A letter with blue text

Description automatically generated

[**FORM 4 – APPLICANT'S BUDGET**](#TOC)

**(SOAR DETAILED BUDGET AND SERVICE DESCRIPTION)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Soar Non-Training Costs** | **Funds Requested Under This RFA** | **Other Supporting Funds to Assist This SOAR Project** | **Grand Total of Funds for This SOAR Project** |
| Personnel – Wages |  |  |  |
| Personnel – Benefits |  |  |  |
| Participant Services |  |  |  |
| Office (e.g., space, phone, supplies, internet, printing) |  |  |  |
| Travel |  |  |  |
| Contract Services |  |  |  |
| Indirect Costs – Select approved rate, enter percentage % and the effective dates of the approved rate.  ☐ DHHS-Approved Rate:  Effective Date:  ☐ Federally Approved Rate:  Effective Date:  ☐ De minims rate: 15% |  |  |  |
| TOTAL SOAR Non-Training Costs |  |  |  |
|  |  |  |  |
| **SOAR Training Costs** | **Funds Requested Under This RFA** | **Other Supporting Funds to Assist This SOAR Project** | **Grand Total of Funds for This SOAR Project** |
| Personnel – Wages |  |  |  |
| Personnel – Benefits |  |  |  |
| Travel |  |  |  |
| Contract Services |  |  |  |
| Indirect Costs – Select approved rate, enter percentage % and the effective dates of the approved rate.  ☐ DHHS-Approved Rate:  Effective Date:  ☐ Federally Approved Rate:  Effective Date:  ☐ De minims rate: 15% |  |  |  |
| TOTAL SOAR Training Costs |  |  |  |
|  |  |  |  |
| TOTAL SOAR Budget |  |  |  |

**Instructions:** Provide a narrative description of the SOAR services to be provided, the plan to meet the national

standard, a description of line-item costs being proposed, and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts and a brief description of other funds utilized to support the SOAR program. If there are anticipated “other funds” to support the work of SOAR, indicate the source of funding in the narrative. If “other funds” is blank or has a zero, provide details as to why no other funding is sought or anticipated to be received.

If the Applicant plans to charge indirect costs other than through a cost allocation plan, the Applicant must select whether the costs will be charged to an approved rate or a *de minimis* rate. Additionally, Applicants must provide one of the following along with the budget: 1) A current federally approved indirect cost rate agreement; 2) A currently approved indirect cost rate agreement with DHHS; or, 3) A calculation of de minimis indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating de minimis indirect costs upon request.