

Applicant Name:

Form 1

BUDGET NARRATIVE - SFYXX

| Total Personnel Costs | | | | | Including Fringe | Total: | \$ | - | |
|--|--|--|--|--|------------------|-------------|---------------|--------|------------------|
| List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. | | | | | | | | | |
| | | | | | Annual Salary | Fringe Rate | % of Time | Months | Amount Requested |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | \$ - |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | \$ - |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | \$ - |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | \$ - |
| *Insert new row for each position funded or delete this row. | | | | | | | | | |
| Total Fringe Cost | | | | | \$ | - | Total: | | \$ - |

*revise this formula as needed to include each position listed

| Travel/Training | | | | | Total: | \$ | - | |
|---|--|--|--|--|-------------|-------------------|------------------|-------------------|
| Identify staff 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 (54.0 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. | | | | | | | | |
| Out-of-State Travel | | | | | | \$ | - | |
| <i>Title of Trip & Destination such as CDC Conference: San Diego, CA</i> | | | | | <u>Cost</u> | <u># of Trips</u> | <u># of Days</u> | <u># of Staff</u> |
| Airfare: Cost per trip (origin & destination) x # of trips x # of staff | | | | | | \$ | - | |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | | \$ | - | |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | | \$ | - | |
| Lodging: \$ per day +\$ tax = total \$ x # of trips x #of nights x # of staff | | | | | | \$ | - | |
| Ground Transportation: \$ per r/trip x # of trips x # of staff | | | | | | \$ | - | |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | | | | | | \$ | - | |
| Parking: \$ per day x # of trips x # of days x # of staff | | | | | | \$ | - | |

*revise as needed to include costs of multiple trips.

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

In-State Travel

Origin & Destination

| | <u>Cost</u> | <u># of Trips</u> | <u># of Days</u> | <u># of Staff</u> | \$ |
|---|-------------|-------------------|------------------|-------------------|------|
| Airfare: cost per trip (origin & designation) x # of trips x # of staff | | | | | \$ - |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | \$ - |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | \$ - |
| Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff | | | | | \$ - |
| Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days | | | | | \$ - |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | | | | | \$ - |
| Parking: \$ per day x # of trips x # of days x # of staff | | | | | \$ - |

*Revise as needed to include costs of multiple trips.

Justification:

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating Total: \$ -

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.

| | | |
|---|----|---|
| Office supplies: \$ Amount x # of FTE staff x # of months | \$ | - |
| Occupancy | \$ | - |
| Communications | \$ | - |
| Rent: \$ per month x 12 months x # of FTE | \$ | - |
| Utilities: \$ per quarter x 4 quarters | \$ | - |
| State Phone Line: \$ per month x 12 months x # of FTE | \$ | - |
| Voice Mail: \$ per month x 12 months x # of FTE | \$ | - |
| Conference Calls: \$ per month x 12 months | \$ | - |
| Long Distance: \$ per month x 12 months | \$ | - |
| Email: \$ per month x 12 months x # of FTE | \$ | - |

Justification:

Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.

Equipment Total: \$ -

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

| | | |
|--------------------|----|---|
| Describe equipment | \$ | - |
|--------------------|----|---|

| | | | |
|--|---------------|----|---|
| Contractual | Total: | \$ | - |
| <p>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 or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.</p> | | | |
| Name of Contractor/Subrecipient: | | \$ | - |
| Method of Selection: Explain, i.e. sole source or competitive bid | | | |
| Period of Performance: July 1, 2018 - June 30, 2019 | | | |
| Scope of Work: Define Scope of Work | | | |
| *Sole Source Justification: Define if sole source method, not needed for competitive bid | | | |
| Method of Accountability: | | | |
| Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work. | | | |
| *Add additional Contractor/Subrecipients here with justification or delete this row. | | \$ | - |

