

## APPENDIX I

### Instructions for 2018-2020 AIDSNET Rate Setting Process

Complete one of each of the following forms for each fiscal year from File:  
RFP Budget Forms B1 to B3-Agency- 18-19 19-20.xls

B-1: Agency Revenue/Expense Form

B-2: Indirect Cost Distribution Form

B-3: HIV/AIDS Personnel Form

Complete one set of the following forms from File:

RFP Budget Forms B4 - B7 Program- - 18-19 19-20.xlsx  
for each service proposed:

For each Program....Please rename each file with an Program Identifier in between the dashes in the file name .

B-4: Service Expense Form

B-5: Narrative to Budget Form

B-6: Project Revenue & Request Form

B-7: Unit Cost Determination – **Hours** Form

Complete the forms in chronological order. Some of the forms require information from a previous form.

Record all amounts in whole dollars.

## INSTRUCTIONS FOR COMPLETING FORMS

### **B-1 Agency Revenue/Expense Form**

Part A: Total Agency Revenue.

Column 1: List all anticipated funding sources supporting the organization for 2018-2019 and 2019-2020.

Column 2: Record the projected amount of revenue for next fiscal year (2018-19)

Column 3: Record the projected amount of revenue for following fiscal year (2019-20)

Part B: Total Agency Expense.

Column 1: Record the agency budget for fiscal year 2018-19

Column 2: Record the agency budget for fiscal year 2019-20

Note: Include a brief explanation if the revenue projected for 2018-19 does not equal the amount of expense projected for that fiscal year.

### **B-2 Indirect Cost Distribution Form (Prepare a separate form for each fiscal year)**

Indirect costs are those expenses that are affiliated with running the agency and that are shared by more than one service. They support the entire agency rather than just one program. These costs include salaries and benefits of the agency director, divisional supervisors and/or administrative support personnel as well as occupancy, furniture and utilities. Indirect costs should be assigned to programs equitably using a consistent method of distribution. Examples of allocation methods are: gross salary expense of each program as compared to the total gross salaries for all programs; direct cost of each program as compared to total direct costs for all programs; square footage of the facility by program usage as compared to the total square footage for programmatic use; or sources of revenue for the program as compared to the total revenue for all programs.

Column 1: Record all indirect costs for the agency projected for the appropriate fiscal year.

Column 2: The total of all indirect costs allocated to services provided by the agency that are not being proposed in this RFP.

Columns 3-7: In the heading of each column list the name of each service being proposed. Record the amount in each cost category appropriated to the service listed. Insert more columns if needed. Print on legal size paper, if necessary. Complete only column 1 if only one program is provided by the agency. The total from each program will be carried forward to the Indirect Cost line on the Service Expense Form (B-4) for that program.

Column 8: Enter the total of Columns 2 – 7. Each line of the total column should be the same amount as that line in column 1. The total column should equal column 1.

Record the methodology used for distribution of indirect costs on the lines at the bottom of the page.

### **B-3 HIV/AIDS Personnel Form**

Column 1: List the position titles for all program staff, whether or not reimbursement for their line item is being sought.

Column 2: List the name of the employee in each position, list “vacant” for unfilled positions.

Column 3: List the amount budgeted for each position in the 2017-18 fiscal year. If it will be a new position during the 2018-19 fiscal year, list as “new” in column 3.

Column 4: List the amounts proposed for each position for fiscal year 2018-19.

Column 11: List the amounts proposed for each position for fiscal year 2019-20.

Columns 5 – 8 and 12 - 15: List the direct cost portion of the total salary for each position proposed for each specific service in the 2018-19 and 2019-20 fiscal years. In the column heading, list the name of the service. (If more than four services are proposed in this RFP, please add columns as needed. Print on legal size paper if necessary).

Note: The total of each of these columns must match the total budgeted salary reported on Form B-4 for the corresponding service.

Columns 9 and 16: List the amount of the salary for each position that is included in the agency indirect costs.

Columns 10 and 17: List the amount of each position's salary that is budgeted in programs not included in this RFP.

Note: The total of Columns 5 through 10 should always be equal to the amount in Column 4. The total of Columns 12 through 15 should always be equal to the amount in Column 11.

