## Detailed Budget Narrative

Please refer to your solicitation for match and other budgetary requirements. If your project does not require match, the match information does not need to be provided

You may insert and delete rows in tables as needed to reflect your specific project.

|  |  |
| --- | --- |
| **Subrecipient Name:** |  |
| **Project Name:**  |  |
| **Project Number:**  |  |

A. Personnel: Provide all employee name(s) to be allocated to the project (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project, including volunteers. The % of Time on Project should reflect each employee’s funded time allocated to the GCC project.

| **Position** | **Name or TBD** | **Hourly or Monthly Rate ($)** | **Number of Months or Hours** | **% of Time on Project** | **Federal Share** | **Match Share** | **Match Description**Cash or In-kind | **Justification**Describe the role and responsibilities of each position as it relates to the project. |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | **TOTAL** | **$** | **$** |  |  |

B. Fringe Benefits: List each fringe benefit.

| **Fringe Benefit** | **Fringe Benefit Rate (%)** | **Hourly or Monthly Rate ($)** | **Number of Months or Hours** | **Federal Share** | **Match Share** | **Match Description**Cash or In-kind |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | **TOTAL** | **$** | **$** |  |

C. Travel: Explain the purpose and allocation for all in and out of state travel. Costs should reflect agency travel policy and fall within the federal and state regulations. (NOTE: If an organization does not have a travel policy that indicates reimbursement rates, the organization will be required to use the State’s reimbursement rates.)

| **Travel Type** | **Location** | **Quantity** | **Unit Cost** | **Federal Share** | **Match Share** | **Match Description**Cash or In-kind | **Justification**Describe the purpose of travel and how it relates to the project. |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | **Total**  | **$** | **$** |  |  |

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of **$5,000** or more per unit – federal definition. List each piece of equipment

| **Description** | **Unit Cost** | **Quantity** | **Project Utilization (%)**  | **Federal Share** | **Match Share** | **Match Description**Cash or In-kind | **Justification**Describe how the equipment relates to the project. |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **TOTAL** |  |  | **$** | **$** |  |  |

E. Supplies: materials costing less than $5,000 per unit and often having one-time use. Client transportation, emergency housing, food, etc. should be allocated to the program supplies subcategory. If an organization has multiple projects, you will need to disclose how much the printer, computer, projector, etc., will be used for the project in the project utilization category. (If indirect costs are requested, ensure costs are not covered through indirect cost rate agreement.)

NOTE: Rent cannot be charged if the organization owns the building. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs to the project.

| **Description** | **Quantity** | **Unit Cost** | **Project Utilization (%)**  | **Federal Share** | **Match Share** | **Match Description**Cash or In-kind | **Justification**Describe how the supplies relate to the project. |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | **Total** | **$** | **$** |  |  |

F. Contractual: An arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Contracts for office services such as copier and computer lease or maintenance should be included in this section.

Contracts or lease agreements are required for each individual or vendor listed below and must be approved by the assigned Grant Manager prior to requesting reimbursement for services. Contracts need to include any reimbursable expense for the project; this includes mileage, incidentals, lodging, training, etc. that the contractor may incur on behalf of the project. Travel, supplies and equipment costs required for contracted staff should be reported in their respective sections of the budget, not in contracts unless they are included in the negotiated cost of the overall contract.

Costs for contracts must be broken down in detail with narrative justification. If applicable, numbers of clients should be included in the costs.

| Name/Vendor | Service | Hourly Rate | Number of Hours | % of Time on Project | Federal Share | Match Share | **Match Description**Cash or In-kind | **Justification**Describe how the services provided by the contractual agreement relate to the project. |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | **TOTAL** | **$** | **$** |  |  |

G. Indirect cost rate: Indirect costs can only be claimed if your organization has a Federally Negotiated Indirect Cost Rate Agreement (NICRA) or has opted to use the de minimis rate of 10% per organization Overhead Costs. Calculations must be provided and align with your indirect cost rate agreement.

Indicate your organization’s allocation method (direct costs, a federally negotiated indirect cost rate, or the de minimis rate) and the rate, if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Allocation Method** | **Rate (if applicable)** | **Federal Share (if applicable)** | **Match Share (if applicable)** |
|  |  |  |  |

**H. Total Project Cost**

|  |  |
| --- | --- |
| **Total Project Cost** | **$** |
| **Total Federal Share** | **$** |
| **Total Match Share** | **$** |