

Instructions for Community Capacity Grant Budget Template

General Instructions

HRSN providers (including prospective providers) should use this budget template when applying for Community Capacity Grant funding. All budgets should align with narrative responses provided in their corresponding applications and describe itemized activities for which the applicant is requesting Community Capacity Grant funding.

When inputting information, applicants should **not** modify cells within the template that are colored or highlighted gray. Please reach out to the QI Health Plans for technical assistance, as needed.

Section A: Contact Information

Use Section A to input contact information for your organization. Contact information provided on the budget request should align with information provided on your associated application.

Section B: Budget Request Summary

Section B provides a summary of amounts requested by budget category each year and overall. This section is formula-based and updated automatically. **Do not manually update.**

Section C: Detailed Budget Request

Use Section C to input itemized activities for which you are requesting funding, the amounts requested, and narrative explanations of how funding will be used within each budget category. All expenses listed on this budget should be distinct from one another, **MUST** describe allowable funding uses, and cannot describe any prohibited uses. Columns I-L should be used to indicate which allowable funding use domain each request is associated with: (1) Business and Operational Practices, (2) Technology Investments, (3) Workforce Development, and/or (4) Education and Outreach.

Budget Category / Row

Instruction / Description

(1) Program Participation Assessment

List program participation assessment activities	List activities associated with assessing the feasibility of program participation and/or evaluating the costs and benefits of program implementation. This may include staff time, subcontractor time, or other costs associated with, for example, organizational gap analyses, contract review or development, legal review, and financial impact analysis.
Amount (\$)	List the amount requested for each activity. Note: Applicants not yet enrolled in the HOKU system are only eligible to receive a one-time payment of up to \$50,000 in funding associated with activities in this budget category.
Funding Use Domains (Columns I-L)	Indicate the allowable funding use domain associated with each line item. Check 'Business and Operational Practices' for each item in this budget category.
Total Program Participation Assessment	This section is formula-based and updates automatically. Do not manually enter information.
Narrative for Program Participation Assessment	Provide narrative explanation of how funding will be used in this budget category and how activities will support program participation assessment.
(2) Staff Time	
Position Title	List staff positions with time dedicated to HRSN implementation activities for which you are requesting funding.
Estimated Current Total Compensation	List the estimated current total compensation (base salary + fringe benefits) for each listed position.
Estimated % of time dedicated to HRSN implementation activities.	List the estimated percentage (%) of time dedicated to HRSN implementation activities for each listed position.
Amount (\$) Per Year (Columns F-H)	List the amounts requested to fund the position's staff time each year. Applicants should make a reasonable, good faith effort to align funding requests with anticipated staff time devoted to HRSN program activities.

<i>Funding Use Domains (Columns I-L):</i>	Indicate the allowable funding use domain associated with each line item. For example, check 'Education and Outreach' for an education coordinator role.
<i>Total Staff Time Per Year</i>	This section is formula-based and updates automatically. Do not manually enter information.
<i>Narrative for Staff Time</i>	Provide narrative explanation of how the positions listed will support HRSN program implementation activities.
(3) Consulting and Other Professional Services	
<i>List payments for consulting and other professional services</i>	List expenses associated with any contracted support for HRSN implementation within the allowable funding domains. For example, administrative support (billing support, revenue cycle management, data entry, etc.), subject matter expert support, strategy consultants, wraparound services for technology or program implementation.
<i>Amount (\$) Per Year (Columns F-H)</i>	List the amount requested for each activity.
<i>Funding Use Domains (Columns I-L)</i>	Indicate the allowable funding use domain associated with each line item. For example, check 'Technology Investments' for technology implementation support.
<i>Total Consulting and Other Professional Services Per Year</i>	This section is formula-based and updates automatically. Do not manually enter information.
<i>Narrative for Consulting and Other Professional Expenses</i>	Provide narrative explanation of how the procured services will support your organization's HRSN program implementation activities.
(4) Technology Systems	
<i>List technology system expenses</i>	List costs associated with procurement or modification of a system, platform, or tool or licensing or subscription fees for software platforms needed to support HRSN program activities (e.g., systems or technology to support HRSN billing, claims submission, referral tracking, etc.).
<i>Amount (\$) Per Year (Columns F-H)</i>	List the amount requested for each activity.

