**Suggested Budget Narrative Template**

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| --- | --- | --- | --- | --- |
| **1. PERSONNEL** | **FEDERAL REQUEST** | **MATCH/IN-KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 1a. Title |  |  |  | Hourly wage x # hours per year x # years  |
| 1b. Title |  |  |  | Annual salary x FTE x # years |
| 1c. Title |  |  |  |  |
| **Personnel Total** |  |  |  |  |
| **2. FRINGE BENEFITS** | **FEDERAL REQUEST** | **MATCH/IN- KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 2a. PERSONNEL 1a. |  |  |  | Total salary x fringe % rate |
| 2b. PERSONNEL 1b. |  |  |  |  |
| 2c. PERSONNEL 1c. |  |  |  |  |
| **Fringe Benefits Total** |  |  |  |  |
| **3. TRAVEL** | **FEDERAL REQUEST** | **MATCH/IN- KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| One national or regional-level networking and training event registration fee  |  |  |  | # of people @ XXX |
| Airfare |  |  |  | RT name of Airport to/from name of Airport, XXX Airline, XXX Fare as of date, # people @ $XXX / person ($XXX base fare + $XX tax and fees) |
| Airline checked baggage fee |  |  |  | # bags @ $XX / bag |
| Mileage |  |  |  | RT place of business to/from Airport, type of transportation, # mi. x # people @ $0.XXX / mi. |
| Airport parking |  |  |  | # days x # people @ $XX/day |
| Ground transportation |  |  |  |  # days x # people @ est. $XX/day |
| Lodging  |  |  |  |  In-State/out-of-State rate, date, # days  |
| Lodging tax |  |  |  | In-State/out-of-State rate, XX% / day, # days x # people @ $XX.XX / day |
| Per diem (M&IE) |  |  |  | In-State/out-of-State rate, full day, # days x # people @ $XX.XX / day |
| Per diem (M&IE) |  |  |  | In-State/out-of-State rate, first & last days of travel, # days x # people @ $XX.XX / day |
| **Travel Total** |  |  |  |  |
| **4. SUPPLIES (Less than or equal to a unit cost of $4,000. Note: Allowable costs are located at 2 CFR Part 200, Subpart E)** | **FEDERAL REQUEST** | **MATCH/IN-KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 4a. XXX |  |  |  |  |
| 4b. XXX |  |  |  |  |
| 4c. Office supplies |  |  |  |  |
| 4d. Professional development materials |  |  |  |  |
| 4e. Computer(s) |  |  |  |  |
| 4f. Computer workstation(s) |  |  |  |  |
| 4g. Software |  |  |  |  |
| **Supplies Total** |  |  |  |  |
| **5. EQUIPMENT** | **FEDERAL REQUEST** | **MATCH/IN-KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 5a. XXX |  |  |  |  |
| 5b. XXX |  |  |  |  |
| **Equipment Total** |  |  |  |  |
| **6. CONTRACTUAL** | **FEDERAL REQUEST** | **MATCH/IN-KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 6a. Type/Name of contractor, service to provide |  |  |  | # hrs. / yr. @ $XXX / hr. |
| 6b. Type/Name of contractor, service toprovide |  |  |  | # hrs. / yr. @ $XXX / hr. |
| **Contractual Total** |  |  |  |  |
| **7. OTHER** | **FEDERAL REQUEST** | **MATCH/IN-KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 7c. Operating Costs per person |  |  |  |  |
| 7d. Professional Development |  |  |  |  |
| 7e. Software Licenses |  |  |  |  |
| 7f. Postage, Shipping/Handling |  |  |  |  |
| 7g. Fees |  |  |  |  |
| **Other Total** |  |  |  |  |
| **8. TOTAL COSTS** | **FEDERAL REQUEST** | **MATCH/IN-KIND** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 8a. Total Direct Costs |  |  |  | [You will not need to write anything in this column.] Ensure the total of the SF-424A and SF-424B are the same |
| 8b. Total Indirect Costs [or maximumAdministrative Costs % allowed] |  |  |  | calculation = total Direct costs x IDC rate |
| Total costs (Budget categories 8a + 8b) |  |  |  | [You will not need to write anything inthis column.] |