# **Budget Justification Template**

In the tables below, describe justification of the budgeted items. Expenses and figures are not requested.

Examples of Allowable Expenses:

* In general, the grant funds can be used to pay for supporting services and ancillary supplies except for the items listed under unallowable expenses.
* Supplies to administer vaccines or for phlebotomy (e.g., sharps containers, syringes needles, storage coolers, gauze, adhesive bandages, alcohol swabs, tourniquets, and gloves). These fall under allowable vaccine administration costs.
* Grant funds can be used to purchase incentive gift cards, including Visa or Mastercard gift cards. If incentives are purchased using these funds, CDPH/IZB will provide policies and guidelines for use.
* Personnel

Examples of Unallowable Expenses:

* Funds may not be used to pay for clinical care or other services that can be billed to 3rd party payers.
* Funds may not be used to pay for vaccines. However, eligible entities may charge for staff time to administer vaccine as personnel costs, but not for the vaccine itself. If your entity participates in the California Vaccines for Adults (VFA) program, vaccines can be requested through that program for vaccination of uninsured and underinsured patients.
* Funds may not be used to pay for screening tests. However, patients can be referred to a safety net provider for screening. All referrals or handoffs of clients for service provision must be “warm handoffs” followed by confirmation of service delivery. Examples of warm handoffs include face-to-face or telephone contact to directly link individuals to another provider for a service.
* Funds may not be used for equipment purchase with this funding. Equipment is defined as an item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more. Based on this definition, any items with a base unit cost less than $5,000 that are needed to complete grant activities would be considered supplies and are allowable.

| Position Title | Start Date | Description of duties and how they relate to the implementation of the Hepatitis B Demo Projects |
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| Operating Expenses | Provide a detailed description of how these expenses relate to the implementation of Hepatitis B Demo Projects |
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| Subgrantee(s) | Provide a detailed description of the type of services the Subgrantee will be providing |
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| Travel | Provide a detailed description of the type of travel, number of trips, mileage, hotel, incidentals |
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