<i>Funding Use Domains (Columns I-L)</i>	Indicate the allowable funding use domain associated with each line item. Check 'Technology Investments' for each item in this budget category.
<i>Total Technology Systems Per Year</i>	This section is formula-based and updates automatically. Do not manually enter information.
<i>Narrative for Technology Systems</i>	Provide a narrative explanation of how the proposed technology systems will support your organization's HRSN program implementation activities.
(5) Equipment and Supplies	
<i>List equipment and supplies.</i>	List costs of equipment and supplies. This includes anticipated costs for all physical equipment and supplies needed for HRSN service delivery (e.g., computers, tablets, office chairs, desks, etc.).
<i>Amount (\$) Per Year (Columns F-H)</i>	List the amount requested for each activity.
<i>Funding Use Domains (Columns I-L)</i>	Indicate the allowable funding use domains associated with each line item. For example, check 'Technology Investments' if purchasing computers.
<i>Total Equipment and Supplies Per Year</i>	This section is formula-based and updates automatically. Do not manually enter information.
<i>Narrative for Equipment and Supplies</i>	Provide narrative explanation of why the equipment and supplies are necessary and how they will be used for your organization's HRSN program implementation activities.
(6) Other	
<i>List other allowable expenses</i>	List any other allowable expenses not captured in the above categories (e.g., required or optional training/certification fees, fees associated with attending conferences or convenings, overhead costs for education and outreach activities)
<i>Amount (\$) Per Year (Columns F-H)</i>	List the amount requested for each activity.
<i>Funding Use Domains (Columns I-L)</i>	Indicate the allowable funding use domain associated with each line item. For example, check 'Workforce Development' if listing certification fees.

<i>Total Other Per Year</i>	This section is formula-based and updates automatically. Do not manually enter information.
<i>Narrative for Other</i>	Provide narrative explanation of how the described activities will support your organization's HRSN program implementation activities.
(7) Totals	This section is formula-based and updates automatically. Do not manually enter information. Auto-populated from Budget Categories (1) through (6).

APPENDIX B - COMMUNITY CAPACITY GRANT BUDGET EXAMPLE

INSTRUCTIONS (PLEASE READ):

This budget template is intended for HRSN providers (including prospective providers) applying for Community Capacity Grant funding. All budgets should align with narrative responses provided in their corresponding applications and describe itemized activities for which the applicant is requesting Community Capacity Grant funding.

All expenses listed on this budget should be distinct from one another. Activities described **MUST** align with allowable funding uses—please refer to the Application for the guidance on allowable and prohibited uses.

Section A: Contact Information	Legal Name of Applicant Organization <i>(name used for tax ID)</i>	John Doe Center				
	DBA (Doing Business As) Organization Name: <i>(if different from legal name)</i>	N/A				
	MQD Provider ID <i>(if applicable)</i>	N/A				
	Point of Contact Name:	John Doe				
	Point of Contact Title:	Executive Director				
	Point of Contact Email Address:	JohnDoe@JDCenter.org				
	Point of Contact Phone Number:	111-111-1111				
	Organization Mailing Address: <i>(must be a Hawaii address)</i>	123 Main Street, Honolulu, HI 96812				
Section B: Budget Request Summary <i>(This section will update automatically, do not manually update)</i>						
Budget Category		Total by Year			Aggregate Total	
		CY27	CY28	CY29		
(1) Program Participation Assessment		\$ 20,000.00	N/A	N/A	\$ 20,000.00	
(2) Staff Time		\$ 110,000.00	\$ 113,000.00	\$ 50,000.00	\$ 273,000.00	
(3) Consulting and Other Professional Services		\$ 45,000.00	\$ 20,000.00	\$ 20,000.00	\$ 85,000.00	
(4) Technology Systems		\$ 75,080.00	\$ 80.00	\$ 80.00	\$ 75,240.00	
(5) Equipment and Supplies		\$ 5,100.00	\$ 1,300.00	\$ -	\$ 6,400.00	
(6) Other		\$ 1,000.00	\$ 500.00	\$ -	\$ 1,500.00	
Total		\$ 256,180.00	\$ 134,880.00	\$ 70,080.00	\$ 461,140.00	
Section C: Detailed Budget Request						
Budget Category	Requested Funding Uses and Amounts				Total	
(1) Program Participation Assessment	List program participation assessment activities. This includes activities associated with assessing the feasibility of program participation and/or evaluating the costs and benefits of program implementation. This may include staff time, subcontractor time, or other costs associated with, for example, organizational gap			All expenditures in this budget category apply to the <u>Business and Operational Practices</u> funding domain.		

