



# TN STRONG FAMILIES GRANT PROGRAM

BUDGETS

FY 2024

# Goals



How do I create the budget?



What is required?



What can be included in the budget?



When/where should the budget be submitted?

# How to Create a Budget

## Step 1

- Read the budget instructions ([Pg. 9 of the Solicitation](#))

## Step 2

- Find the budget templates ([pg. 9 of the solicitation](#))

## Step 3

- Once the budget template is complete, submit each document along with the application to [family.advocacy.unit@tn.gov](mailto:family.advocacy.unit@tn.gov) by 11/30/23.

# Budget Requirements

In addition to the requirements listed in the budget instructions, make sure you include the following:



1 Summary Page + 1 Detail Page for every year of funding



Budgets should be reduced by at least 10% in years 2-4. (Section 1.3 of the solicitation)



Support Services grants must allocate at least 20% to Goods Assistance.

# Budget Requirements Cont.

Consists of 3 main parts:

1. Summary budget amount for the state

2. Line-item total for each line-item

3. Budget narrative for each line-item detail where necessary

\*All items must be reasonable, necessary, and allocable directly to the project.

4	<b>GRANT BUDGET</b>				
5	<b>AGENCY NAME:</b>				
6	<b>FUND SOURCE:</b>				
7	<b>SOLICITATION IDENTIFICATION TITLE:</b>				
8	The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period:                      BEGIN: <b>MM/DD/YYYY</b> END: <b>MM/DD/YYYY</b>				
9	<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
10	1, 2	Salaries, Benefits & Taxes <sup>2</sup>	\$0.00	\$0.00	\$0.00
11	4, 15	Professional Fee, Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
12	5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	11, 12	Travel, Conferences & Meetings <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
15	14	Insurance <sup>2</sup>	\$0.00	\$0.00	\$0.00
16	16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
19	20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	22	Indirect Cost <sup>2</sup>	\$0.00	\$0.00	\$0.00
21	24	In-Kind Expense <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	25	<b>GRAND TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
23					
24	<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, <i>Uniform</i>				
25	<i>Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A.</i>				
26	<i>(posted on the Internet at: <a href="https://www.tn.gov/content/dam/tn/finance/ocip/Appendix_J_Policy_03_Report.xls">https://www.tn.gov/content/dam/tn/finance/ocip/Appendix_J_Policy_03_Report.xls</a>)</i>				
27	<sup>2</sup> Applicable detail follows this page if line-item is funded.				

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

**GRANT BUDGET LINE-ITEM DETAIL:**  
 AGENCY NAME:  
 FUND SOURCE:  
 SOLICITATION IDENTIFICATION TITLE:

SALARIES, BENEFITS & TAXES	AMOUNT
Summary of individual positions that will support project activities. Review Instructions for	\$0.00
Position 1: <i>Job Title Salary / Benefits, Estimated Percentage of Time</i>	\$0.00
Position 2: <i>Job Title Salary / Benefits, Estimated Percentage of Time</i>	\$0.00
Position 3: <i>Job Title Salary / Benefits, Estimated Percentage of Time</i>	\$0.00
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

*Note: Benefits must be calculated at the same or lesser percentage as the salary for each position.*

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
<Please provide description here> If a subcontract is involved it must be provided to OCJP	\$0.00
<Please provide description here>	\$0.00
<b>Repeat row(s) as Necessary</b>	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Occupancy: <Please provide description here>	\$0.00
Supplies: <Please provide description here>	\$0.00
Sensitive Minor Equipment: <Please provide description here>	\$0.00

Page 1

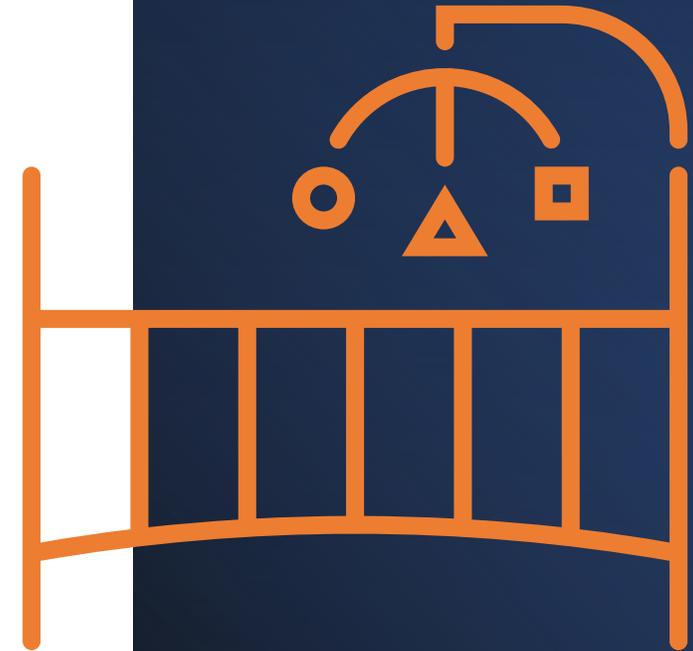
# What Can Be Included?

## Supplies and Assistance Contracts

- Baby Equipment, furniture, diapers, food, clothes, etc.
- Subcontracted services- i.e., doulas, counselors, interpreters.

## Support Services Contracts

- Medical, Mental Health, or Counseling services for pregnancy support
- Support for Tennesseans who are considering adoption
- Workforce assistance to prepare new moms for self sufficiency
- Housing assistance to aid moms in finding safe/stable housing
- Additional wraparound services to support vulnerable mothers and their children



# Budget Due Date

BUDGETS ARE DUE BY **11/30/23**.

SUBMIT WITH THE COMPLETED APPLICATION PACKAGE  
(SEE CHECKLIST- SECTION 2.8 OF THE SOLICITATION).



ALL APPLICATION DOCUMENTS ON THE  
CHECKLIST ARE TO BE EMAILED TO  
[FAMILY.ADVOCACY.UNIT@TN.GOV](mailto:FAMILY.ADVOCACY.UNIT@TN.GOV)



QUESTIONS:



PLEASE EMAIL  
[FAMILY.ADVOCACY.UNIT@TN.GOV](mailto:FAMILY.ADVOCACY.UNIT@TN.GOV) OR  
SEE [TN.GOV/STRONGFAMILIES](http://TN.GOV/STRONGFAMILIES)



THANK YOU