[Place organization logo here]

**Guam Behavioral Health and Wellness Center**

**Prevention Education and Community Empowerment (PEACE PFS)**

**HHS SAMHSA, PEACE PFS Sub-Grant**

**[insert name of organization]**

**Proposed Budget and Sustainability Plan**

**GBHWC RFP 03-2019**

**(Sample Template)**

Project Period: 09/30/2018 – 09/29/2023

Budget Period: 09/30/2018 – 09/29/2020

Incremental funding (restricted) Periods:

 09/30/2018 – 09/29/2019

09/30/2019 – 09/29/2020

Submitted by:

Organization’s Legal/Formal Name (signature & date)

Mailing Address Authorized Representative’s Name

City, Guam Title or Position

Tel: (671) xxx-xxxx

Fax: (671) xxx-xxxx

This is a sample template for the Budget and Sustainability Plan that is required to respond to GBHWC RFP 03-2019: PEACE Partnerships for Success Sub-Grants

* Use the attached sheets that follow to respond to the three required sections for the proposed Strategic Action Plan
	1. PROPOSED BUDGET, JUSTIFICATION AND FORECAST
	2. SUSTAINABILITY PLAN
* This document will be available in Word format at <http://gbhwc.guam.gov/rfps-ifbs> as “PEACE PFS Proposed Budget Template\_2019.06.18.docx”
* Be sure to submit all pages of this document as part of your budget envelope with each page signed and dated.
* Insert one (1) original and three (3) sets of copies in a sealed envelope, separate from the proposal.
* On the envelope, write:
	+ Request for Proposal Number: GBHWC RFP 03-2019
	+ Budget PROPOSAL
	+ Proposer Name
	+ Proposer Address
	+ Time and date of submission

**A. PROPOSED BUDGET, JUSTIFICATION AND FORECAST**

1. **Provide a proposed budget for the budget period of the subaward.**

*Use the table that follows for your budget proposal. The budget items listed below are only examples of what can be considered for inclusion in the budget. Develop a budget specific to the your proposal. Note: Review and abide by the budget restrictions detailed in the RFP.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Rate** | **Up to 09/29/2019** | **09/30/2019 – 09/29/2020** |
| 1. **Personnel**
 |  |  |  |
| *title, name, number of work hours per week* | $ annually or hourly rate $ x hours/week x weeks | $ | $ |
| *title, name, number of work hours per week* | $ annually or hourly rate $ x hours/week x weeks | $ | $ |
| **Subtotal Personnel** | **$** | **$** |
| 1. **Benefits**
 |  |  |  |
| *FICA*  | Rate or cost | $ | $ |
| *Other* | Rate or cost | $ | $ |
| **Subtotal Benefits** | **$** | **$** |
| 1. **Travel**
 |  |  |  |
| *Location, name of event to be attended, dates, number of travelers* | Airfare, lodging and/or per diem + cost of fees x number of travelers | $ | $ |
| *Ground transportation and fuel costs* | Unit costs x quantity | $ | $ |
| **Subtotal Travel** | **$** | **$** |
| 1. **Supplies, Equipment and Other**
 |  |  |  |
| *General office supplies* | Monthly rate x months | $ | $ |
| *Equipment* | Unit costs x quantity | $ | $ |
| *Supplies and resources for meetings* | Monthly rate x months | $ | $ |
| *Allowed incentives* | Unit costs x quantity | $ | $ |
| **Subtotal Travel** | **$** | **$** |
| 1. **Contractual**
 |  |  |  |
| *Training/Event name, number of days, dates, location, number of participants* | Cost per individuals x number of individuals x days | $ | $ |
| *Development of resources* | Unit costs x quantity | $ | $ |
| **Subtotal Contractual** | **$** | **$** |
| **TOTAL PROPOSED BUDGET PER YEAR** | **$** | **$** |

1. **Provide justification for proposed items under the budget categories listed above.**
	1. **Personnel**
		* Describe the role, responsibilities and hours to be worked for each position.
		* Provide the name, position title, responsibilities and number of hours of staff that will work on the project but paid from different funding sources, if any.
		* Identify which line items are classified as “administrative costs not directly related to the program implementation” and “data collection and evaluation activities”
	2. **Benefits**
		* Describe and justify the fringe benefits requested
		* Identify which line items are classified as “administrative costs not directly related to the program implementation” and “data collection and evaluation activities”
	3. **Travel**
		* Describe and justify travel funds requested
		* Identify which line items are classified as “administrative costs not directly related to the program implementation” and “data collection and evaluation activities”
	4. **Supplies, Equipment and Other**
		* Describe and justify supplies, equipment and other budget items requested
		* Identify which line items are classified as “administrative costs not directly related to the program implementation” and “data collection and evaluation activities”
	5. **Contractual**
		* Describe what each contractual budget items will accomplish and how it relates to the overall project
		* Identify which line items are classified as “administrative costs not directly related to the program implementation” and “data collection and evaluation activities”
2. **Provide a simple budget forecast for each category should conditional renewals be granted.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **09/30/2020 – 09/29/2021** | **09/30/2021 – 09/29/2022** | **09/30/2022 – 09/29/2023** |
| 1. **Personnel**
 | $ | $ | $ |
| 1. **Benefits**
 | $ | $ | $ |
| 1. **Travel**
 | $ | $ | $ |
| 1. **Supplies, Equipment and Other**
 | $ | $ | $ |
| 1. **Contractual**
 | $ | $ | $ |
| **TOTAL PROPOSED BUDGET** **PER RENEWALYEAR** | **$** | **$** | **$** |

**B. SUSTAINABILITY PLAN**

1. **Describe how your organization plans to sustain the proposed programs, should renewals not be granted in FYs 2021 – 2023, and beyond FY 2023.**