

GRANT APPLICATION PACKAGE

FOR MULTI-YEAR GRANTS

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.

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.*

**MULTI-YEAR GRANT BUDGET REQUEST
(Subsequent Years)**

Attach justification for each category revision on a separate sheet.

Name of Grantee			Project Title		Current Grant No.
Address			Project Period FROM: TO:		Agency's Fiscal Year End
City	State	Zip	Request Budget Period FROM: TO:		Method of Payment <input type="checkbox"/> Scheduled Advanced Payment <input type="checkbox"/> Cost Reimbursement

ROUND OFF TO NEAREST DOLLAR

BUDGET CATEGORIES	CURRENT YEAR BUDGET		YR. <input type="checkbox"/> 2 <input type="checkbox"/> 3 BUDGET REQUEST		STATE USE ONLY	
	Grant Funds	Other Funds	Grant Funds	Other Funds	Grant Funds	Other Funds
A. PERSONNEL COST						
Salaries / Wages						
Fringe Benefits						
Total						
B. CONSULTANT / PROFESSIONAL SERVICES COST						
Total						
C. OTHER COST CATEGORIES						
Office Expense & Related Cost						
Program Expense and Related Cost						
Staff Training & Education Cost						
Travel, Conferences & Meetings						
Equipment & Other Capital Expenditures						
Facility Cost						
Sub-Grants						
Total						
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.

Name of Certifying Representative	Title	Signature	Date
-----------------------------------	-------	-----------	------