## Sample Budget and Budget Narrative Three-Year Budget

**Purpose:** The Budget Detail Worksheet (attached in this solicitation) may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this sample layout or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

\*\*The following budget is an example intended to assist you in preparing your application budget.\*\*

**A. Personnel:** List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Computation	Cost
Position 1 Position 2 Position 3	Salary x % of time spent on project x 3 years Salary x % of time spent on project x 3 years Salary x % of time spent on project x 3 years	\$XX,XXX \$XX,XXX \$XX,XXX

Describe the duties and supervision of Position 1.

Describe the duties and supervision of Position 2.

Describe the duties and supervision of Position 3.

All proposed project staff to be hired / employed by collaborating partner organizations should be included under the consultant / contracts cost category.

TOTAL PERSONNEL COST: \$ XXX,XXX

**B. Fringe Benefits:** Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workmen's Compensation, and Unemployment Compensation.

Name/Position	Computation	Cost	
Position 1			
Employers FICA	\$XX,XXX x % of salary x 3 years	\$XX,XXX	
Health Insurance	\$XX,XXX x % of salary x 3 years	\$XX,XXX	
Workmen's	<b>A O O O O O O O O O O</b>	<b>*</b> ***********************************	
Compensation Unemployment	\$XX,XXX x % of salary x 3 years	\$XX,XXX	
Compensation	\$XX,XXX x % of salary x 3 years	\$XX,XXX	
I	, , , , , , , , , , , , , , , , , , ,	+ · · · · · · · · · · ·	

Position 2		
Employers FICA	\$XX,XXX x % of salary x 3 years	\$XX,XXX
Health Insurance Workmen's	\$XX,XXX x % of salary x 3 years	\$XX,XXX
Compensation Unemployment	\$XX,XXX x % of salary x 3 years	\$XX,XXX
Compensation	\$XX,XXX x % of salary x 3 years	\$XX,XXX
Position 3		
Employers FICA	\$XX,XXX x % of salary x 3 years	\$XX,XXX
Health Insurance Workmen's	\$XX,XXX x % of salary x 3 years	\$XX,XXX
Compensation Unemployment	\$XX,XXX x % of salary x 3 years	\$XX,XXX
Compensation	\$XX,XXX x % of salary x 3 years	\$XX,XXX

TOTAL FRINGE BENEFITS: \$ XXX,XXX

TOTAL PERSONNEL AND FRINGE BENEFITS COSTS: \$ XXX,XXX

[Applicant 1] requests fringe benefits for the Position 1, Position 2, and Position 3.

**C. Travel:** Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). If the application includes putting on training, travel and meals for trainees should be listed separately from travel and meals of the applicant's staff. Show the number of trainees and unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Location Item Computation Cost	Location	Item	Computation	Cost
--------------------------------	----------	------	-------------	------

Purpose of Travel: OVW-Mandated Training and Technical Assistance

Note: Only travel of employees should be included in this category. Travel of partners or volunteers should be included in the "consultants/contracts" category.

TBD	Airfare	\$500 (avg.) x #people x #trips	\$X,XXX
TBD	Lodging	\$85 (avg.) x #days x #people x #trips	\$X,XXX
	Per diem	\$40 (avg.) x #days x #people x #trips	\$X,XXX

Purpose of Travel: Local Mileage

D--1/1-- 0

Provide estimated number of miles, cost per mile, and total.

TOTAL TRAVEL COSTS: \$ XX,XXX

The \$XX,XXX in OVW mandated technical assistance and training funds has been allocated in accordance with program guidelines. The sites of the training sessions are unknown at this time. Travel estimates are based upon the **[Applicant's]** formal written travel policy. Applicant organizations that do not have a formal written travel policy must abide by the approved Federal Travel Policy, including costs for per diem.

**D. Equipment:** List non-expendable items that will be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit.

Note: An organization's own capitalization policy for classification of equipment should be used. Expendable items should be included either in the "Supplies" or "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost	
Equipment A Equipment B	\$XXX/equipment x number of equipment \$XXX/equipment x number of equipment	\$XXX \$XXX	
	TOTAL EQUIPMENT COSTS:	\$ XX,XXX	

Equipment A will be used to [explanation of use and how it will help to achieve program objectives]. Equipment B will be used to [explanation of use and how it will help to achieve program objectives].

