[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 12-2019**

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

Budget Period: 09/30/2019 – 09/29/2020

Submitted by:

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

Mailing Address Authorized Representative’s Name date

City, Guam Title or Position

Tel: (671) xxx-xxxx

Fax: (671) xxx-xxxx

This template for the **Budget and Sustainability Plan** must be included as part of the proposed response to **GBHWC RFP 12-2019**: PEACE Partnerships for Success Sub-Grants, Middle School Classification

* This template includes two required sections for the proposed Strategic Action Plan
	1. PROPOSED BUDGET, JUSTIFICATION AND FORECAST
	2. SUSTAINABILITY PLAN
	3. SIGNATURE PAGE
* This document will be available in Word format at <http://gbhwc.guam.gov/rfps-ifbs> as “RFP 12-2019\_PEACE PFS Proposed Budget Template\_MS Classification.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 (4) sets of copies in a sealed envelope, separate from the proposal. On the envelope, write:

Request for Proposal Number: GBHWC RFP 12-2019

BUDGET PROPOSAL

Offeror Name

Offeror Address

Time and date of submission

* Use the checklist in Appendix 3 to ensure your organization’s proposed Budget and Sustainability Plan is answered adequately

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

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

*Use this table for your budget proposal. The budget items listed here are only examples of what can be considered for inclusion in the budget. Develop a budget specific to your proposal.*

*Note: Review and abide by the budget restrictions detailed in the RFP. Include in-kind services, if any.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Rate** | **9/30/2019[[1]](#footnote-1)- 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**
 |  |  |
| *Insurance* | 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 registration 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** | **$** |
| **TOTAL PROPOSED BUDGET PER YEAR** | **$** |

**2. 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 benefits requested
		+ Note that all items in this category are classified as “administrative costs not directly related to the program implementation”
	3. **Travel**
		+ Describe and justify travel funds requested
		+ Identify which line items are classified as “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 “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 “data collection and evaluation activities”
1. **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 RENEWALYEARS** | **$** | **$** | **$** |

**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.**

**C. SIGNATURE PAGE**

**Proposed Budget and Sustainability Plan**

**GBHWC RFP 12-2019**

PROPOSED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative’s Name Date

Title or Position

Organization

1. Although 9/30/2019 is used with RFP 12-2019, the contract award is considered effective on the date of the Governor’s signature, pro-rated until 9/29/2020. [↑](#footnote-ref-1)