FEDERAL SUBRECIPIENT AGREEMENT

BUDGET NARRATIVE

[Subrecipient Name]

[Project Title]

Term: [XX/XX/XXXX-XX/XX/XXXX (XX months)]

Maximum Payable Amount: [$XX]

# Salaries and Wages -$[XX]

*For each requested position, provide the information requested below. Provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of specific program objectives.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Salaries and Wages** |  |  |  |  |  |
| **Title** | **Name** | **Annual Salary** | **Level of Effort** | **Months** | **Total** |
| *Example: Project Coordinator* | *Taylor Smith* | *$75,000* | *50%* | *12 months* | *$37,500* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **Total:** | **$** |

**The scope of responsibility for each position is described below:**

* **Title - (Name):** Detail the scope of responsibility for this position as related to the specific program objectives.

# Fringe Benefits - $[XX]

*Provide information on the rate of fringe benefits and the basis for their calculation below. If you do not have a set fringe rate, please refer to the budget preparation guidelines on how to calculate your fringe rate.*

**Fringe Benefits: \_\_\_\_%** of total salaries and wages proposed. Fringe benefits have been calculated to account for all various line items and in accordance with the Contractor’s Negotiated Indirect Cost Rate Agreement (NICRA), fringe benefits will be specifically identified to each employee and charged, individually, under the resulting agreement as direct costs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fringe Benefits** |  |  |  |  |
| **Title** | **Name** | **Rate** | **Fringe Base** | **Total** |
| *Example: Project Coordinator* | *Taylor Smith* | *25%* | *$37,500* | *$10,875* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total:** | **$** |

# Consultant Costs - $[XX]

*This category should be used when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee of the subrecipient organization.*

|  |
| --- |
| **CONSULTANT 1** |
|  **1. Name of Consultant:***Name of the consultant and description of qualifications* |  |
| **2. Organizational Affiliation:***Identify the organization affiliation of the consultant, if applicable* |  |
| **3. Nature of Services to be Rendered:***Describe the services that will be provided, including specific tasks and deliverables.* |  |
| **4. Relevance of Service to the Project:***Describe how the consultant’s services relates to the accomplishments of the specific program objectives.*  |  |
| **5. Number of Days of Consultation:***Specify the total number of days of consultation. Used as basis for fee* |  |
| **6. Expected Rate of Compensation:***Specify the rate of compensation for the consultant (e.g. rate per hour, rate per day). Include a budget showing other costs, (e.g. travel, per diem, supplies, and other related expenses) and list a subtotal* |  |
| **7. Method of Accountability:***Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.*  |  |
| **Total** |  |

# Equipment - $[XX]

*Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of $5,000 or more per unit. All equipment requests should provide the requested information below. Provide a justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the OTHER category.*

|  |
| --- |
| **Equipment** |
| **Item Requested** | **Number Needed** | **Unit Cost** | **Amount Requested** | **Justification** |
|  |  | $ |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Equipment** | **$** |  |

# Supplies - $[XX]

*Individually list each item requested and provide a justification for the use of each item and relate it to specific program objectives. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months in the budget period.*

|  |
| --- |
| **Supplies** |
| **Item Requested** | **Number Needed** | **Unit Cost** | **Amount Requested** | **Justification** |
|  |  | $ | $ |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Supplies** | **$** |  |

# Travel - $[XX]

*Detail any travel planned for the subrecipient only. Travel for consultants should be shown in the consultant category. All travel costs should follow the guidelines set forth in the OMB Circular A-21, Section 48, Travel Costs. Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates. If mileage is to be paid, provide the number of miles and cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.*

*The CDC Foundation will reimburse up to the Federal per diem rates, which includes a ceiling for lodging. For domestic rates, go to* [*https://www.gsa.gov/travel-resources*](https://www.gsa.gov/travel-resources) *and click on per diem. For international rates, go to*