	analyses, contract review or development, legal review, and financial impact analysis.			Amount (\$)			Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach	\$ 20,000.00	
	NOTE: Applicants not yet enrolled in the HOKU system as an eligible HRSN provider type are <u>only</u> eligible to receive a one-time payment of up to \$50,000 in funding associated with activities in this budget category. Applicants who are not yet enrolled in the HOKU system may also list expenses in budget categories 2-6 but will not receive funding for those activities until enrolled in the HOKU system. Items listed in this budget category should not be listed in any other budget category.											
	Financial feasibility analysis (incl. staff time and subcontract support)			\$	20,000.00	☒						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
				\$	-	☐						
	TOTAL PROGRAM PARTICIPATION ASSESSMENT			\$	20,000.00							
Narrative for Program Participation Assessment <i>(add additional sheet for narrative if needed)</i>		Our organization would like support for a one time financial feasibility analysis to evaluate the anticipated costs, reimbursement, cash flow, and long term sustainability of HRSN program participation, including limited staff time for ~3-4 staff and subcontracted support for financial modeling to inform decisions. Estimated cost for staff time and subcontract support will be \$20,000.										
(2) Staff Time		List positions with time dedicated to HRSN implementation activities, their estimated current total compensation, estimated % of time dedicated to HRSN implementation activities, and amounts requested to fund the position's staff time each year.			Amount (\$) Per Year			Indicate applicable allowable funding use domain(s) for each line item (check all that apply):				
		NOTE: Community Capacity Grant funds may not be used to support staff time spent on general organizational activities unrelated to the development or implementation of HRSN programs. Applicants should make a reasonable, good faith effort to align funding requests with anticipated staff time devoted to HRSN program activities. For example, if an individual is expected to spend approximately 50% of their role on HRSN program development and implementation, applicants should request Community Capacity Grant funding to support approximately 50% of the individual's compensation.										
Position Title		Estimated Current Total Compensation <i>(Annual base salary and any fringe benefits)</i>	Estimated % of time dedicated to HRSN implementation activities	CY27	CY28	CY29	Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach		

	Community Outreach Coordinator	\$ 60,000.00	100.00%	\$ 60,000.00	\$ 60,000.00	\$ 30,000.00	☐	☐	☐	☒
	Program Manager	\$ 65,000.00	75.00%	\$ 50,000.00	\$ 53,000.00	\$ 20,000.00	☒	☐	☒	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
	TOTAL SALARY PER YEAR				\$ 110,000.00	\$ 113,000.00	\$ 50,000.00			
Narrative for Staff Time <i>(add additional sheet for narrative if needed)</i>		The Program Manager will oversee operations, track finances, and monitor service utilization for HRSN implementation. This role will be 75% on HRSN activities, with time ramping down in CY29. The Community Outreach Coordinator will create information for community engagement, coordinate, attend meetings, distribute information to partner organizations and the community. Their entire role will be dedicated to HRSN support until CY29, wherein priorities will shift to other key priorities for the organization.								
\$ 273,000.00										
(3) Consulting and Other Professional Services	List payments for consulting or other professional services. This includes any contracted support for HRSN implementation within the allowable funding domains. For example, administrative support (billing support, revenue cycle management, data entry, etc.), subject matter expert support, strategy consultants, wraparound services for technology or program implementation. NOTE: No more than 50% of the total funding request may be allotted to this budget category. It is the responsibility of the applicant to ensure that all funded activities fall within the allowable uses and are in compliance with grant requirements (e.g., non-duplicative funding).			Amount (\$) Per Year			Indicate applicable allowable funding use domain(s) for each line item (check all that apply):			
				CY27	CY28	CY29	Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach
	Accounting Services (XYZ Accountants, LLC)			\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	☒	☐	☐	☐
	Revenue Billing System Implementation Services (Billing Technology, Inc.)			\$ 25,000.00	\$ -	\$ -	☐	☒	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
				\$ -	\$ -	\$ -	☐	☐	☐	☐
	TOTAL CONSULTING AND OTHER PROFESSIONAL SERVICES PER YEAR			\$ 45,000.00	\$ 20,000.00	\$ 20,000.00				