#### **B-4 Service Expense Form**

The purpose of this form is to report direct costs of providing the service proposed. Direct costs relate directly to the service. This includes salaries, benefits, travel and service-related training costs for employees who provide that service and supplies and materials used in the provision of the service. Expenses such as rent, telephone and postage can also be direct costs for some services if they can be directly and exclusively attributed to the provision of the service

Column 1: Record projected direct cost expense for the service for Fiscal Year 2018-19. In row 24 "Indirect Costs from B-2", record the amount in the "Total" row for the specific project column on form B-2, Indirect Cost Distribution. Calculate the allowed maximum 10% indirect costs by multiplying the total in line 23 by 0.1. Record the result in line 25 "10% of Direct Costs". Enter the lesser of line 24 or 25 in line 26 "Allowable Indirect Costs". The Grand Total is calculated by adding line 23 "Total Direct Costs" and line 26 "Allowable Indirect Costs".

Column 2: Record projected direct cost expense for the service for Fiscal Year 2019-20. In row 24 "Indirect Costs from B-2", record the amount in the "Total" row for the specific project column on form B-2, Indirect Cost Distribution. Calculate the allowed maximum 10% indirect costs by multiplying the total in line 23 by 0.1. Record the result in line 25 "10% of Direct Costs". Enter the lesser of line 24 or 25 in line 26 "Allowable Indirect Costs". The Grand Total is calculated by adding line 23 "Total Direct Costs" and line 26 "Allowable Indirect Costs".

#### **B-5 Narrative to Budget Form**

The narrative is the line-by-line description of items listed in the service expense form (B-4). In the description column, Column 2, list the detail describing the nature of the expense proposed. For example, if benefits are a direct percentage of salaries, list the types of benefits provided plus the percentage used to calculate the total. In Columns 3 and 4 "Amount", record the budgeted amount as listed on the same line of form B-4 Columns 4 and 5.

## **B-6 Project Revenue & Request Form**

### Part A (Proposed Service Revenue)

Column 1: List all funding sources (excluding AIDSNET) used since 2017-18 for the service and/or are anticipating using through 2019-20.

Column 2: Record projected revenue for the budgeted year 2018-19.

Column 3: Record projected revenue for the budgeted year 2019-20.

### Part B (Requested Amount for Program)

Line 1: Enter the total projected cost of the program for fiscal year 2018-19 from Form B-4, Column 1, Line 27, and for fiscal year 2019-20 from Form B-4, Column 2, Line 27.

Line 2: Enter the total projected other revenue for fiscal year 2018-19 from Form B-6, Part A, Column 2, "Total" line, and for fiscal year 2019-20 from Form B-6, Part A, Column 3, "Total" line.

Line 3: Subtract the total projected other revenue from the projected cost of the program for each fiscal year. These are the amounts requested for each fiscal year from AIDSNET for that program.

## **B-7 Unit Cost Determination – Hours Form**

**Unit cost will be calculated for each service for each program for years 2018--19 and 2019-20.**

Line 1: Report the number of Full Time Equivalents for the service being proposed.

To calculate Full Time Equivalents (FTE), list all of the employees who will be providing direct service to this program. Calculate the total hours worked on this program in a week collectively for the employees on the list. Divide the result by the number of hours in a standard workweek for your agency. The result is the total FTE to be used in line 1 of the Unit Cost Determination – Hours Form (B-7).

Line 2: Determine the number of weeks per year an FTE will be on the job (52 weeks minus vacation, personal, holiday and sick days). If the number is less than 44, attach a narrative explaining why.

Line 3: Record the number of paid hours an FTE works in a standard work week.

Line 4: Multiply lines 1, 2 and 3 to determine the total number of hours available per year.

Line 5: Determine the percentage of time spent in direct service provision. Direct service time does not include planning, travel, doing paperwork (unless it is being done with the client), meetings, trainings and supervision time. If this number is less than 60%, attach a narrative explaining why.

Line 6: Multiply the Percentage of Direct Service (Line 5) by the Total Hours (Line 4) to determine the total number of Direct Service Hours (units) available.

Line 7: Insert the total 2018-19 program costs from form B-4, Column 4, Line 27.

Line 8: Divide the Total Cost of Program (Line 7) by the Total Direct Service Hours (Line 6) to determine the unit cost.

Line 9: Enter the amount requested from AIDSNET for fiscal year 2018-19 from Form B-6, Part B, Line 3.

Line 10: Divide the amount requested from AIDSNET (Line 9) by the Unit Cost (Line 8) to determine total units requested.

**In addition to the hard copies, submit all budget forms in Excel format by email to Kevin Westgate, Fiscal Officer, at [aidsntkw@ptd.net](mailto:aidsntkw@ptd.net)**