

Applicant Name:

Form 1

BUDGET NARRATIVE - SFY23

Total Personnel Costs	Including Fringe	Total:	\$	-		
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Amount Requested</u>	
Name of Employee (if known, otherwise state new position).						
Title of position & Position Control Number						
Length of time in Position						
*Insert brief details to describe position duties as it relates to the funding.						
				\$	-	
Name of Employee (if known, otherwise state new position).						
Title of position & Position Control Number						
Length of time in Position						
*Insert brief details to describe position duties as it relates to the funding.						
				\$	-	
Name of Employee (if known, otherwise state new position).						
Title of position & Position Control Number						
Length of time in Position						
*Insert brief details to describe position duties as it relates to the funding.						
				\$	-	
Name of Employee (if known, otherwise state new position).						
Title of position & Position Control Number						
Length of time in Position						
*Insert brief details to describe position duties as it relates to the funding.						
				\$	-	
*Insert new row for each position funded, or delete this row.						
Total Fringe Cost		\$	-	Total:	\$	-

Travel/Training	Total:	\$	-
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.			
Mileage	\$	-	\$ -
Justification of need. Mileage is only reimburseable if it is for client transport, client assistance, or if it is a justifiable expense to provide client services. It is not reimburseable from employees home to/from workstation.			
Agency Vehicle	\$	-	\$ -
Justification of need. Example: vehicle maintenance (explain type eg: tires, oil change, etc.) and gas.			
Out-of-State Travel			\$ -

*Revise as needed to include multiple trips.

<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	
Airfare: Cost per trip (origin & destination) x # of trips x # of staff					\$ -
Baggage fee: \$ amount per person x # of trips x # of staff					\$ -
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$ -
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$ -
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$ -
Parking: \$ per day x # of trips x # of days x # of staff					\$ -

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. Travel/Training must be related to grant objectives and allowabilities.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

In-State Travel

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	\$ -
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$ -
Baggage fee: \$ amount per person x # of trips x # of staff					\$ -
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$ -
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$ -
Ground Transportation/Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$ -
Parking: \$ per day x # of trips x # of days x # of staff					\$ -

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. Travel/Training must be related to grant objectives and allowabilities.

If traveling to more than 1 in-state destination, copy section above, revise formula in F48 and complete for each trip.

Operating	Total:	\$	-
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated agency expenses should be included.			
Rent Office: \$ per month x 12 months x allocation %	\$	-	
Communications Internet/phone Office: \$ per month x 12 months x allocation %	\$	-	
Utilities Office: \$ per month x 12 months x allocation %	\$	-	
Supplies Office: \$ per month x 12 months x allocation %	\$	-	
Janitorial Office: \$ per month x 12 months x allocation %	\$	-	
Printing services/rental: \$ per month x 12 months x allocation %	\$	-	
Insurance	\$	-	
Audit	\$	-	
Rent Shelter: \$ per month x 12 months x allocation %	\$	-	
Communications Internet/phone Shelter: \$ per month x 12 months x allocation %	\$	-	
Communications Cable Shelter: \$ per month x 12 months x allocation %	\$	-	
Utilities Shelter: \$ per month x 12 months x allocation %	\$	-	
Supplies Shelter: \$ per month x 12 months x allocation %	\$	-	
Janitorial Shelter: \$ per month x 12 months x allocation %	\$	-	

Justification:

Provide narrative to explain specifics of line items. Example: Utilities include power, water, sewer, etc.

Equipment	Total:	\$	-
List Equipment purchase costing \$5,000 or more, and justify these expenditures. Also list any computers, cellular phones, iPods, iPads, Tablets, etc. to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Operating.			
Describe equipment	\$	-	

Contractual	Total:	\$	-
Agency must be able to provide documentation for full and open competition, develop clear descriptions of duties provided by Contractor, ensure maximum open and free competition, and verify that Contractor is not on the suspended and debarred list (SAM.gov). Agencies must follow their procurement policies to enter into contracts. Copies of contracts are required.			
Name of Contractor/Subrecipient:		\$	-
Method of Selection: Explain, i.e. sole source or competitive bid			
Period of Performance: July 1, 2022 - July 31, 2023			
Scope of Work: Briefly Define Scope of Work			
Justification: Define if sole source method and explain how it is sole source; explain contract approval.			
Method of Accountability:			
Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.			
*Add additional Contractor/Subrecipients here with justification or delete this row.			\$ -