*Revise this formula as needed to include each Contractor listed

| | | | |
|--|---------------|----|---|
| Other | Total: | \$ | - |
| <p>Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.</p> | | | |
| Printing Services: \$ amount/month x 12 months | \$ | - | |
| Copier/Printer Lease: \$ amount/month x 12 months | \$ | - | |
| Property and Contents Insurance per year | \$ | - | |
| Car insurance: \$ per month x 12 months | \$ | - | |
| Postage: \$ per month x 12 months | \$ | - | |
| Audit | \$ | - | |
| Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables. | | | |

| | | |
|-----------------------------|-----------|----------|
| TOTAL DIRECT CHARGES | \$ | - |
|-----------------------------|-----------|----------|

| | | | |
|---|---------------|----|---|
| Indirect | Total: | \$ | - |
| <p>Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculated 10%. Applicants may override this formula only to request a lower indirect rate.</p> | | | |
| Identify Indirect Expenses | \$ | - | |
| Add more as necessary and adjust formula in F112 | \$ | - | |
| to reflect changes. | \$ | - | |

Applicant Name:

Form 2

PROPOSED BUDGET SUMMARY - SFYXX

(Form Revised May 2018)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

| FUNDING SOURCES | GMU | Other Funding | Other Funding | Other Funding | Other Funding | Other Funding | Other Funding | Match | TOTAL |
|------------------------|------|---------------|---------------|---------------|---------------|---------------|---------------|-------|-------|
| PENDING OR SECURED | | | | | | | | | |
| ENTER TOTAL REQUEST | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

EXPENSE CATEGORY

| | | | | | | | | | |
|------------------------|------|--|--|--|--|--|--|------|------|
| Personnel | \$ - | | | | | | | \$ - | \$ - |
| Travel/Training | \$ - | | | | | | | \$ - | \$ - |
| Operating | \$ - | | | | | | | \$ - | \$ - |
| Equipment | \$ - | | | | | | | \$ - | \$ - |
| Contractual/Consultant | \$ - | | | | | | | \$ - | \$ - |
| Other Expenses | \$ - | | | | | | | \$ - | \$ - |
| Indirect | \$ - | | | | | | | \$ - | \$ - |

| | | | | | | | | | |
|-----------------------|------|------|------|------|------|------|------|------|------|
| TOTAL EXPENSES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
|-----------------------|------|------|------|------|------|------|------|------|------|

| | | | | | | | | | |
|----------------------------|------|------|------|------|------|------|------|------|------|
| These boxes should equal 0 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
|----------------------------|------|------|------|------|------|------|------|------|------|

| | |
|----------------------|------|
| Total Indirect Cost | \$ - |
| Indirect % of Budget | 10% |

| | |
|--------------------------|---------|
| Total Agency Budget | \$ - |
| Percent of Agency Budget | #DIV/0! |

B. Explain any items noted as pending:

MATCH BUDGET NARRATIVE - SFYXX

| Total Personnel Costs | | | | | Including Fringe | Total: | \$ | - | |
|--|----------------------|--------------------|------------------|---------------|------------------|----------|-------------------------|-----------|----------|
| List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant. | | | | | | | | | |
| | <u>Annual Salary</u> | <u>Fringe Rate</u> | <u>% of Time</u> | <u>Months</u> | | | <u>Amount Requested</u> | | |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | |
| | | | | | | | \$ | - | |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | |
| | | | | | | | \$ | - | |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | |
| | | | | | | | \$ | - | |
| Name of Employee (if known, otherwise state new position). | | | | | | | | | |
| Title of position & Position Control Number | | | | | | | | | |
| *Insert details to describe position duties as it relates to the funding (specific program objectives). | | | | | | | | | |
| | | | | | | | \$ | - | |
| *Insert new row for each position funded or delete this row. | | | | | | | | | |
| Total Fringe Cost | | | | | \$ | - | Total: | \$ | - |

