**Building the Business Case for Hypertension Control – Research, Evaluation, or Analytics Firm**

**BUDGET NARRATIVE**

Budget Period: 01/30/2023 – 06/30/2023 (5 months)

**Salaries and Wages – [$XX]**

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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **Total:** | **$** |

Example

* **Communications Specialist (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.

The scope of responsibility for each position is described below:

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

**Fringe Benefits – [$XX]**

If applicable, consistent with standard practice, fringe benefits have been calculated at N% of total salaries and wages proposed. Fringe benefits account for all various line items including, tax withholding, retirement vesting/matching, and fixed cost benefits such as health, life, vision, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fringe Benefits** |  |  |  |  |
| **Title** | **Units** | **Rate** | **Fringe Base** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **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.*

|  |
| --- |
| **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 AD an acquisition cost of $5,000 or more per unit. 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 expenses, if any, are outlined below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Requested** | **Units** | **Unit Cost** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Justification for equipment requested:

**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.*

Supply expenses, if any, are outlined below.

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

Justification for supplies requested:

**Travel - [$XX]**

*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> *and search foreign per diem rates by location.*

Travel expenses, if any, are outlined below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Travel** | **Resources** |  **Per month limit**  |  **# of months**  | **Total** |
| Mileage Reimbursement |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  **$**  |

|  |
| --- |
| **In State Travel** |
| **Trip Description** | **# of Trips** | **# of People** | **Mileage** | **Mileage per diem** | **Total Amount** |
|  |  |  | $ | $ | $ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** | **$** |

|  |
| --- |
| **Out of State Travel** |
| **Destination** | **# of**  | **# of Travelers** | **Est. Airfare**($/trip/pp) | **Per Diem** | **Est. Ground Transportation**($/trip) | **Conference Registration** | **Est. Total** |
| **Trips** | **Est. Lodging** | **Est. M&IE** |
|   | **Unit Price** | **Units** | **Total** | **Unit Price** | **Units** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   | **TOTAL** |  |  |

Travel Justification:

**Other - [$XX]**

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

Other expenses are outlined below.

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

Justification for requested items:

**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.*

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

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

|  |
| --- |
| **Contractor 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.*

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

# Indirect Costs - [$XX]

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.

|  |  |  |
| --- | --- | --- |
| **Allowable Direct Cost Base** | **Indirect Cost Rate** | **Indirect Cost Total** |
| $ | % | $ |

**Total Budget - [$XX]**

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** | **Amount Requested** |
| Salaries and Wages (Employees) | $ |
| Fringe Benefits | $ |
| Consultants | $ |
| Equipment | $ |
| Supplies | $ |
| Travel | $ |
| Construction | $ |
| Other | $ |
| Contractual  | $ |
|  Indirect costs (N%) | **$** |
| **Total Budget** | **$**  |