[*https://aoprals.state.gov/web920/per\_diem.asp*](https://aoprals.state.gov/web920/per_diem.asp) *and search foreign per diem rates by location.*

|  |
| --- |
| **Out of State Travel** |
| **Trip Description** | **# of Trips** | **# of People** | **Length of Trip** | **Est. Airfare** | **Per Diem Lodging** | **Per Diem M&IE** | **Est. Ground Transportat-ion** | **Total Amount** |
|  |  |  |  | $ | $ | $ | $ | $ |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total**  | **$** |

|  |  |  |
| --- | --- | --- |
| **In State/ Local Travel** |  |  |
| **Trip Description** | **# of Trips** | **# of People** | **Mileage**  | **Mileage Per Diem** | **Total Amount** |
|  |  |  | $ | $ | $ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** | **$** |

**Justification:** *Provide a justification for each trip.*

# Other - $[XX]

*This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.*

|  |  |
| --- | --- |
| **Other** |  |
| **Item Requested** | **# of Months** | **Estimated Cost per Month** | **Number of Staff** | **Total Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** | **$** |

|  |
| --- |
| **Other** |
| **Item Requested** | **Number Needed** | **Unit Cost** | **Total Amount** |
|  |  |  |  |
|  |  |  |  |
| **Total** | **$** |

**Justification:** *Provide a justification for each item included above.*

# Contractual - $[XX]

*This category should be used when hiring an individual to provide products or services needed to carry out the project, but not as an employee of the subrecipient organization.*

|  |
| --- |
| **Subcontractor 1** |
| **1. Name of Contractor:***Include whether contract is an individual or an organization* |  |
| **2. Method of Selection:***State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation.* |  |
| **3. Period of Performance:***Start and end dates* |  |
| **4. Scope of Work:***Describe specific services/tasks to be performed by the contractor and relate them to the accomplishment of the program objectives. Deliverables should be clearly defined.*  |  |
| **5. Method of Accountability:***Describe how the contractor will be monitored during and on close of the contract period and who will be providing the monitoring.*  |  |
| **6. Itemized Budget and Justification:***Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.*  |  |
| **Total** |  |

# Direct Costs - $[XX]

*Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget in the chart below.*

|  |
| --- |
| **Direct Costs** |
| **Budget Category** | **Amount Requested** |
| Salaries and Wages (Employees) | $ |
| Fringe Benefits | $ |
| Consultants | $ |
| Equipment | $ |
| Supplies | $ |
| Travel | $ |
| Other | $ |
| Contractual  | $ |
| **Total Direct Costs**  | **$** |

# Indirect Costs - $[XX]

*To claim indirect costs, the subrecipient must have a current negotiated indirect cost rate agreement (NICRA) established with the cognizant federal agency. Indirect costs can be applied to total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), portion of each subaward in excess of $25,000, and flow-through funds.* ***A copy of the most recent indirect cost agreement must be provided as an attachment with the budget narrative.***

*If the subrecipient does not have an established indirect cost rate agreement, they can choose to elect the de minimus rate of 10% of the modified total direct costs (MTDC). MTDC: All direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of $25,000.*

**Indirect Cost Rate Agreement:**

As stated in our NICRA, dated **[XX/XX/XX**], set forth an indirect rate of **[XX]**% for an effective period spanning **[XX/XX/XX to XX/XX/XX]**.

|  |  |  |
| --- | --- | --- |
| **Total Applicable Direct Costs**  | **Indirect Cost Rate** | **Indirect Cost Total** |
| $ | XX% | $ |

**De Minimus Indirect Rate**:

Our agency has never negotiated an indirect cost rate (NICRA) with a cognizant agency, and we elect to use the 10 percent of Modified Total Direct Cost (MTDC) de minimis indirect rate to recover indirect costs as part of this budget, should that be allowable.

|  |  |  |
| --- | --- | --- |
| **Modified Total Direct Costs (MTDC)** | **Indirect Cost Rate** | **Indirect Cost Total** |
| $ | 10% | $ |

# Total Budget - $[XX]

*The table below represents a listing of totals for each budget category previously described.*

|  |
| --- |
| **Total Budget** |
| **Budget Category** | **Total Requested** |
| Salaries and Wages (Employees) | $ |
| Fringe Benefits | $ |
| Consultants | $ |
| Equipment | $ |
| Supplies | $ |
| Travel | $ |
| Other | $ |
| Contractual | $ |
| Indirect Costs **(XX%)** | $ |
| **Total Budget** | **$** |