	Narrative for Consulting and Other Professional Services <i>(add additional sheet for narrative if needed)</i>	We would like to purchase accounting services from XYZ Accountants for administrative support for HRSN programs through 2029. This is an estimated cost based on preliminary research. We would also like to procure wraparound billing system implementation services (project management, training development, data transfer) from Billing Technology, Inc. to successfully implement the new platform. We have been quoted \$25,000 for these services.							\$	85,000.00
(4) Technology Systems	List technology system expenses. This includes costs associated with procurement or modification of a system, platform, or tool or licensing or subscription fees for software platforms needed to support HRSN program activities (e.g., systems or technology to support HRSN billing, claims submission, referral tracking, etc.).		Amount (\$) Per Year			All expenditures in this budget category apply to <u>Technology Investments</u>				
			CY27	CY28	CY29	Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach	
	Purchase of billing and claims submission platform		\$ 75,000.00	\$ -	\$ -		☒			
	Software Licensing (Microsoft 365)		\$ 80.00	\$ 80.00	\$ 80.00		☒			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
			\$ -	\$ -	\$ -		☐			
	TOTAL TECHNOLOGY SYSTEMS PER YEAR		\$ 75,080.00	\$ 80.00	\$ 80.00					
	Narrative for Technology Systems <i>(add additional sheet for narrative if needed)</i>		To participate in the program, our organization intends to implement a billing and claims submission platform from Billing Technology, Inc. with an estimated one-time cost of \$75,000. We will also purchase Microsoft 365 licenses (\$80/yr) to access Word, Excel, PowerPoint, and Outlook to support documentation, communication, and other key program activities.							
									\$	
(5) Equipment and Supplies	List equipment and supplies. This includes anticipated costs for all physical equipment and supplies needed for HRSN service delivery (e.g., computers, tablets, office chairs, desks, etc.). NOTE: When applicable, items should be grouped (e.g., computers (6x)). Capital expenditures or projects (e.g., industrial-grade refrigerators) are not allowable uses.		Amount (\$) Per Year			Indicate applicable allowable funding use domain(s) for each line item (check all that apply):				
			CY27	CY28	CY29	Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach	
	Laptop (x6)		\$ 4,200.00	\$ -	\$ -	☐	☒	☐	☐	
	iPad (x2)		\$ -	\$ 1,300.00	\$ -	☐	☒	☐	☐	

	Office Chairs (x3)	\$	900.00	\$	-	\$	-	☒	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
		\$	-	\$	-	\$	-	☐	☐	☐	☐
TOTAL EQUIPMENT AND SUPPLIES PER YEAR		\$	5,100.00	\$	1,300.00	\$	-				
Narrative for Equipment and Supplies <i>(add additional sheet for narrative if needed)</i>		Our organization would like to purchase laptops (\$700 ea x 6 staff members = \$4,200) and iPads (\$650 ea x2 = \$1300) to be able to manage and deliver service both in-office and off site; iPads will support remote work. Laptops will be used by in-office staff for Medicaid-related administrative activities and to support members served by the HRSN program.									
</											

	Narrative for Other <i>(add additional sheet for narrative if needed)</i>	Our organization plans to hold a community convening meeting with local organizations in CY28. Event space fees will total \$500 for the meeting. All staff will also participate in an online course on trauma-informed care. Fees associated with training will total \$1000.				\$ 1,500.00
(7) TOTALS	TOTALS PER YEAR AND OVERALL	\$ 256,180.00	\$ 134,880.00	\$ 70,080.00		\$ 461,140.00

APPENDIX B - COMMUNITY CAPACITY GRANT BUDGET TEMPLATE

INSTRUCTIONS (PLEASE READ):

This budget template is intended for HRSN providers (including prospective providers) applying for Community Capacity Grant funding. **All budgets should align with narrative responses provided in their corresponding applications and describe itemized activities for which the applicant is requesting Community Capacity Grant funding.**

All expenses listed on this budget should be distinct from one another. Activities described **MUST** align with allowable funding uses—please refer to the Application for the guidance on allowable and prohibited uses.

