***[APPLICANT ORGANIZATION]***

**Scope of Work and Budget Template**

*Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant*

*Supported in part by the American Rescue Plan Act, the* [*OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant*](https://www.cdc.gov/infrastructure/program-overview.html) *is a groundbreaking investment that supports critical public health infrastructure needs of jurisdictions across the United States. Funding from this grant will help ensure that every U.S. community has the people, services, and systems needed to promote and protect health. The grant creates a foundation for CDC’s public health infrastructure work and provides maximum flexibility so jurisdictions can address their most pressing needs.*

**Phase 1**

Timeline for Phase 1 Contract: [Insert Dates] (# month scope and budget)

**Phase 1: Scope of Work**

***Activities***

[Please list and describe activities that will be conducted. See Table 2 in the RFP for an overview of anticipated activities and deliverables]

***Deliverables Table***

|  |  |
| --- | --- |
| **Deliverable** | **Anticipated Completion Date** |
| *Deliverable #1* |  |
|  |  |

**Phase 1: Budget and Budget Narrative**

This narrative provides an item-by-item description of budget costs, ensuring the use of appropriate and cost-effective methods.

***Line-Item Budget***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff\*** | **Months** | **FTE %** | **Annual Salary** | **Total** |
| **Name**, Title |  |  |  | $\*\* |
|  |  |  |  | $\*\* |
|  |  |  |  | $\*\* |
| Total Personnel Costs | | | | $ |
| Fringe Benefits | | | | $ |
| Consultant Costs | | | | $ |
| Supplies | | | | $ |
| Equipment/Software | | | | $ |
| Travel | | | | $ |
| Other Costs | | | | $ |
| **Total Direct Costs** | | | | $ |
| Indirect Costs | | | | $ |
| **Total Costs** | | | | **$** |

\* *We recommend including program staff, subject matter experts, communications staff, evaluation staff, convenings staff, and others as needed. All staff included should be named, do not list TBD staff.*

*\*\** *To calculate total salary support, use this formula: (months/12)\*FTE%\* total salary= salary support*

**Direct Costs ($Total)**

*Description (this section should include subsections with details for personnel, fringe benefits, supplies, and all other relevant direct costs categories).*

**Personnel ($Total)**

*For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification (including areas of expertise covered) and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.*

**Fringe Benefits ($Total)**

*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.*

*Example:*

*Fringe benefits computed by an established rate.*

*Fringe Benefits Total $\_\_\_\_\_\_\_ 25% of Total salaries = Fringe Benefits*

*If fringe benefits are not calculated using a percentage of salaries, itemize how the amount is determined for each salary and wage being requested.*

**Consultant Costs ($Total)**

*Description (Include any individuals or organizations being hired or contracted to give professional advice or services (e.g., training, expert consultant, etc.) for a fee, who is not an employee of your organization). If you plan to work with non-English speaking populations, be sure to include translation and/or interpretation in your budget.*

**Supplies ($Total)**

*Description (Individually list each item requested and provide the following information: 1) specify the type of item; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives.)*

**Equipment/Software ($Total)**

*Description (defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of $5,000 or more per unit.)*

**Travel ($Total)**

*Description (provide a narrative justification detailing all information related to the travel expenses, including reason for travel, airfare, mileage, lodging, etc. Please complete the table below for all trips included in the budget.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Trip Title** | | | |
| **Brief Description:** | [Text here] | | |
| **Flight Cost** | **Travelers** | | **Flight Total** |
| $ | # | | $ |
| **Transport (ground)** | **Travelers** | | **Transport Total** |
| $ | # | | $ |
| **Per Diem (per day)** | **Travelers** | **Days** | **Per Diem Total** |
| $ | # | # | $ |
| **Lodging (per night)** | **Travelers** | **Nights** | **Lodging Total** |
| $ | # | # | $ |
| **Trip Total:** | | | **$** |
| **Total Cost Per Person:** | | | **$** |

**Other Costs ($Total)**

*Include occupancy fees (rent, utilities, security), telephone, equipment, lease/maintenance, other systems or supports calculations.*

**Indirect Costs ($Total)**

*Description with calculation.*

**Phase 1 Total Funding Requested: $Total**

**Phase 2**

Timeline for Phase 2 Contract: [Insert Dates] (# month scope and budget)

**Phase 2: Scope of Work**

***Activities***

[Please list and describe activities that will be conducted. See Table 2 in the RFP for an overview of anticipated activities and deliverables]

***Deliverables Table***

|  |  |
| --- | --- |
| **Deliverable** | **Anticipated Completion Date** |
| *Deliverable #1* |  |
|  |  |

**Phase 2: Budget and Budget Narrative**

This narrative provides an item-by-item description of budget costs, ensuring the use of appropriate and cost-effective methods.

***Line-Item Budget***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff\*** | **Months** | **FTE %** | **Annual Salary** | **Total** |
| **Name**, Title |  |  |  | $\*\* |
|  |  |  |  | $\*\* |
|  |  |  |  | $\*\* |
| Total Personnel Costs | | | | $ |
| Fringe Benefits | | | | $ |
| Consultant Costs | | | | $ |
| Supplies | | | | $ |
| Equipment/Software | | | | $ |
| Travel | | | | $ |
| Other Costs | | | | $ |
| **Total Direct Costs** | | | | $ |
| Indirect Costs | | | | $ |
| **Total Costs** | | | | **$** |

\* *We recommend including program staff, subject matter experts, communications staff, evaluation staff, convenings staff, and others as needed. All staff included should be named, do not list TBD staff.*

*\*\** *To calculate total salary support, use this formula: (months/12)\*FTE%\* total salary= salary support*

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|  |  |  |  |
| --- | --- | --- | --- |
| **Trip Title** | | | |
| **Brief Description:** | [Text here] | | |
| **Flight Cost** | **Travelers** | | **Flight Total** |
| $ | # | | $ |
| **Transport (ground)** | **Travelers** | | **Transport Total** |
| $ | # | | $ |
| **Per Diem (per day)** | **Travelers** | **Days** | **Per Diem Total** |
| $ | # | # | $ |
| **Lodging (per night)** | **Travelers** | **Nights** | **Lodging Total** |
| $ | # | # | $ |
| **Trip Total:** | | | **$** |
| **Total Cost Per Person:** | | | **$** |

**Other Costs ($Total)**

*Include occupancy fees (rent, utilities, security), telephone, equipment, lease/maintenance, other systems or supports calculations.*

**Indirect Costs ($Total)**

*Description with calculation.*

**Phase 2 Total Funding Requested: $Total**

**Total Funding Requested (Phase 1 & 2 Combined): $Total**