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| 2024 Urban Health Institute Baltimore Health Equity Impact Grants Program For Community-Based Research and Program Development |
| PROJECT NAME:  |
| BUDGET FOR THE INITIAL BUDGET PERIOD (DIRECT COSTS ONLY) | STARTING DATE | END DATE |
| PERSONNEL (Applicant organization only) | FTE/MonthsDevoted to Project | INST BASE SALARY | DOLLAR AMOUNT REQUESTED (OMIT CENTS) |
| NAME | ROLE ON PROJECT | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
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|  SUBTOTALS  |  |  |  |  |
| CONSULTANT COSTS |  |
| EQUIPMENT (Itemize) |  |
| SUPPLIES (Itemize by category) |  |
| TRAVEL |  |
| OTHER EXPENSES (Itemize by category) INDIRECT COSTS ARE NOT PERMITTED |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | $ |

Financial Terms and Conditions

Please complete and have your departmental financial representative review, approve, and sign.

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The proposed project is for **[#] months** continuous budget (up to 12 months): **[Start Date] – [End Date]**.

Requested budget **$** . Amount allocated to support the expenses of the CBO: **$** .

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**General Terms and Conditions**

Johns Hopkins faculty/student must be employed/enrolled for the duration of the grant period and primarily located in Baltimore. The community partner must remain engaged for the duration of the project and must be involved in the preparation and submission of the interim and final reports.

**Payroll and Timesheets**

New-hire faculty and/or staff are not permitted on the UHI grant projects. Student funding will require the submission of timesheets rather than lump sum payments. Faculty and staff funding is to be used as salary support, not supplemental payments.

**Financial Guidelines:**

The UHI will transfer **funds** for the project to the Johns Hopkins partner’s home department for administration and oversight. At least 50% of the budget must be used to support the expenses of the community-based organization. Any unused funds must be returned to the UHI.

The UHI acknowledges that there are systemic difficulties within JHU related to paying the community. We encourage both project partners and both financial representatives to review the acknowledgment in the Request for Proposals and to use the following documents as a guide for the financial administration of the grant: ‘Best practices and helpful tips for timely payment of community partners’ and ‘Procedures for paying community members and community organizations’.

* Funds will be transferred in two installments.
	+ The first installment of 50% will be submitted when the signed grants’ terms and conditions are returned to the UHI and IRB approval is obtained if required. Please note that funds will not be released until the UHI has received a copy of the required IRB approval.
	+ The second installment will be transferred upon review of the interim report and if satisfactory progress is being made. If the project is behind schedule, the second installment may be delayed.
	+ Please note: facilities and administrative fees are not allowable.
	+ Project partners will notify the UHI of any supplemental funding or new grants that are supporting this project.
* Funds administration and oversight by the Johns Hopkins partner’s home department includes but is not limited to further disbursement of the funds to Johns Hopkins faculty/student and the Community partner: processing payroll, assisting Community partner with being set up as a vendor, invoice payments, reimbursements, ordering and tracking incentives/gift cards for the study participants, etc.
* Requests for a one-time **no-cost extension** will be considered on a case-by-case basis. A no-cost extension may be requested one time for a maximum of 12 months. Please use the provided template and send the request to **UHIgrants@jh.edu**. To obtain a no-cost extension, you must be making satisfactory progress on the project and submit a detailed explanation of the rationale for the extension and any budgetary implications.
* **Re-budgeting** requests must be made in writing to **UHIgrants@jh.edu**. Please explain the rationale and send a revised budget identifying the re-budgeted line items.

Department Financial Representative Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Financial Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_