

Completing a Negotiated Form Guide - External Users

Contractor will log in to the Grant/Contract site, open the form that needs correcting by clicking on the title, then click on 'Correcting Version'

Grant/Project: 82398 - tobacco second post RFP Pretest TEST Stacey Hewitt - 2015

Status: Underway

Program Area: Tobacco Use Prevention

Gantee Organization: Public Health, Iowa Department of

Program Officer: Sheri Stursma

Awarded Amount: \$94,226.50

Instructions

Applicants shall include a complete, detailed line item budget for anticipated costs within the contract period. Refer to the application guidance/instructions for this funding opportunity for any specific budget restrictions. Input dollar amounts as whole numbers by rounding to the nearest whole dollar. Each line item requires a budget narrative which describes and justifies anticipated expenses. Applicants will submit one budget and will justify their budget by itemizing costs by county in the justification narrative sections.

Note: This is a Multi-part form; follow instructions carefully!

To add requested proposed expenses for a budget line, select the blue "add" link for that section, located next to each budget line item section. Follow the instructions for each section and field. When you have completed entry for all the fields, select "Save". Repeat this process until you have captured all proposed expenses for that budget line item. Then repeat this for each budget line item section until all proposed costs are reflected in the budget. Note: every budget line requires at least one entry before you will be allowed to mark the form as complete.

To add information into the Federally Approved Indirect Rate and Administrative Cost Section and to add the narrative in the Justification Narrative section(s), select "Edit" at the top of the screen. When you have completed entry for the section(s), select "Save". Click on the Attachment symbol (green plus sign) to upload requested document. Attachments may be added after all other sections in this form are complete and saved.

Note About Match: This budget form requires match. Refer to the application guidance/instructions under this Funding Opportunity for the specific match requirements. For each budget line item that match will be identified, applicants must input the source of the match and the amount. Applicant shall further explain/justify the match within the budget justification narrative as appropriate. If match is not identified in a line item, leave the source field blank and leave the zero's in the Match Amount field.

Before marking this form as complete, there must be an entry into every budget line item category, (even if it is N/A with zero's); then verify that the 'Requested Total' amount at the top of the page does not exceed the total amount available for the service delivery area applied for and is a whole dollar amount. In addition, verify the total Match amount identified at the bottom of the page meets the requirements detailed in the application guidance/instructions for this funding opportunity.

Salaries and Fringe/Benefits

The applicant must include all staff directly funded, wholly or partially with these funds.

For full-time employees, the applicant shall identify the annual salary and fringe for the position, the position title, the name of the person (if known at the time of application), and the full time equivalent (FTE) portion to be charged to these project funds (as a decimal) in the corresponding fields for each position. The amount charged for the position will automatically calculate in the 'Requested Funds' column.

For part-time employees, the applicant shall identify the total salary and fringe dollar amount paid annually for the part-time position from these funds within the 'Annual Salary & Fringe Benefits for the Position' column. In the 'Position Title' field, insert the position title and note 'Part-time' or 'PT' in the field. Insert the name of the person (if known at the time of

[Correcting Version](#) | [Return to Components](#)

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When the contractor clicks on 'Correcting Version' the following screen will appear. The Contractor will then be able to edit the form and make changes/corrections.

- Follow the form instructions for making edits. You will either use the 'Edit' button or the 'Add' button (or both), depending on the type of form. Or upload documents.

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Grant/Project Tracking

Grant/Project: 82398 - tobacco second post RFP Pretest TEST Stacey Hewitt - 2015

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Versions

Negotiated Version: This is a negotiated version. This version may be submitted for consideration. You may edit this version before you submit it.

Salaries and Fringe/Benefits

[Submit Component](#) | [Return to Components](#) | [Add](#)

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'Save' the edits.

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Identify the source of match and the match amount for each entry as applicable.

Annual Salary & Fringe Benefits for Position	Position Title	Staff Name (if known)	FTE for the position	Requested Funds	Source of Match	Match Amount	Line Item
\$60,000.00	Tobacco Coordinator TEST		0.5	\$30,000.00	in kind	\$2,000.00	
\$12,000.00	Facilitator test		0.02	\$240.00	na	\$0.00	
\$92,000.00	Director		0.5	\$46,000.00	private	\$8,303.00	
				\$76,240.00		\$8,303.00	

After changes are complete click on 'Submit Component'. You will get a pop-up confirmation box telling you that this submission will lock the component from further editing.

When you click 'yes', you will get a confirmation screen:

Menu | Help | Log Out
 Back | Print | Add | Delete | Edit | Save

In Box

Confirm

You have successfully submitted your changes for consideration. You can return to the Grant forms by clicking [here](#)