

BUDGET INFORMATION

Grantee: _____

Grant Number: _____

SECTION A – Budget Summary by Categories

	(A)	(B)	(C)
1. Personnel			
2. Fringe Benefits (Rate %)			
3. Travel			
4. Equipment			
5. Supplies			
6. Contractual			
7. Other			
8. Total, Direct Cost (Lines 1 through 7)			
9. Indirect Cost (Rate %)			
10. TOTAL Funds Requested (Lines 8 through 9)			

SECTION B – Cost Sharing / Match Summary (if appropriate)

	(A)	(B)	(C)
1. Cash Contribution	N/A	N/A	N/A
2. In-Kind Contribution	N/A	N/A	N/A
3. TOTAL Cost Sharing / Match (Rate %)	N/A	N/A	N/A

NOTE: Use Column A to record funds requested for the initial period of performance (i.e. 12 months, 18 months, etc.); Column B to record changes to Column A (i.e. requests for additional funds or line item changes; and Column C to record the totals (A plus B.)

INSTRUCTIONS FOR BUDGET INFORMATION FORM

SECTION A – Budget Summary by Categories

1. Personnel: Show salaries to be paid for project personnel that work for your entity. Personnel that are contracted out should be under contractual.
2. Fringe Benefits: Indicate the rate and amount of fringe benefits.
3. Travel: Indicate the amount requested for staff travel.
4. Equipment: Indicate the cost of non-expendable personal property that has a useful life of more than one year with a per unit cost of \$5,000.00 or more.
5. Supplies: Include the cost of consumable supplies and materials to be used during the project period. This includes equipment with a per unit cost of less than \$5,000.00.
6. Contractual: Show the amount to be used for (1) procurement contracts (except those which belong on other lines such as supplies and equipment); and (2) sub-contracts/grants.
7. Other: Indicate all direct costs not clearly covered by lines 1 through 6 above. Include, but not limited to, communications, postage, printing, advertising, etc.
8. Total, Direct Costs: Add lines 1 through 7.
9. Indirect Costs: Indicate the rate and amount of indirect costs. Please include a copy of your negotiated Indirect Cost Agreement.
10. Total Funds Requested: Show total of lines 8 through 9.

SECTION B – Cost Sharing/Matching Summary

Indicate the actual rate and amount of cost sharing/matching when there is a cost sharing/matching requirement. Also include percentage of total project cost and indicate source of cost sharing/matching funds, i.e., other Federal source or other Non-Federal Source.

NOTE: Please include a detailed cost analysis of each line item.

BUDGET NARRATIVE INSTRUCTIONS

The Budget Narrative must describe the individual line item costs. The following are examples:

1. *Personnel*

What positions
Hourly rate
of hours

2. *Fringe*

Which benefits?
For which staff?
At what rate?

3. *Travel*

of people
of miles
Reimbursement per mile
Other travel and per diem costs

4. *Equipment*

Itemize equipment items, purpose, and unit cost.

5. *Supplies*

General description of items included.

6. *Contractual*

If any money is subgranted, describe here.

7. *Other*

May include staff training and other appropriate charges.

8. *Total, Direct Cost*

No description required.

9. *Indirect Cost*

May include fiscal agent, rent, utilities, telephone. Describe the formula used to compute.

10. *TOTAL Funds Requested*

No description required.