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** | |
|  |  | | | | | |  | |