

**Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration**

**Services Grants - SVC 05 PA  
Appendix H – Sample Budget and Justification**

**ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND  
NARRATIVE JUSTIFICATION TO ACCOMPANY  
SF 424A: SECTION B FOR 01 BUDGET PERIOD**

**OBJECT CLASS CATEGORIES**

**Personnel**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>Salary being Requested</b>
Project Director	J. Doe	\$30,000	1.0	\$30,000
Secretary	Unnamed	\$18,000	0.5	\$ 9,000
Counselor	R. Down	\$25,000	1.0	\$25,000

**Enter Personnel subtotal on 424A, Section B, 6.a. \$64,000**

**Fringe Benefits** (24%) \$15,360

**Enter Fringe Benefits subtotal on 424A, Section B, 6.b. \$15,360**

**Travel**

2 trips for SAMHSA Meetings for 2 Attendees  
(Airfare @ \$600 x 4 = \$2,400) + (per diem  
@ \$120 x 4 x 6 days = \$2,880) \$5,280  
Local Travel (500 miles x .24 per mile) 120

**Enter Travel subtotal on 424A, Section B, 6.c. \$ 5,400**

**Equipment** (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

**Enter Equipment subtotal on 424A, Section B, 6.d.**

**Supplies**

Office Supplies	\$500
Computer Software - 1 WordPerfect	500

Enter Supplies subtotal on 424A, Section B, 6.e.

\$1,000

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

**Contractual Costs**

**Evaluation**

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	\$48,000	\$24,000	0.5
Other Staff		\$18,000	\$18,000	1.0

Fringe Benefits (25%) \$10,500

**Travel**

2 trips x 1 Evaluator (\$600 x 2)	\$ 1,200
per diem @ \$120 x 6	720
Supplies (General Office)	500

Evaluation Direct \$54,920

Evaluation Indirect Costs (19%) \$10,435

Evaluation Subtotal \$65,355

**Training**

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	\$ 12,000
Admin. Asst.	N. Jones	0.5	\$ 9,000
Fringe Benefits (25%)			\$ 5,250

**Travel**

2 Trips for Training	
Airfare @ \$600 x 2	\$ 1,200
Per Diem \$120 x 2 x 2 days	480
Local (500 miles x .24/mile)	120

**Supplies**

Office Supplies	\$ 500
Software (WordPerfect)	500

**Other**

Rent (500 Sq. Ft. x \$9.95)	\$ 4,975
Telephone	500
Maintenance (e.g., van)	\$ 2,500
Audit	\$ 3,000

Training Direct	\$ 40,025
Training Indirect	\$ -0-
<b>Enter Contractual subtotal on 424A, Section B, 6.f.</b>	<b>\$105,380</b>

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

**Other**

Consultants = Expert @ \$250/day X 6 day \$ 1,500  
 (If expert is known, should list by name)

**Enter Other subtotal on 424A, Section B, 6.h. \$ 1,500**

**Total Direct Charges (sum of 6.a-6.h)**  
**Enter Total Direct on 424A, Section B, 6.i. \$192,640**

**Indirect Costs**

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)

**Enter Indirect subtotal of 424A, Section B, 6.j. \$ 9,600**

**TOTALS**

**Enter TOTAL on 424A, Section B, 6.k. \$202,240**

**JUSTIFICATION**

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

**CALCULATION OF FUTURE BUDGET PERIODS**  
**(based on first 12-month budget period)**

**Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$175,700 is effective for all FY 2005 awards.) \***

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

\*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-199.  
 \*\*Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

\*\*\*Increased amount in 01 year represents costs for software.

Contractual Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

\*\*\*\*Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.