*Revise this formula as needed to include each Contractor listed

Other	Total:	\$	-
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.			
Emergency client services (define)	\$	-	
Food gift cards	\$	-	
Clothing gift cards	\$	-	
Counseling/support group supplies	\$	-	
Client transportation	\$	-	
Brochures/flyers/educational information for program	\$	-	
Public Presentations	\$	-	
Volunteer Appreciation (not to exceed \$25/volunteer/year)	\$	-	
Justification: Include narrative to explain generalized line items such as emergency client services (motel nights, etc.), transportation (gas card, bus pass, etc.), supplies, etc.			

TOTAL DIRECT CHARGES	\$	-
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Indirect	Total:	\$	-
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Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Modified Total Direct Cost. Note that the formula in Cell F124 will automatically calculate 10%. Applicants may override this formula only if requesting a LOWER rate or providing a copy of their current Federally Approved Indirect Cost Rate Letter.

Identify Indirect Expenses (List what items Indirect will be allocated to)	\$	-
Place the total amount of the Contract category here up to \$25,000.	\$	-

TOTAL BUDGET	Total:	\$	-
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Applicant Name:

Form 2

PROPOSED BUDGET SUMMARY - SFY23
(Form Revised December 2021)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	This Award/App	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED									
TYPE (Federal, State, Private, etc.)									
ENTER TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EXPENSE CATEGORY

Personnel	\$ -							\$ -	\$ -
Travel/Training	\$ -							\$ -	\$ -
Operating	\$ -							\$ -	\$ -
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ -							\$ -	\$ -
Indirect	\$ -							\$ -	\$ -

TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ -
Indirect % of Budget	#DIV/0!

Total Agency Budget	\$ -
Percent of Agency Budget	#DIV/0!

B. Explain any items noted as pending:

Applicant Name: _____

Form 3

MATCH BUDGET NARRATIVE - SFY23

Funding for Match Received From (Explain Funding Source): _____

Total Personnel Costs					Including Fringe	Total:	\$	-	
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.									
	Annual Salary	Fringe Rate	% of Time	Months		Amount Requested			
Name of Volunteer (if known, otherwise state new position).									
Title of position & Position Control Number									
*Insert brief details to describe position duties as it relates to the funding.									
						\$	-		
Name of Volunteer (if known, otherwise state new position).									
Title of position & Position Control Number									
*Insert brief details to describe position duties as it relates to the funding.									
						\$	-		
Name of Employee (if known, otherwise state new position).									
Title of position & Position Control Number									
*Insert brief details to describe position duties as it relates to the funding.									
						\$	-		
Name of Employee (if known, otherwise state new position).									
Title of position & Position Control Number									
*Insert brief details to describe position duties as it relates to the funding.									
						\$	-		
*Insert new row for each position funded or delete this row.									
Total Fringe Cost					\$	-	Total:	\$	-

*revise this formula as needed to include each position listed

Travel/Training					Total:	\$	-
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.							
Mileage		\$	-			\$	-
Justification of need. Mileage is only reimburseable if it is for client transport, client assistance, or if it is a justifiable expense to provide							
Agency Vehicle		\$	-			\$	-
Justification of need. Example: vehicle maintenance (explain type eg: tires, oil change, etc.) and gas.							
Out-of-State Travel						\$	-
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>			
Airfare: Cost per trip (origin & destination) x # of trips x # of staff						\$	-
Baggage fee: \$ amount per person x # of trips x # of staff						\$	-
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						\$	-
Lodging: \$ per day +\$ tax = total \$ x # of trips x #of nights x # of staff						\$	-
Ground Transportation: \$ per r/trip x # of trips x # of staff						\$	-
Parking: \$ per day x # of trips x # of days x # of staff						\$	-
Justification:							

*revise as needed to include costs of multiple trips.

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Parking: \$ per day x # of trips x # of days x # of staff					\$ -

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Clothing gift cards	\$	-	-
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Public Presentations	\$	-	-
Volunteer Appreciation (not to exceed \$25/volunteer/year)	\$	-	-
Justification: <i>Include narrative to explain generalized line items such as emergency client services (motel nights, etc.), transportation (gas card, bus pass, etc.) , supplies, etc.</i>			
TOTAL BUDGET	Total:	\$	-