**SFY22 Community-Based Violence Intervention Program**

**Budget Detail Worksheet and Narrative**

*The Budget Detail Worksheet is for the preparation of the budget requested in support of the proposed project. All required information must be provided. In the narrative space, you must provide justification for all listed expenses and an explanation as to why the costs are necessary to the success of the project.*

**A. Salaries** – List each position by title and name of employee, if available. Show the annual salary rate, 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. Expand and add lines as needed.

Name/Position Annual Salary % of time Grant amount on project requested

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**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative for Salaries:**

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**B. Fringe Benefits** – Fringe benefits should be based on actual known costs an approved negotiated rate. Fringe benefits are for personnel listed in Category A and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA Workman’s Compensation, and Unemployment Compensation. Expand and add lines as needed.

Name/Position Salary Base Fringe Rate Grant amount (from Grant Amount Requested above) requested

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**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative for Fringe Benefits:**

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**C. Travel/Training –** List all costs associated with the proposed travel/training activities. Include: type of travel/training, date(s) of travel/training, location, etc. In the Budget Narrative, show the basis of computation. Expand and add lines as needed.

Type of Trvl/Trng Date(s) Location # persons Type of Cost Grant amount

(mileage, hotel, tolls, etc.) requested

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**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative for Travel:**

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**D. Equipment** – List non-expendable items with a value of over $1,000 that are to be purchased. Expand and add lines as needed. (Agency’s own capitalization policy for classification of equipment should be used.)

Item # of Units Cost per Unit Grant amount requested

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**Total: \_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative for Equipment:**

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**E. Supplies** – List items by type (equipment valued under $1,000, office supplies, postage, training materials, copy paper, and other expendable items such as books, etc.) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project. Expand and add lines as needed.

Item # of Units Cost per Unit Grant amount requested

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**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative for Supplies:**

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**F. Consultants/Contracts/Subawards –** Provide a description of the product or service to be procured by contract and estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts/subawards.

**1. Consultant Fee:**  For each consultant, enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on project.

Name of Consultant Service to be Hourly or % of time Grant amount

provided daily fee on project requested

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**Subtotal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (travel, meals, lodging, etc.). Expand and add lines as needed.

Item Location Cost per unit # of units Grant amount

requested

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|  |  |  |  |  |

**Subtotal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Contracts/Subawards:** 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 and subawards. Expand and add lines as needed.

Item or Service to be Provided Contractor/Subrecipient Grant amount

requested

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**Subtotal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultants/Contracts/Subawards Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative for Consultants/Contracts/Subawards:**

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**G. Other Costs –** List items (e.g.) rent, reproduction, telephone, janitorial services, etc.) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot rent, and provide a monthly rental cost and how many months to rent. Expand and add lines as needed.

Description Cost per unit # of units Grant amount (define unit) requested

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**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narrative for Other Costs:**

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**SFY22 CBVI Program Budget Summary**

*When the budget worksheet is completed, transfer the totals for each category to the spaces below. Compute the total project costs.*

**Budget Category Grant Amount Requested**

|  |  |
| --- | --- |
| **A. Salaries** |  |
| **B. Fringe Benefits** |  |
| **C. Travel/Training** |  |
| **D. Equipment** |  |
| **E. Supplies** |  |
| **F. Consultants/Contractors/Subawards** |  |
| **G. Other** |  |
| **TOTAL PROJECT COSTS** |  |