**Project Title:**

**BUDGET NARRATIVE**

Budget Period: XX/XX/XXXX - XX/XX/XXXX (XX months)

All subtotals as well as the total budget amount should be rounded to the nearest whole number.

**Salaries and Wages -$**

In the below table, we provide the information required by the Budget Preparation Guidelines (Rev.

3/25/2013) as issued by Office of Grants Services (OGS) for all proposed employees:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Salaries and Wages** |  |  |  |  |  |
| **Title** | **Last Name** | **Annual Salary** | **LOE** | **Months** | **Total** |
| *Example: Communication Officer* | TBD | $75,000 | 50% | 10 | $31,250 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **Total:** | **$** |

The scope of responsibility for each position is described below:

• *Senior Communications Officer (TBD):* Builds and maintains strong relationships with internal and external stakeholders to develop project communication plans and ensure coordination of communication activities. Develops and disseminates content across multiple media platforms including websites, blogs, webinars, social media networks, email communications and publications.

• **Title (Last Name):** Scope of responsibility specific to the funded project

**Fringe Benefits - $**

If applicable, consistent with standard practice, fringe benefits have been calculated at % of total salaries and wages proposed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fringe Benefits** |  |  |  |  |
| **Title** | **Last Name** | **Rate** | **Fringe Base** | **Total** |
| *Example: Communication Officer* | *TBD* | *25%* | *$31,250* | *$7,812.50* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total:** | **$** |

**Consultant Costs - $**

Below is a summary of proposed consultant costs, if any, including estimated amounts for each:

|  |  |
| --- | --- |
| **Consultant 1** | |
| **1. Name of Consultant:** |  |
| **2. Organizational Affiliation:** |  |
| **3. Nature of Services to be**  **Rendered:** |  |
| **4. Relevance of Service to the**  **Project:** |  |
| **5. Number of Days of Consultation:** |  |
| **6. Expected Rate of Compensation:** |  |
| **7. Method of Accountability:** |  |
| **Total** |  |

**Equipment - $**

Equipment expenses, if any, are outlined below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Requested** | **Number Needed** | **Unit Cost** | **Amount Requested** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Justification for equipment requested:

**Supplies - $**

Supply expenses, if any, are outlined below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Requested** | **Type** | **Number Needed** | **Unit Cost** | **Amount Requested** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Justification for supplies requested:

**Travel - $**

Travel expenses, if any, are outlined below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of Trips** | **Number of People** | **Number of Total Miles** | **Cost per mile** | **Amount Requested** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Travel Justification:

**Other - $**

Other expenses are outlined below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Requested** | **Number of Months** | **Cost per Month** | **Number of Staff** | **Amount Requested** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Requested** | **Number Needed** | **Unit Cost** | **Amount Requested** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Justification for requested items:

**Contractual - $**

Below is a summary of proposed subcontracts, if any, including estimated amounts for each:

|  |  |
| --- | --- |
| **Contractual Costs** |  |
|  | |
| Name of Subcontractor | $ |
| Name of Subcontractor | $ |
| **TOTAL: $** | |

In the following table, we provide the information required by the Budget Preparation Guidelines (Rev.

3/25/2013) as issued by OGS for all proposed subcontractor(s):

|  |  |
| --- | --- |
| **Subcontractor 1** | |
| **1. Name of Contractor:** |  |
| **2. Method of Selection:** |  |
| **3. Period of Performance:** |  |
| **4. Scope of Work:** |  |
| **5. Method of Accountability:** |  |
| **6. Itemized Budget and Justification:** |  |
| **Total** |  |

# Direct Costs - $

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** |  | **Total Requested** | |
| Salaries and Wages (Employees) | 01 | | $ |
| Fees (Consultants) | 02 | | $ |
| Fringe Benefits | 03 | | $ |
| Equipment | 04 | | $ |
| Supplies | 05 | | $ |
| Travel | 06 | | $ |
| Other | 08 | | $ |
| Contractual | 09 | | $ |
|  |  | |  |
|  | **Total Direct:** | | **$** |

# Indirect Costs - $

To claim indirect costs, the applicant organization must have a current approved negotiated indirect cost rate agreement (NICRA) . A copy of the most recent NICRA must be uploaded in the application as supporting documentation. If the applicant organization does not have an approved NICRA, the organization can charge a 10% de minimis rate of modified total direct costs. Modified total direct costs include all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward. Indirect costs are expenses incurred for a common purpose that are too time consuming/costly to allocate to a specific cost objective. Examples of indirect costs include office space rental, utilities, and clerical and managerial staff salaries. To the extent that indirect costs are reasonable, allowable and allocable, they are a legitimate cost of doing business payable under a U.S. Government assistance award.

**Total Budget - $**

As required by the OGS Budget Preparation Guidelines (Rev. 3/25/2013), the table below represents a listing of totals for each budget category previously described.

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** |  | **Total Requested** | |
| Salaries and Wages (Employees) | 01 | | $ |
| Fees (Consultants) | 02 | | $ |
| Fringe Benefits | 03 | | $ |
| Equipment | 04 | | $ |
| Supplies | 05 | | $ |
| Travel | 06 | | $ |
| Other | 08 | | $ |
| Contractual | 09 | | $ |
| Indirect Costs | 10 | | $ |
|  |  | |  |
|  | **Total Budget:** | | **$** |

\*Please ensure that the total budget amount and subtotals are rounded to the nearest whole number.