**Project:**

**BUDGET NARRATIVE**

Budget Period: XX/XX/2019-XX/XX/2020 (XX months)

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

The scope of responsibility for each position is described below:

• **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** |
|  |  | - |  |  |  |
|  |  | - |  |  |  |
|  |  | - |  |  |  |
|  |  | - |  |  |  |
|  |  | - |  |  |  |
|  |  |  |  | **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.

**Supplies - $**

Supply expenses, if any, are outlined below.

**Travel - $**

Travel expenses, if any, are outlined below.

**Construction - $**

Construction expenses, if any, are outlined below.

**Other - $**

Other expenses are outlined below.

**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** |  |

**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 | $ |
| Construction | 07 | $ |
| Other | 08 | $ |
| Contractual | 09 | $ |
|  |  |  |
|  | **Total Budget:** | **$** |