

	RWHAP Part B Base Funds			
Ryan White Program Budget Categories	Admin	Quality Mgmt	Direct Services	Part B Base Subtotal
<b>Personnel</b>				
<b>Staff Person #1</b> (Last Name, First Initial.) X FTE, Salary \$XX,XXX. Position of each staff person. If they are not full FTE, then provide other funding source(s).	\$0	\$0	\$0	
<b>Staff Person #2</b>	\$0	\$0	\$0	
<b>Staff Person #3</b>	\$0	\$0	\$0	
<b>Staff Person #4</b>	\$0	\$0	\$0	
<b>Staff Person #5</b>	\$0	\$0	\$0	
<b>Staff Person #6</b>	\$0	\$0	\$0	
<b>Staff Person #7</b>	\$0	\$0	\$0	
<b>Staff Person #8</b>	\$0	\$0	\$0	
<b>Staff Person #9</b>	\$0	\$0	\$0	
<b>Staff Person #10</b>	\$0	\$0	\$0	
Please add additional staff persons, if needed. Please note to add additional lines before the final line of the category (i.e. Staff Person #10) to maintain the formula calculation.	\$0	\$0	\$0	
<b>Personnel Subtotal</b>	\$0	\$0	\$0	\$0
<b>Fringe Benefits</b>				
Total Fringe Benefit Amount:	\$0	\$0	\$0	
<b>Fringe Subtotal</b>	\$0	\$0	\$0	\$0
<b>Travel:</b> For in-state and out of state travel: transportation, lodging, per diem, name of conference, names of staff attending, etc. should be reported.				
<b>In-State:</b> Note staff who will be traveling and the purpose of their travel in this cell.	\$0	\$0	\$0	
<b>Out of State:</b> Note staff who will be traveling and the purpose of their travel in this cell.	\$0	\$0	\$0	
<b>Travel Subtotal</b>	\$0	\$0	\$0	\$0
<b>Equipment</b> a) Include equipment costs. b) Provide justification for equipment purchases (i.e., computers and furniture items) and their use to carry out the program goals.				
List equipment.	\$0	\$0	\$0	
<b>Equipment Subtotal</b>	\$0	\$0	\$0	\$0
<b>Supplies</b> Include items which will be used for completing the program goals. Separate office supplies from medical and educational purchases.				
List office supplies:	\$0	\$0	\$0	
List Medical supplies:	\$0	\$0	\$0	
<b>Supplies Subtotal</b>	\$0	\$0	\$0	\$0
<b>Contractual</b> List each consultant and contract that will be paid to perform tasks for the project outlined in the application.				
	\$0	\$0	\$0	
	\$0	\$0	\$0	
Other	\$0	\$0	\$0	
<b>Contractual Subtotal</b>	\$0	\$0	\$0	\$0
<b>Other</b> Include costs that do not fit in to any other category above (i.e. single audit fee, annual advertising and publication costs for solicitation of RFPs, etc.) and provide a clear explanation.				
Other #1	\$0	\$0	\$0	

Other #2	\$0	\$0	\$0	
Other #3	\$0	\$0	\$0	
Other #4	\$0	\$0	\$0	
Other #5	\$0	\$0	\$0	
Other #6	\$0	\$0	\$0	
Other #7	\$0	\$0	\$0	
Other #8	\$0	\$0	\$0	
Other #9	\$0	\$0	\$0	
Other #10	\$0	\$0	\$0	
Please add additional lines, if needed. Please note to add additional lines before the final line of the category (i.e. Other #10) to maintain the formula calculation.	\$0	\$0	\$0	
<b>Other Subtotal</b>	\$0	\$0	\$0	\$0
<b>Total Direct Charges</b>	\$0	\$0	\$0	\$0
<b>Indirect Charges</b>				
List the federal negotiated indirect rate, if applicable. <b>Note:</b> Indirect charges should be calculated using the indirect cost percentage.				
Insert indirect cost percent that will be applied to the grant in XX%. Ryan White Part B legislation only allows for 10% administrative cost.	0%	0%	0%	
<b>Total Indirect Charges</b>	\$0	\$0	\$0	\$0
<b>TOTALS</b>	\$0	\$0	\$0	\$0

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