



## Budget Narrative

Organization Name: \_\_\_\_\_

Project Budget Period:

Select one of the following: (12 months) 10/1/2022 – 9/30/2023  
(18 months) 10/1/2022 – 3/31/2024

This form should be completed in conjunction with your proposed budget as presented on the Budget Summary Form. Include the total Federal Funds and total Match Funds in the lines indicated for each category. The Total Funds should automatically calculate. In the narrative box in each section, please discuss how the items included in your Budget Summary Form within each category will support this project. **Details should be included for both the federal and Match funds.** A 20% match is required and is calculated as 20% of the total of federal and match funds. For example, if your organization is applying for a grant of \$120,000, your expected match contribution will be \$30,000 and your total budget will be \$150,000. Calculate minimum match as follows: **Funds Requested / .80 = Total Project Budget – Funds Requested = Match amount (\$120,000 / .80 = \$150,000 - \$120,000 = \$30,000).** For expense categories that include Match, please explain how you arrived at the Match amount. For example, for in-kind contributions of personnel, please include salary/wage levels for each staff member and the non-federal funding source(s) that will fund these costs.

### A. Revenue

In the box below, please list the name of **specific funders** of the Match contributions and indicate if they are secured, in process or anticipated. Additional Match details should be included within each of the subsequent expense categories.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total



**B. Personnel Costs: Salary**

For each employee for which funding is requested or matched, please specify title, whether a current employee or future hire, and a brief description of how each employee will be contributing to the project. Salary/Wage and FTE information should be detailed in the "Justification" column on the Budget Summary Form.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total

**C. Personnel Costs: Fringe Benefits**

Describe how payroll taxes and employer paid benefits percentages used in the Budget Summary Form are derived and a description of the benefits included in employer paid benefits.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total



**D. Travel**

For Travel expenses, itemize the costs and include who will be incurring these expenses and how they relate to this project. Travel expenses may include staff travel for local project travel, including mileage, parking and related costs, as well as required travel for mandatory conferences, training or the like, if applicable. Mileage used should be the lower of the federal standard mileage rate (currently \$.56/mile) or the mileage rate reimbursed to employees of the organization according to that organization's internal policy. Out of town travel costs (hotel, airfare, meals, transportation, for example) should be reasonable and every effort should be made to procure the lowest rates possible for all travel and lodging related expenses. Only coach or other economy class airfares will be reimbursed.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total

**E. Equipment**

Describe why equipment with a unit cost equal to or over \$5,000 included in your Budget Summary Form is crucial to the success of this project and how it will be used and by whom. Please provide the unit cost and number of units for each item. Any equipment with a unit cost less than \$5,000 should be included in "Supplies".

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total



**F. Supplies**

Include a description of project related supplies and materials included in your Budget Summary Form and how they will be used to implement your project. Please provide the unit cost and number of units for each item. Any equipment with a unit cost equal to or greater than \$5,000 should be included in the Equipment portion of your budget.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total

**G. Contractual**

Describe why contractual / consulting will be necessary for the success of your project and provide details as to what tasks will be completed through contractual / consulting relationships. Please include this information for each contractor / consultant. Please itemize the cost by contractor.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total



**H. Other Direct Costs**

Describe why the Other Direct Costs included in your Budget Summary Form are necessary for this project. Examples of Other Direct project costs include marketing, printing, volunteer training costs, liability insurance coverage for volunteers, and the in-kind value of volunteer hours. Please itemize each of these costs. If including volunteer hours for match, please explain the source of the valuation of those hours.<sup>1</sup>

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total

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<sup>1</sup> Applicant may use the Independent Sector's average hourly rate for volunteer hours if no other reasonable method of valuation is available (<https://independentsector.org/value-of-volunteer-time>).



**I. Indirect Costs**

If you do not have a federally approved indirect cost rate, and you have never had a federally approved indirect cost rate, you may include up to 10% of Total Direct Costs as Indirect. If you have a federally approved indirect cost rate, you may use that rate. A copy of your organization's approved indirect rate proposal must be included as a part of your final budget submission. In the Budget Summary Form show the percentage you are using and the basis of the calculation (XX% of Total Direct Expenses or XX% of Personnel Costs, for e.g.) in the "Justification" column. In the box below, include a brief description of the types of expenses that are included in your indirect rate. **If you had a federally approved indirect cost rate but it has expired, you may not include indirect costs as a part of your budget.**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Federal Match Total

Preparer Name<sup>2</sup>: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Title: \_\_\_\_\_

<sup>2</sup> This should be the person who can best respond to any questions we may have.