*revise this formula as needed to include each position listed

| Travel/Training | | | | | Total: | \$ | - |
|---|-------------|-------------------|------------------|-------------------|--------|----|---|
| Identify staff 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 (54.0 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. | | | | | | | |
| Out-of-State Travel | | | | | | \$ | - |
| <u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u> | <u>Cost</u> | <u># of Trips</u> | <u># of Days</u> | <u># of Staff</u> | | \$ | - |
| Airfare: Cost per trip (origin & destination) x # of trips x # of staff | | | | | | \$ | - |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | | \$ | - |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | | \$ | - |
| Lodging: \$ per day +\$ tax = total \$ x # of trips x #of nights x # of staff | | | | | | \$ | - |
| Ground Transportation: \$ per r/trip x # of trips x # of staff | | | | | | \$ | - |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | | | | | | \$ | - |
| Parking: \$ per day x # of trips x # of days x # of staff | | | | | | \$ | - |
| Justification: | | | | | | | |
| Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. | | | | | | | |

*revise as needed to include costs of multiple trips.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

In-State Travel

| <u>Origin & Destination</u> | <u>Cost</u> | <u># of Trips</u> | <u># of Days</u> | <u># of Staff</u> | \$ |
|---|-------------|-------------------|------------------|-------------------|------|
| Airfare: cost per trip (origin & designation) x # of trips x # of staff | | | | | \$ - |
| Baggage fee: \$ amount per person x # of trips x # of staff | | | | | \$ - |
| Per Diem: \$ per day per GSA rate for area x # of trips x # of staff | | | | | \$ - |
| Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff | | | | | \$ - |
| Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days | | | | | \$ - |
| Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff | | | | | \$ - |
| Parking: \$ per day x # of trips x # of days x # of staff | | | | | \$ - |

*Revise as needed to include costs of multiple trips.

Justification:

Who will travel and why

If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating **Total: \$ -**

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.

| | |
|---|------|
| Office supplies: \$ Amount x # of FTE staff x # of months | \$ - |
| Occupancy | \$ - |
| Communications | \$ - |
| Rent: \$ per month x 12 months x # of FTE | \$ - |
| Utilities: \$ per quarter x 4 quarters | \$ - |
| State Phone Line: \$ per month x 12 months x # of FTE | \$ - |
| Voice Mail: \$ per month x 12 months x # of FTE | \$ - |
| Conference Calls: \$ per month x 12 months | \$ - |
| Long Distance: \$ per month x 12 months | \$ - |
| Email: \$ per month x 12 months x # of FTE | \$ - |

Justification:

Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.

Equipment **Total: \$ -**

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost.

| | |
|--------------------|------|
| Describe equipment | \$ - |
|--------------------|------|

Contractual **Total: \$ -**

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

| | |
|----------------------------------|------|
| Name of Contractor/Subrecipient: | \$ - |
|----------------------------------|------|

Method of Selection: Explain, i.e. sole source or competitive bid

Period of Performance: July 1, 2018 - June 30, 2019

Scope of Work: Define Scope of Work

*Sole Source Justification: Define if sole source method, not needed for competitive bid

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

*Revise this formula as needed to include each Contractor listed

| | | |
|--|----|---|
| *Add additional Contractor/Subrecipients here with justification or delete this row. | \$ | - |
|--|----|---|

| | | | | |
|---|----|---------------|-----------|----------|
| Other | | Total: | \$ | - |
| Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. | | | | |
| Printing Services: \$ amount/month x 12 months | \$ | - | | |
| Copier/Printer Lease: \$ amount/month x 12 months | \$ | - | | |
| Property and Contents Insurance per year | \$ | - | | |
| Car insurance: \$ per month x 12 months | \$ | - | | |
| Postage: \$ per month x 12 months | \$ | - | | |
| Audit | \$ | - | | |
| <i>Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie</i> | | | | |

| | | |
|-----------------------------|-----------|----------|
| TOTAL DIRECT CHARGES | \$ | - |
|-----------------------------|-----------|----------|

| | | | | |
|---|----|---------------|---------------|-----------|
| Indirect | | Total: | \$ | - |
| Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general | | | | |
| Identify Indirect Expenses | | | | |
| Add more as necessary and adjust formula in F112 | \$ | - | | |
| to reflect changes. | \$ | - | | |
| TOTAL BUDGET | | | | |
| | | | Total: | \$ |
| | | | | - |