**

Do You Expect to have Unexpended Balances at the end of your current budget year?
☐ No ☐ Yes – if yes, please submit your estimated balances on a separate sheet.

I certify to the best of my knowledge and belief that all data supplied with this request is true and correct; this request has been duly authorized by the governing body of the grantee and further understand and agree to the grant conditions, and other policies, regulations and rules issued by the New Jersey Department of Health for the administration of grants.

<table>
<thead>
<tr>
<th>Name of Certifying Representative</th>
<th>Title</th>
<th>Signature</th>
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