#### **National Historical Publications and Records Commission**

## **BUDGET INSTRUCTIONS**

Before developing a project budget, applicants should review those sections of the program guidelines and application instructions that discuss cost-sharing requirements, the different kinds of Commission funding, and any restrictions on the types of costs that may appear in the project budget. Sample budget computations are also included in the guidelines.

# **Requested Grant Period**

Grant periods begin on the first day of the month and end on the last day of the month. All project activities must take place during the requested grant period.

## **Project Costs**

The budget should include the project costs that will be charged to grant funds as well as those that will be supported by applicant or third-party cash and in-kind contributions.

All of the items listed, whether supported by grant funds or cost-sharing contributions, must be reasonable, necessary to accomplish project objectives, allowable in terms of the applicable federal cost principles, auditable, and incurred during the grant period. Charges to the project for items such as salaries, fringe benefits, travel, and contractual services must conform to the written policies and established practices of the applicant organization.

## **Fringe Benefits**

Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits that are not included in an organization's indirect cost pool may be shown as direct costs.

### **Travel Costs**

The most economical accommodations must be used and foreign travel must be undertaken on U.S. flag carriers when such services are available.

# Equipment

Only when an applicant can demonstrate that the purchase of permanent equipment will be less expensive than rental may charges be made to the project for such purchases. Permanent equipment is defined as an item costing more than \$5,000 per unit.

## **Indirect Costs (Overhead)**

These are costs that are incurred for common or joint objectives and therefore cannot be readily identified with a specific project or activity of an organization. Typical examples of indirect cost type items are the salaries of executive officers, the costs of operating and maintaining facilities, local telephone service, office supplies, and accounting and legal services. Indirect costs are computed by applying a negotiated indirect cost rate to a distribution base (usually the direct costs of the project).

Care should be taken that expenses that are included in the organization's indirect cost pool are not charged to the project as direct costs.

The Commission will not require the formal negotiation of an indirect cost rate, provided the charge for indirect costs does not exceed 10 percent of direct costs, up to a maximum charge of \$5,000. (Applicants who choose this option should understand that they must maintain documentation to support overhead charges claimed as part of project costs.) The Commission does not negotiate indirect cost rates with its grantees, but does recognize rates negotiated between its applicants and other Federal agencies.

### **Public Burden Statement**

Public burden reporting for this collection of information is estimated to be 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration, NHP, Room 3200, 8601 Adelphi Road, College Park, MD 20740-6001 and to the Office of Management and Budget, Paperwork Reduction Project (3095-0013), Washington, DC 20503. DO NOT SEND COMPLETED BUDGET FORMS TO THESE ADDRESSES. Send to National Historical Publications and Records Commission - NHPRC, National Archives & Records Administration, 700 Pennsylvania Avenue, NW, Room 106, Washington, DC 20408-0001. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

		BUI	OGET FORM						
Project Director			If this is a revised budget, indicate the NHPRC application/grant number:						
Applicant Organization			Requested Gra	nt Period					
					to				
				mo/yr	mo/yr				
The three-column budget had will be charged to Commiss that applicants are required provide sufficient detail to clearly indicate how the tot please follow the budget for separate budgets for each two	ion fund to compallow for all chargormat on welve-m	Is and those that will be plete is Column C, all or a better understance for each budget ite a separate sheet of ponth period of the proof.	be cost shared. In accounthough applicants mailing of their budget remained. It is paper. When the requestion of the must be developed.	rdance with Fede y wish to comple quest. The meth more space is n ested grant period ed on duplicated	ral regulations, ete Columns A nod of cost comeeded for any b d is eighteen mocopies of the bu	the only column & B in order to aputation should budget category onths or longer, adget form.			
SECTION A—Bu	dget d	letail for the p	eriod from	to					
	O	-		mo/yr	mo/yr				
1. Salaries and Wages									
Provide the names and titles on number of persons who will be for work done outside the acade.	employe	ed in that capacity. For							
Name/Title of Position	No.	Method of Cost Con	nputation	NHPRC Funds (a)	Cost Sharing (b)	Total (c)			
	[]			\$	\$	\$			
	[]			\$	\$	\$			
	[]			\$	\$	\$			
	[]			\$	\$	\$			
	[]			\$	\$	\$			
	[]			\$	\$	\$			
			SUBTOTAL	\$	\$	\$			
2. Fringe Benefits									
If more than one rate is used, l	ist each r	ate and salary base.							
	Rate	Salary I	Base	(a)	(b)	(c)			
		_ of \$		\$	\$				
		_ of \$		\$	\$				
			SUBTOTAL	\$	\$	\$			
3. Consultant Fees									
Include payments for profession	onal and t	echnical consultants an	d honoraria.						
Name or Type of Consultant		No. of days on Project	Daily Rate of Compensation	(a)	(b)	(c)			
			\$	•	\$	\$			

