

Applicant Name:

DO NOT OVERRIDE FORMULAS IN LAST COLUMN!

BUDGET NARRATIVE-SFY18

(Form Revised January 6, 2017)

Form 1

NOTE: Only include amounts to be funded through this grant in the Extension column.

Expense Category	Description of item and relation to project.	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Personnel	List Direct Costs Only			
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Personnel Total		\$ -
Contractual/Consultant	List Direct Costs Only			
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub awards that are a component of a larger project or program may be included here		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Contractual/Consultant Total		\$ -

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Staff Travel/Per Diem:	List Direct Costs Only			
Identify staff position who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (53.5 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
			Staff Travel/Per Diem Total	
Equipment	List Direct Costs Only			
List Equipment purchase or lease costing \$1,000 or more, and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Equipment Total		\$ -
Supplies:	List Direct Costs Only			
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Supplies Total		\$ -

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Occupancy	List Direct Costs Only			
Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the allocated share of costs associated with this grant should be charged.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Occupancy Total \$ -		
Communications	List Direct Costs Only			
Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Communications Total \$ -		
Public Information	List Direct Costs Only			
Identify and justify costs for brochures, project promotion, media buys, etc.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Public Information Total \$ -		

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Other expenses:	List Direct Costs Only			
Identify and justify these expenditures, which can include virtually any relevant expenditure directly associated with the project, such as audit costs, car insurance, client transportation, etc.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Other Expenses Total		\$ -
		Direct Total		\$ -
Indirect expenses:	List Indirect Costs Only			
Indirect costs represent the expenses of doing business that are not a direct service but are necessary for the general operation of the organization. This includes (a) Facility costs- Janitorial, maintenance, periodicals and memberships. (b) Administrative costs- General executive and admin personnel including fringe benefits. This percentage cannot exceed 8% of Direct Costs. Note that the formula in Cell C125 will automatically calculate 8%.		\$0.00	1.00	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Indirect Total		\$ -
		Direct Total		\$ -
		Indirect Total	#DIV/0!	\$ -
		Total Direct & Indirect		\$ -
For Fee for Service Budgets - Number of Units of Service*		0	Unit Cost	#DIV/0!

*Define Unit of Service: