|  |
| --- |
| BUDGET SUMMARY |
| Category | Grant Funds Requested |
| PERSONNEL |  |
| FRINGE BENEFITS |  |
| EQUIPMENT RENTAL |  |
| SUPPLIES |  |
| TRAVEL |  |
| CONTRACTUAL |  |
| OTHER |  |
| Total Project Costs |  |

|  |
| --- |
| BUDGET NARRATIVE |

## PERSONNEL

List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Personnel Subtotal** |  |

### PERSONNEL JUSTIFICATION

For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing listing or deleting personnel that aren’t necessary.

**Personnel 1:**

**Personnel 2:**

**Add other Personnel as necessary**

## FRINGE BENEFITS

Provide the fringe benefit rates for each of the project’s salaried employees described in the Personnel section that will be paid with SCBGP funds.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Fringe Subtotal** |  |

## TRAVEL

Explain the purpose for each Trip Request. Please note that travel costs are limited to mileage reimbursement following federal requirements for reimbursement rates**,** vehicle rental, or air far; in the case of air travel, project participants must use the lowest reasonable commercial airfares. Allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA. This information is available at <http://www.gsa.gov>. See the Request for Proposals for Allowable and Unallowable Travel expenses.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Trip Destination** | **Type of Expense (airfare, car rental, mileage)** | **Unit of Measure (days, miles)** | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Funds Requested** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Travel Subtotal** |  |

### Travel Justification

For each trip listed in the above table describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren’t necessary.

**Trip 1 (Approximate Date of Travel MM/YYYY):**

**Trip 2(Approximate Date of Travel MM/YYYY):**

**Trip 3(Approximate Date of Travel MM/YYYY):**

**Add other Trips as necessary**

### Conforming with Your Travel Policy

|  |
| --- |
| By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) as applicable. |[x]

## EQUIPMENT RENTAL

Describe any equipment to be rented under the grant. Purchase of equipment is not allowable under this grant.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Equipment Subtotal** |  |

### EQUIPMENT RENTAL JUSTIFICATION

For each Equipment Rental item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn’t necessary.

**Equipment Rental 1:**

**Equipment Rental 2:**

**Equipment Rental 3:**

**Add other Equipment as necessary**

## SUPPLIES

List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Supplies Subtotal** |  |

### SUPPLIES JUSTIFICATION

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).

## CONTRACTUAL/CONSULTANT

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. Provide estimated cost of services with appropriate justification.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Contractual/Consultant Subtotal** |  |

### CONTRACTUAL JUSTIFICATION

Describe the project activities each contractor or consultant will accomplish to meet the objectives and outcomes of the project. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area (for more information please go to <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/>), provide a justification for the expenses.

**Contractor/Consultant 1:**

**Contractor/Consultant 2:**

**Contractor/Consultant 3:**

**Add other Contractors/Consultants as necessary**

### CONFORMING WITH YOUR PROCUREMENT STANDARDS

|  |
| --- |
| By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR Part 200.317 through.326](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3), as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements. |[ ]

## OTHER

Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Other Subtotal** |  |

### OTHER JUSTIFICATION

Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).