

Appendix C Community Capacity Building Funding Budget Template

Instructions		
Purpose of This File	<p>The state has been authorized to spend up to \$119 million on Community Capacity Building Funding investments necessary to support the development and implementation of the Health-Related Social Needs (HRSN) program. Organizations who wish to receive HRSN Community Capacity Building Funding must submit this funding request and an application to the Coordinated Care Organization (CCO) operating in their service area indicating how they intent to use this funding.</p> <ul style="list-style-type: none"> - To submit your budget request, you must complete Tab 3 (Budget Request) - Once that tab has been completed, certify the documents by typing the name of the person submitting the budget application and date 	
Tab	Instructions	Tab Completion Checklist
Instructions (this tab)	This budget request outlines the expenses CBOs expect to incur to build capacity to participate in the HRSN program. Budget requests and applications are due to [insert CCO] by [insert date].	On the tab "Budget Request" complete all the boxes in yellow .
Budget Request	<p>To begin, please complete the following at the top of this budget request:</p> <ul style="list-style-type: none"> • Your organization's name in [insert cell]. • Name of the person to contact about the Community Capacity Building Funds application in [insert cell] • Email and phone number for the contact above in [insert cell]. • The date the report is sent to [insert CCO] in [insert cell]. 	1. Ensure that you have completed all pieces of information listed at the top of the form in yellow
Section A	<p>Section A:</p> <ul style="list-style-type: none"> • This section contains the funding amount requested based on the appropriate four domain areas: (i) Technology; (ii) Development of business or operational practices; (iii) Workforce development; and (iv) outreach, education and stakeholder convening. 	<p>1. In Column C describe the proposed use of the requested funds. Ensure that you have listed only allowable uses of the fund as defined on Tab "CCBF Allowable Uses"</p> <p>2. In Column D list out the total amount of funds that coincide with the same line in Column C. You may add more lines under a category if needed.</p>
Section B	<p>Section B:</p> <ul style="list-style-type: none"> • This section certifies the accuracy of the amounts requested above. 	1. Ensure the report has the name and title of the person who prepared the budget [insert cell] and date [insert cell].

Allowable Uses of the Community Capacity Building Funds

Allowable uses for Community Capacity Building Funds are in 4 categories:

1. Technology
2. Development of Business or Operational Practices
3. Workforce development and;
4. Outreach, education and convening

Technology

- o Procuring IT infrastructure/data platforms needed to enable, for example:
 - o Authorization of HRSN services
 - o Referral to HRSN services
 - o HRSN service delivery
 - o HRSN service billing
 - o HRSN program oversight, monitoring and reporting
- o Modifying existing systems to support HRSN
- o Development of an HRSN eligibility and services screening tool
- o Integration of data platforms/systems/tools
- o Onboarding to new, modified or existing systems (e.g., community information exchange)
- o Training for use of new, modified or existing systems (e.g., community information exchange)

Development of business or operational practices

- o Development of policies/procedures related to:
 - o HRSN referral and service delivery workflows
 - o Billing/invoicing
 - o Data sharing/reporting
 - o Program oversight/monitoring
 - o Evaluation
 - o Privacy and confidentiality
- o Training/technical assistance on HRSN program and roles/responsibilities
- o Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically-tailored meals to qualifying members)
- o Planning needs for the implementation of HRSN program
- o Procurement of administrative supports to assist implementation of HRSN program

Workforce development

- o Cost of recruiting, hiring and training new staff
- o Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.
- o Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)
- o Privacy/confidentiality training/technical assistance related to HRSN service delivery
- o Production costs for training materials and/or experts as it pertains to the HRSN program

Outreach, education and convening

- o Production of materials necessary for promoting, outreach, training and/or education
- o Translation of materials
- o Planning for and facilitation of community-based outreach events to support awareness of HRSN services
- o Planning for and facilitation of learning collaboratives or stakeholder convenings
- o Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
- o Administrative or overhead costs associated with outreach, education or convening.

	Applicant Organization Name		DATE SENT:
	Applicant Contact Name		
	Applicant Email Address		
	Applicant Phone Number		

BREAKDOWN BY HRSN Allowable Funding Domain

A BUDGET REQUEST			
	Description of Item/Activity Requested, by Allowable Use Category	Budget Request	FOR CCO USE ONLY Approved Budget
1.	Technology (subtotal)	\$ -	\$ -
2.	Development of Operational and Business Practices (subtotal)	\$ -	\$ -
3.	Workforce Development (subtotal)	\$ -	\$ -
4.	Outreach, Engagement and Partner Convening (subtotal)	\$ -	\$ -
5	Total Budget Request	\$ -	\$ -

B CERTIFICATE			
<p>I certify to the best of my knowledge and belief that the budget outlined above is true, complete and accurate, and the funding items listed above are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.</p>			
PREPARED BY (Type Name and Title)			DATE