SUBTOTAL

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### 4. Travel

For each trip indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

Item	of	Tota Trav	el	Subsistence Costs +	Transportation Costs =	Fun	ds <b>Shari</b>	ng
	Persons	s Day	S			(a	(b)	(c)
	[ ]	] [	] \$		\$	_ \$	\$	\$
	[ ]	] [	] \$		\$	_ \$	\$	\$
	[ ]	] [	] \$		\$	_ \$	\$	\$
·	[ ]	<b> </b> [	] \$		\$	_ \$	\$	\$
	[ ]	] [	] \$		\$	_ \$	\$	\$
	[ ]	] [	] \$		\$	_ \$	\$	\$
	[ ]	] [	] \$		\$	_ \$	\$	\$
					SUBTOTA	L \$	\$	\$

## 5. Supplies and Materials

Include consumable supplies, materials to be used in the project, and items of expendable equipment, i.e., equipment items costing less than \$5,000 per unit.

Item	Basis/Method of Cost Computation	(a)	(b)	(c)
·		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	SUBTOTA	L\$	\$	\$

#### 6. Services

Include the cost of duplication and printing, long distance telephone, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool.

Item	Basis/Method of cost computation	(a)	(b)	(c)
		\$	_ \$	\$
		\$	_ \$	\$
		\$	_ \$	\$
		\$	_ \$	\$
		\$	_ \$	\$
		\$	_ \$	\$
	SUBTOTA	AL\$	_ \$	\$

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#### 7. Other Costs

Include equipment purchases of \$5,000 or more per unit, training costs and registration fees, and other items not previously listed. Please note that "miscellaneous" and "contingency" are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

	C								
	Item	Basis/Method of	f Cost Computation		NHPRC Funds (a)		Cost Sharing (b)		Total (c)
				_ \$ _	` '	_ \$_		_\$_	
				_ \$ .		_ \$ .		_ \$ _	
				_ \$ .		_ \$_		\$_	
			SUBTOTAL	\$ .		_ \$_		_ \$ _	
8.	Total Direct Costs (add	subtotals of items 1	through 7)	\$_		_ \$ .		_ \$ _	
	Applicant chooses to us item B, enter the propose costs or \$5,000, whiche	e a rate not to exceed each rate, the base aga	d 10% of direct costs	up t	o a maxim	um c	harge of \$5	5,000.	(Under
Α.									
D	Name of Federal Agency				Date of A	Agree	ment		
B.		Rate	Base(s)		NHPRC Funds (a)		Cost Sharing (b)		Total (c)
		of \$		\$		\$		\$	
	_								
10.	. Total Project Costs (D	Pirect and Indirect)	for Budget Period	<b>\$</b>		Φ		4	
				Φ_		_ Φ.		Ф	

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# **SECTION B—Summary Budget and Project Funding SUMMARY BUDGET**

Transfer from section A the total costs (column c) for each category of project expense. When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the summary budget. For projects that will run less than eighteen months, only the last column of the summary budget should be completed.

Budget Categories	First Year/ from: to:	Second Year/ from: to:	Third Year/ from: to:	TOTAL COSTS FOR ENTIRE GRANT PERIOD
1. Solories and Wages	•	\$	¢	_ \$
<ol> <li>Salaries and Wages</li> <li>Fringe Benefits</li> </ol>	\$	\$ \$		_ = \$ _ = \$
	φ	\$ \$		
	Φ	- \$ - \$		
	Φ			
5. Supplies and Materials	Φ	Φ.		
6. Services	Φ			
7. Other Costs	\$	<b>\$</b>		
8. Total Direct Costs (items 1-7)	\$	. \$		
9. Indirect Costs	\$	\$		_= \$
10. Total Project Costs (Direct & Indirect)	\$	\$	\$	_ = \$
Matching \$  TOTAL NHPRC FUNDING \$		In-Kind Co Proje Other Fede TOTAL COST S	ect Income \$ _ ral Grants <sup>3</sup> \$ _	
Total Project Funding (NHPRC Fu	nds + Cost Sharing	g) <sup>4</sup> = \$	<del></del>	
<sup>1</sup> Indicate the amount of outright and/or Federal mate <sup>2</sup> Indicate the amount of cash contributions that will budget. Include in this amount third-party cash gift for information on cost-sharing requirements.) <sup>3</sup> Indicate the amount of actual or anticipated awards <sup>4</sup> Total Project Funding should equal Total Project Constitutional Grant Administrator Indicate the name, title, address, and phone number of the control of the	be made by the applications that will be raised to from other Federal a osts.	cant or third parties to so release Federal match agencies for this project who will be responsi	upport project expering funds. (Consult and this grant perio	the program guidelines d only.
administration of the grant if the award is made submitting financial status reports.	e—e.g., ensuring co	_		
Nome and Title (places town		Tele	phone ( ) area code	
Name and Title (please type or print)		Date		

Address