Section A: Contact Information	Legal Name of Applicant Organization <i>(name used for tax ID)</i>					
	DBA (Doing Business As) Organization Name: <i>(if different from legal name)</i>					
	MQD Provider ID <i>(if applicable)</i>					
	Point of Contact Name:					
	Point of Contact Title:					
	Point of Contact Email Address:					
	Point of Contact Phone Number:					
	Organization Mailing Address: <i>(must be a Hawaii address)</i>					
Section B: Budget Request Summary <i>(This section will update automatically, do not manually update)</i>						
Budget Category		Total by Year			Aggregate Total	
		CY27	CY28	CY29		
(1) Program Participation Assessment		\$ -	N/A	N/A	\$ -	
(2) Staff Time		\$ -	\$ -	\$ -	\$ -	
(3) Consulting and Other Professional Services		\$ -	\$ -	\$ -	\$ -	
(4) Technology Systems		\$ -	\$ -	\$ -	\$ -	
(5) Equipment and Supplies		\$ -	\$ -	\$ -	\$ -	
(6) Other		\$ -	\$ -	\$ -	\$ -	
Total		\$ -	\$ -	\$ -	\$ -	
Section C: Detailed Budget Request						
Budget Category	Requested Funding Uses and Amounts				Total	
(1) Program Participation Assessment	List program participation assessment activities. This includes activities associated with assessing the feasibility of program participation and/or evaluating the costs and benefits of program implementation. This may include staff time, subcontractor time, or other costs associated with, for example, organizational gap			All expenditures in this budget category apply to the <u>Business and Operational Practices</u> funding domain.		

				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
				\$ -	\$ -	\$ -	☐	☐	☐	☐	
	TOTAL SALARY PER YEAR			\$ -	\$ -	\$ -					
Narrative for Staff Time (add additional sheet for narrative if needed)											
\$ -											
(3) Consulting and Other Professional Services	List payments for consulting or other professional services. This includes any contracted support for HRSN implementation within the allowable funding domains. For example, administrative support (billing support, revenue cycle management, data entry, etc.), subject matter expert support, strategy consultants, wraparound services for technology or program implementation. NOTE: No more than 50% of the total funding request may be allotted to this budget category. It is the responsibility of the applicant to ensure that all funded activities fall within the allowable uses and are in compliance with grant requirements (e.g., non-duplicative funding).			Amount (\$) Per Year			Indicate applicable allowable funding use domain(s) for each line item (check all that apply):				
				CY27	CY28	CY29	Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach	
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
		\$ -	\$ -	\$ -	☐	☐	☐	☐			
	TOTAL CONSULTING AND OTHER PROFESSIONAL SERVICES PER YEAR			\$ -	\$ -	\$ -					

	Narrative for Consulting and Other Professional Services (add additional sheet for narrative if needed)								\$-
(4) Technology Systems	List technology system expenses. This includes costs associated with procurement or modification of a system, platform, or tool or licensing or subscription fees for software platforms needed to support HRSN program activities (e.g., systems or technology to support HRSN billing, claims submission, referral tracking, etc.).	Amount (\$) Per Year			All expenditures in this budget category apply to <u>Technology Investments</u>				\$-
		CY27	CY28	CY29	Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach	
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		\$-	\$-	\$-		☐			
		TOTAL TECHNOLOGY SYSTEMS PER YEAR		\$-	\$-	\$-			
	Narrative for Technology Systems (add additional sheet for narrative if needed)								
(5) Equipment and Supplies	List equipment and supplies. This includes anticipated costs for all physical equipment and supplies needed for HRSN service delivery (e.g., computers, tablets, office chairs, desks, etc.). NOTE: When applicable, items should be grouped (e.g., computers (6x)). Capital expenditures or projects (e.g., industrial-grade refrigerators) are not allowable uses.	Amount (\$) Per Year			Indicate applicable allowable funding use domain(s) for each line item (check all that apply):				\$-
		CY27	CY28	CY29	Business and Operational Practices	Technology Investments	Workforce Development	Education and Outreach	
		\$-	\$-	\$-	☐	☐	☐	☐	
	\$-	\$-	\$-	☐	☐	☐	☐		

	Narrative for Other <i>(add additional sheet for narrative if needed)</i>					\$ -
(7) TOTALS	TOTALS PER YEAR AND OVERALL		\$ -	\$ -	\$ -	\$ -