**E. Supplies:** List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, handheld tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

<u>Item</u>	Computation	Cost	
Office Supplies	\$150/month x 36 months	\$X,XXX	
(paper, pens, etc.)			
Postage	\$50 month x 36 months	\$X,XXX	
75 Victim Assistance Kits	\$25/kit x 75 kits	\$X,XXX	
	TOTAL SUPPLIES COSTS:	\$ X,XXX	

Office supplies and postage are needed for the general operation of the program. The Victim Assistance Kits will be provided to victims of domestic violence, dating violence, sexual assault, and stalking who seek assistance from the program. The kits contain **[specific description].** The estimated cost is based on previous kit prices from other programs. We estimate that at least 75 kits will be needed over the 36-month period.

**F. Construction:** As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Consult with OVW before budgeting funds in this category.

Purpose	Description of Work	Cost	
	TOTAL CONSTRUCTION COSTS:	\$ XX,XXX	

**G. Consultants/Contracts:** Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

**Consultant Fees:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OVW.

Name of Consultant	Service Provided	Computation	Cost
Consultant/Trainer Part-Time Prosecutor	Sexual Assault Training Prosecution	\$350/day x #days \$XX/hour x #hours/month	\$X,XXX
		x 36 months	\$XX,XXX

SUBTOTAL: <u>\$ XX,XXX</u>

Describe in detail the purpose of each consultant, their function in the organization, and why it is essential to have an outside consultant brought in. Consultants should be hired when no one in the organization has that level of expertise and the training provided is necessary to carry out the objectives of the program.

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.).

<u>Item</u>	Location	Computation	Cost
Airfare		\$500 (avg.)	\$XXX
Lodging	Local Hotel	\$85 (avg.) x #nights	\$XXX
Per diem	Local Area	\$40 (avg.) x #days	\$XXX

**SUBTOTAL:** \$ XX,XXX

It is necessary for the consultant/trainer to travel from **[Location X]** to **[Program Location]** to provide training to program staff.

**Contracts:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Item	Computation	Cost
Cell Phone Service	\$XX/month x 36 months	\$XXX
Vehicle Lease	\$XXX/month x 36 months	\$XXXX
Contract with ABC company	for X services	\$XXX

SUBTOTAL: \$X,XXX

Describe in detail the purpose of each contract to carry out the objectives of the program. Describe how the organization will promote free and open competition in awarding contracts. If including vehicle costs (if allowed under the solicitation), include a justification for why it would be most cost-effective to lease or purchase a vehicle. Provide the total amount of the contract

as well as a narrative that states what will be accomplished through the contract. You do not need to provide a breakdown of the contract.

TOTAL CONTRACTS AND CONSULTANT COSTS: \$XX,XXX

**H. Other Costs:** List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, and provide a monthly rental cost and how many months to rent.

<u>Description</u>	Computation	Cost
Printing Manuals	\$XX/manual x #manuals	\$XXX
Rent for Safe House	\$X,XXX/month x 36 months	\$XX,XXX
Utilities for Safe House	\$XXX/month x 36 months	\$X,XXX
Conference registration		\$XXX
J	TOTAL OTHER COSTS:	\$ XX,XXX

Include a full description of products and other costs and how they will be used by the organization to promote the objectives of the program. Provide details on who will develop products and how they will be distributed. Provide justifications for other costs included that are not included elsewhere in the budget narrative and vital to fulfilling the objectives of the program.

**I. Indirect Costs:** Indirect costs are allowed only if the applicant has a federally-approved indirect cost rate and if permitted by the grant program. A copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicants cognizant federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

<u>Description</u>	Computation	Cost
XX.XX% of Direct Costs	\$XX,XXX x Indirect Costs Rate	\$XX,XXX

TOTAL INDIRECT COSTS: \$ XX,XXX

## **Budget Summary**

When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of federal funds requested and the amount of non-federal funds that will support the project.

Budget Category	Amount		
A. Personnel	\$XXX,XXX		
B. Fringe Benefits	\$XXX,XXX		
C. Travel	\$XX,XXX		
D. Equipment	\$XX,XXX		
E. Supplies	\$X,XXX		
F. Construction	\$XX,XXX		
G. Consultants and Contracts	\$XX,XXX		
H. Other Costs	\$XX,XXX		
I. Indirect Costs	\$XX,XXX		
TOTAL PROJECT COSTS	\$XXX,XXX		
Non-Federal (Match) Amount Please refer to the solicitation for specific program require	\$XX,XXX ments on match. If you provide match		
is the project of the desired in the project powerful but about a final and in the buildest or buildest			

voluntarily, you can discuss it in the project narrative but should not include it in the budget or budget

Federal Share Requested \$XXX,XXX

narrative.