***\_\_(Grantee Name)\_\_\_\_\_\_***

**BUDGET NARRATIVE/JUSTIFICATION**

Beginning date through ending date

1. **Personnel: $0.00**
2. Employee Name, Title $0.00 x 0% = **$0.00**

Status of Employee (i.e. Full Time Employee or Part Time Employee) – Short Job Description as it pertains to the Grant.

1. Employee Name, Title $0.00 x 0% = **$0.00**

Status of Employee (i.e. Full Time Employee or Part Time Employee) – Short Job Description as it pertains to the Grant.

1. Employee Name, Title $0.00 x 0% = **$0.00**

Status of Employee (i.e. Full Time Employee or Part Time Employee) – Short Job Description as it pertains to the Grant.

1. Etc.
2. **Fringe Benefits: $0.00**
   1. Social Security/Medicare: 7.65% of $0.00 = **$0.00**
   2. Retirement: \_\_\_\_% of $0.00 = **$0.00**
   3. Workers’ Compensation: \_\_\_% of $0.00 = **$0.00**
   4. DOP Fees: (calculation) = **$0.00**
   5. Insurance: = **$0.00**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **% of Time on Grant** | **Total Insurance** | **Portion of Insurance** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL | $0.00 | **$0.00** |

1. **Equipment: $0.00**
   1. Equipment Name: $0.00 x 0% = **$0.00**

Description of equipment as it pertains to the Grant.

* 1. Equipment Name: $0.00 x 0% = **$0.00**

Description of equipment as it pertains to the Grant.

* 1. Equipment Name: $0.00 x 0% = **$0.00**

Description of equipment as it pertains to the Grant.

* 1. Etc.

1. **Supplies: $0.00**
2. Supplies Name: $0.00 per Quarter or Month Rates = **$0.00**

Description of supplies as it pertains to the Grant.

1. Supplies Name: $0.00 per Quarter or Month Rates = **$0.00**

Description of supplies as it pertains to the Grant.

1. Supplies Name: $0.00 per Quarter or Month Rates = **$0.00**

Description of supplies as it pertains to the Grant.

1. Etc.
2. **Contractual Costs: $0.00**
   1. Contractual Costs Name: $0.00 x per month/quarter/year = **$0.00**

Description of services as it pertains to the Grant.

* 1. Contractual Costs Name: $0.00 x per month/quarter/year = **$0.00**

Description of services as it pertains to the Grant.

* 1. Contractual Costs Name: $0.00 x per month/quarter/year = **$0.00**

Description of services as it pertains to the Grant.

* 1. Etc.

1. **Construction: $0.00**

Grantee should not list anything in this section unless otherwise prior approved by program and fiscal staff.

1. **Other: $0.00**

Note: Anything travel related should be broken down into each conference that is attended, meeting attended, etc. as follows:

1. Travel: **$0.00**

Name of Conference/Meeting/Basic Travel, Etc.: # of participants and total $0.00

* Mileage: # of miles one way x 2 x \_\_\_\_ rate per mile = $0.00
* Hotel: $0.00 per night x # of nights x # of participants = $0.00
* Registration: $0.00 per participant x # of participants = $0.00
* Meals: $0.00 per participant x # of days x # of participants = $0.00
* Shuttle/Cab: $0.00 per day x # of days x # of participants = $0.00
* Tolls: $0.00 per day x # of days x # of participants = $0.00
* Per Diem: $0.00 per day x # of days x # of participants = $0.00
* Plane Tickets: $0.00 per ticket x # of participants = $0.00

Name of Conference/Meeting/Basic Travel, Etc.: # of participants and total $0.00

* Mileage: # of miles x Rate per mile = $0.00
* Hotel: $0.00 per night x # of nights x # of participants = $0.00
* Registration: $0.00 per participant x # of participants = $0.00
* Meals: $0.00 per participant x # of days x # of participants = $0.00
* Shuttle/Cab: $0.00 per day x # of days x # of participants = $0.00
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* Per Diem: $0.00 per day x # of days x # of participants = $0.00
* Plane Tickets: $0.00 per ticket x # of participants = $0.00

Name of Conference/Meeting/Basic Travel, Etc.: # of participants and total $0.00

* Mileage: # of miles x Rate per mile = $0.00
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* Meals: $0.00 per participant x # of days x # of participants = $0.00
* Shuttle/Cab: $0.00 per day x # of days x # of participants = $0.00
* Tolls: $0.00 per day x # of days x # of participants = $0.00
* Per Diem: $0.00 per day x # of days x # of participants = $0.00
* Plane Tickets: $0.00 per ticket x # of participants = $0.00

2. Name of Item: $0.00 x how many = **$0.00**

Description of item as it pertains to the Grant.

3. Name of Item: $0.00 x how many = **$0.00**

Description of item as it pertains to the Grant.

4. Name of Item: $0.00 x how many = **$0.00**

Description of item as it pertains to the Grant.

5. Etc.

**Total Direct Costs: $0.00**

1. **Indirect Costs: $0.00**

* Base amount x % = $0.00
* The indirect cost rate was calculated by \_\_\_\_\_(Name of CPA)\_\_\_\_\_\_\_\_\_\_ and is based on “program portion of personnel and fringe”, OR “total direct costs for grant”, OR “\_\_\_\_\_\_\_\_\_\_\_\_”.

**Total Grant Award: $0.00**

**Grantee Supplies Funds (Informational Purposes Only): $0.00**

**Program Income (Informational Purposes Only): $0.00**