

# MeHAF Budget Guidance

Below you will find the MeHAF Budget Form and the Accessibility Expense Worksheet, with each section broken down to assist you in filling out the program budget. If you have questions or would like guidance specific to your proposed project, reach out to the program's designated Program Officer.

## Annual Budget Form

**MEHAF**  
MAINE HEALTH ACCESS FOUNDATION

Grant Program:  
Organization:  
Project Title:  
Grant Period:  
Report Period:

**Applicant Information:** Fill in the grant program name, your organization name, project title, grant period, and report period (when applicable).

**Income:** This section of the budget should reflect all of the resources that will be allocated to your project from all sources.

**Details/Rationale :** Briefly explain your reasoning for each line item listed in the budget.

**Report/Explain Difference:** Briefly explain your reasoning for any differences from the original budget.

Grant Project Budget Request & Budget Report Form						
Fill in this side of the form at the time of your budget request				Fill in this side of the form at the time of your annual or final report		
BUDGET REQUEST			BUDGET REPORT			
Category	Proposed	Details/Rationale	Actual	Difference	Report/Explain Difference	
<b>INCOME</b>						
MeHAF grant	\$ -		\$ -	\$ -		
MeHAF carry-over (if applicable)			\$ -	\$ -		
Other: (specify; e.g., In-Kind)	\$ -		\$ -	\$ -		
Other: (specify; e.g., other grants)	\$ -		\$ -	\$ -		
Other: (specify)	\$ -		\$ -	\$ -		
<b>TOTAL INCOME</b>	\$ -		\$ -	\$ -		

**MeHAF Grant:** May not exceed the maximum annual grant amount specified in the RFP

**Total Income:** The row will auto-populate with the sum of all income supporting the project from each of the various sources, showing the totals in the respective columns.

Annual Budget Form, continued

**Direct (Program) Expenses:** These are expenses that are specific to the work you will do to complete this project. Use the line items listed to detail your expected expenses by category, inserting any additional categories you may need as line items under "other."

EXPENSES					
<b>Direct (Program) Expenses</b>					
Wages & Salaries	\$	-	\$	-	\$
Payroll Taxes & Fringe	\$	-	\$	-	\$
Consultants	\$	-	\$	-	\$
Organizational Partners	\$	-	\$	-	\$
Community Members	\$	-	\$	-	\$
Meetings	\$	-	\$	-	\$
Office Supplies & Equipment	\$	-	\$	-	\$
Project Materials	\$	-	\$	-	\$
Postage & Courier	\$	-	\$	-	\$
Printing & Copying	\$	-	\$	-	\$
Rent & Utilities	\$	-	\$	-	\$
Telephone & Technology	\$	-	\$	-	\$
Travel	\$	-	\$	-	\$
Other: (specify)	\$	-	\$	-	\$
Other: (specify)	\$	-	\$	-	\$
Other: (specify)	\$	-	\$	-	\$
<b>Sub-total Direct Expenses</b>	\$	-	\$	-	\$
<b>Indirect (general and administrative) Expenses*</b>	\$	-	\$	-	\$
<b>TOTAL EXPENSES</b>	\$	-	\$	-	\$

\*A maximum of 20% of the MeHAF grant award.

**Indirect (Organizational) Expenses:** "Indirect costs" are those which are incurred by an organization in the execution of its activities but which cannot be readily identified with a particular activity. Examples include general overhead costs, such as bank, payroll processing, and audit fees; liability insurance; office equipment purchase or maintenance not directly related to the project; and salaries and benefits of executive or administrative personnel who are not directly engaged in the project. See MeHAF's Indirect Costs Policy for additional detail.

**Total Expenses:** Amounts on this row must equal the income amounts shown in the top section of the budget form.

# Accessibility Expense Worksheet

**Accessibility Expenses:** Accessibility Expenses focus on two main goals: supporting language justice, and reducing disproportionate barriers community members and leaders face that limit their ability to inform or lead a project. Under this policy, grantees whose community members face such barriers may request additional funds to cover the extra costs associated with addressing them. See MeHAF's Accessibility Expense policy for additional details.

**Report/Explain Difference:** A few words providing any clarification on any changes between the proposed and actual expense. Actuals may not exceed approved amounts without express agreement from MeHAF.

Accessibility Funds Worksheet** & Expense Report***					
SPECIFY COMMUNITY & BARRIERS					
<i>Instructions - Applicants that intend to request reimbursement for additional funds they require to make informing and/or leading projects accessible for all must include a brief description of the specific community, and the disproportionate barrier(s) they encounter. Add how the barrier(s) will be addressed in the Details/Explanation section under Accessibility Expenses.</i>					
Brief Description:					
EQUITABLE ACCESSIBILITY					
<i>Fill in this side of the form at the time of your budget request</i>			<i>Fill in this side of the form at the time of your annual or final report</i>		
ANTICIPATED EXPENSE			ACTUAL EXPENSE		
Category	Proposed	Details/Rationale	Actual	Difference	Report/Explain Difference
Translation	\$ -		\$ -	\$ -	
Interpretation	\$ -		\$ -	\$ -	
Physical accessibility accommodations	\$ -		\$ -	\$ -	
Transportation	\$ -		\$ -	\$ -	
Dependent Care (child or adult)	\$ -		\$ -	\$ -	
<b>TOTAL EXPENSES</b>	\$ -		\$ -	\$ -	
<i>**Required only if you plan to use funds explicitly for equitable access to lead and/or inform the project.</i>					
<i>***Once proposed amounts are approved, qualified reimbursements (actual) may not exceed approved amounts. Submit supporting documentation with your reimbursement request.</i>					

**Details/Rationale :** A few words providing any clarification for items listed on the worksheet.