Budget Narrative

Organization Name: _____

Project Budget Period: 4/1/2027 - 9/30/2028

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**. All grantees are required to contribute a minimum match equal to 25% of the Total Program Budget.

Total Program Budget = Federal Funds Requested + Match.

The match may be comprised of cash, in-kind contributions, or a combination of both. For example, an organization applying for a grant of $120,000 in federal funds will be expected to contribute a $40,000 match, bringing the total program budget to $160,000. Calculate minimum match as follows: **Federal Funds Requested / 3 = Minimum Match Value. Example: $120,000 / 3 = $40,000.**

For expense categories that include Match, please explain how you arrived at the Match amount. For example, for personnel expenses reported as match, 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.

$ _____	$ _____	$ 0.00
Federal	Match	Total

Applications that do not meet the minimum match requirement will not be moved forward for additional consideration.

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.

$ _____	$ _____	$ 0.00
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.

$ _____	$ _____	$ 0.00
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 $.65/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.

$ _____	$ _____	$ 0.00
Federal	Match	Total

E. Equipment

Describe why equipment with a **unit cost equal to or over $10,000** 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 $10,000 should be included in "Supplies".**

$ _____	$ _____	$ 0.00
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**.

$ _____	$ _____	$ 0.00 _____
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.

$ _____	$ _____	$ 0.00 _____
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.[1]

$ _____	$ _____	$ 0.00 _____
Federal	Match	Total

[1] 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/resource/value-of-volunteer-time).

National COMMUNITY CARE CORPS

I. Indirect Costs

If you do not have a federally approved indirect cost rate, you may include up to 15% of Total Direct Costs as Indirect expense. 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. If you had a federally approved indirect cost rate but it has expired, you may use 15% of Total Direct Costs as Indirect expense. 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.

$ _____	$ _____	$ 0.00
Federal	Match	Total

Preparer Name[2]: _____

Date Prepared: _____

Contact Phone Number: _____

Contact Email Address: _____

Contact Title: _____

[2] This should be the person who can best respond to any questions we may have.