Budget and Narrative

Please complete the budget and budget narrative for funds requested.

|  |
| --- |
| **PART A - BUDGET REQUEST BY COST CATEGORY** |
| **Section 1 - Personnel Costs** |
|  | ***Salaries and Personnel*** |
|  | **Name** | **Title** | **No. Hrs.** | **Rate per Hr.** | **Total** |
|  |        |         |       |       |       |
|  |        |         |       |       |       |
|  |        |         |       |       |       |
|  |  | **Salary Subtotal:** |       |
|  |  |
|  | ***Employer's Share of Fringe Benefits*** |
|  | **Fringe Benefits** | **Rate (%)** | **Annual Wages** | **Total Cost** |
|  | PERS (government agencies)  |       |       |       |
|  | FICA (private agencies)  |       |       |       |
|  | Retirement (private agencies)  |       |       |       |
|  | Worker's Compensation (actual rate)  |       |       |       |
|  | Unemployment Compensation (rate applies only to first $9,000/employee) |       |       |       |
|  | Medicare  |       |       |       |
|  | Health Insurance  |   |
|  | *Fill in the formula: $\_\_\_\_\_\_ (Monthly Rate) x \_\_\_\_\_ (# Months) x \_\_\_\_ (FTE)* |  |
|  |  | **Fringe Subtotal:** |       |
|  |  |
|  |  | ***Personnel Total*** |       |
|  |  |  |  |   |
|  | Narrative Required: Provide justification for each position; list job duties. |
|  |       |
| **Section 2 – Consultants/Contacts** |
|  | **Name** | **Hourly Fee** | **Hours** | **Total**  |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |  |  | **Consultants Total** |       |
|  | Narrative Required: Provide justification, method of procurement and basis of selection. |
|  |       |
| **Section 3 - Travel** |  |  |  |  |  |
|  | **A. Auto** | **No. Miles** | **Mileage Rate ($.56)** | **Total** |
|  |        |       |       |       |
|  |        |       |       |       |
|  | **B. Per Diem: (Meal & Lodging Only)** | **No. of days** | **Rate** | **Total** |
|  |        |       |       |       |
|  |        |        |       |       |
|  | **C. Other (Specify):** | **No. Items** | **Rate** | **Total** |
|  |       |       |       |       |
|  |       |       |       |       |
|  |  |  |  |  | **Travel Total** |       |
|  | Narrative Required: Provide justification for travel. Costs must relate to the program staff & objectives. |
|  |        |
| **Section 4- Equipment** |
|  | **Item(s) Being Purchased** | **Quantity** | **Unit Price** | **Total** |
|  |        |       |       |       |
|  |        |       |       |       |
|  |        |       |       |       |
|  |        |       |       |       |
|  |  | **Equipment Total** |       |
|  | Narrative Required: Provide justification for the Equipment requested. |
|  |        |
| **Section 5 -General Operating Expenses** |
|  | **Other Charges** | **Quantity** | **Unit Price** | **Total** |
|  | Office Supplies |       |       |       |
|  | Communication |       |       |       |
|  | Advertising |       |       |       |
|  | Printing |       |       |       |
|  | Insurance  |       |       |       |
|  | Rentals |       |       |       |
|  | Utilities |       |       |       |
|  | Maintenance & Repairs |       |       |       |
|  | Staff Training and Development |       |       |       |
|  | Program Evaluation |       |       |       |
|  | Other (Specify) |       |       |       |
|  |  | ***General Operating Expenses Total*** |       |
|  |  |  |  |  |  |  |   |
|  | Narrative Required: Provide justification for General Operating Expenses; provide allocation methods where appropriate.      |
|  |  |  |  |  |  |  |  |
| **Section 6 - Indirect Costs** |  |
|  | **Item** | **Costs** |
|  |  |  |
|  |       |       |
|  |       |       |
|  |  | ***Indirect Cost Total*** |       |
|  |  |  |  |  |  |  |   |
|  | Narrative Required: Provide justification for Indirect Cost; attach a copy of your federally approved plan, if applicable. |
|  |       |
|  | **PART B - BUDGET REQUEST BY RESOURCE & COST CATEGORY** |
|  | **Category** | **Costs** |
|  | **1. Personnel** |       |
|  | **2. Consultant/Contracts** |       |
|  | **3. Travel** |       |
|  | **4. Equipment** |       |
|  | **5. General Operating Expense** |       |
|  | **6. Indirect Cost** |       |
|  |  | Total Program Budget |       |
|  |  |  |  |
|  |  | Yes | No |
|  | Do you have other funding resources not identified above? |  [ ]  |  [ ]  |
|  |  |
|  | **Prepared by: Name and Title** | **Date** |
|  |         |         |