



HFNJ GRANTEE and APPLICATION TOOLKIT

TOOLKIT: GRANT APPLICATION BUDGET FORM

OVERVIEW

This toolkit provides basic information on the different parts of the Grant Application Budget Form; tips for filling out your form; and a sample form you can review. Your budget is a key part of your proposal. In it, you will outline all sources of funding that you intend to apply toward your project and how specifically the funding you are requesting from The Healthcare Foundation of New Jersey (HFNJ) will be spent.

I) Accessing the Grant Application Budget Form

You will create your budget on our form template. Download a blank version of the form by [clicking here](#).

II) The Sections of the Budget Form

The Excel spreadsheet contains two main sections: **INCOME** and **EXPENSES**.



In the **INCOME** section, located up top, is the area in which you list all the sources of proposed funding for your project. The **TOTALS COLUMN** reflects the total costs and sources for the proposed project (not the total budget of your agency). The **INCOME** section may include:

- > **Agency Resources** – The amount your organization will allocate to the project. Indicate if the money will come from your organization’s operating budget, or if it will be dedicated from sources like a future fundraising event.
- > **Reimbursements and Fees** – If your project budget will be partially covered by reimbursement from insurers (Medicaid, private insurance, etc.); client fees; or tuition, add those sources in this section under the left-hand “Total” column.
- > **Other Grants** – The amount that will be funded by other entities, such as grants from other foundations or government sources either committed or expected. You should indicate the status of each by adding either (requested) or (granted).
- > **HFNJ Request** – The amount you are requesting HFNJ to fund.



The **EXPENSES** section details project spending against project income, the **EXPENSES** section includes:

- > **Personnel** – In the Total column, list all staff salaries that figure into the project including those that would be covered with the HFNJ grant. List staff positions by title. Next to each, indicate in parentheses how much of their time (and thus, how much of their salary) the funds you are seeking from HFNJ.
For example, if the individual will be working solely on this project, you would add (1.0 FTE) next to their name (FTE = “full time equivalent”). If they will be spending a quarter of their time on the project, add (0.25 FTE).
- > **Capital** – Capital expenses are any major or equipment purchases necessary for the project. This can include renovation or new construction, medical equipment; trucks or vans; computer equipment; etc.
- > **Administrative/Indirect** – List any office or administrative expenses related to running the project. You can use a percent related to the operation or detail specific costs. HFNJ will consider a reasonable amount of overhead. Please feel free to consult with an HFNJ staff member for what is considered an appropriate amount.
- > **Program and related** – Other specific costs needed to run your program.

The key to filling out the **EXPENSES** section is demonstrating your allocation of the proposed program costs across the sources of funding. For each expense line item on the left-hand column, show in the right-hand columns how much of that you will fund from the HFNJ grant; how much you will fund through your agency's resources; etc.



- > You only need to fill out the sections that are relevant to your specific project. For instance, your project's budget does not necessarily have to present multiple sources of income – the only field that is required to submit an application for HFNJ funding is the “HFNJ Request” column.
- > Balance is key. The **total income must equal total expenses** for the project.
- > Remember to fill in the top section, including your organization's name, the project title, and the dates the budget will cover. When fixing the dates of your project, please consider the lead time you will need before your project is approved and funded. HFNJ's review process typically takes 3-4 months between the time your proposal is submitted and the time your project will be approved by our board.
- > Numbers only tell part of the story, so there is a section elsewhere in the application for a “Budget Narrative.” That is your opportunity to add more information and more nuance about the budget spreadsheet you are submitting. In the Budget Narrative you can explain any aspects of the budget that will be important for us to know when evaluating your proposal.

Sample Budget Explanation: The sample budget below is for a mobile outreach project, in which the agency staff will utilize a van to provide social service assistance and distribute iPads to clients for telehealth. The total project budget is \$200,000.

In the **INCOME** section, the request to HFNJ is for \$100,000; the agency has received \$50,000 in support from another foundation; and they will apply \$50,000 in unrestricted agency funds to the project.

In the **EXPENSES** section, the applicant details how the funds from each of the income sources will be spent. The applicant will use their own resources and the other foundation grant to fund staff salaries. They will apply the award from HFNJ to fund the purchase of the van, iPads, and direct project costs. The agency intends to attribute 10% of the grant for its agency overhead and related indirect costs.

Healthcare Foundation of New Jersey Grant Application Budget Form

The purpose of this Budget Form is to provide HFNJ with complete information about your program/project's projected expenses.

- > **Organization Name:** XYZ Sample Community Corporation
- > **Project/Program Name:** Better Healthcare Initiative
- > **This budget covers the period:** July 1, 2023 to June 30, 2024

PROJECT INCOME	Total	Agency Resources	HFNJ Request	Other Grants
Agency/Project Resources (List Fundraising, etc.) General Fundraising (Individuals)	50,000			
Reimbursements and Fees				
Grants HFNJ (Requested) Good Grants Foundation (Granted)	100,000 50,000			
Total Income	\$ 200,000			
PROJECT EXPENSES	Total	Agency Resources	HFNJ Request	Other Grants
Personnel				
Salaries (List) Social Worker, LCSW (0.5 FTE) Exec. Director (0.25 FTE) Fringe (11%)	60,000 20,000 20,000	40,000		20,000 20,000 10,000
Total Personnel	\$ 100,000	\$ 50,000	\$ -	\$ 50,000
Capital				
Capital Expenses (List) iPads (40) Mobile Outreach Van	40,000 30,000		40,000 30,000	
Total Capital Expenses	\$ 70,000	\$ -	\$ 70,000	\$ -
Administrative (Indirect)				
Office Expenses (List) General Operating Support/Overhead (10%)	20,000		20,000	
Total Office Expenses	\$ 20,000	\$ -	\$ 20,000	\$ -
Program and Related (Direct)				
Program Costs (List) Gas, Parking, Tolls	10,000		10,000	
Total Program Costs	\$ 10,000	\$ -	\$ 10,000	\$ -
Total Expenses	\$ 200,000	\$ 50,000	\$ 100,000	\$ 50,000