Budget Narrative Template | Farm to School Grant Program | Fiscal Year 2026

# Instructions

Applicants are strongly encouraged to use this template to prepare their budget narrative.

This Word version of the Budget Narrative Template does not contain formulas. An Excel version of this Budget Narrative Template that utilizes formulas and other Excel features is available for download in the Related Documents tab in Grants.gov. Applicants are responsible to ensure the budget data is correct and is calculated correctly. USDA is not responsible for any calculation or other errors caused by using this template.

# The Budget Narrative must be submitted to Grants.gov as a PDF. Export as a PDF by clicking File > Save as Adobe PDF or File > Print > Select "Adobe PDF" as the printer > click "Print", then follow any additional prompts. Must be formatted to fit on an 8.5 x 11-inch page, with a font no smaller than 11-point. Before submitting, check that all five of the budget narrative columns are on the page. Only include the Budget Narrative tab in the PDF. Do not include these instructions.

# There is no page limit to the budget narrative.

# Categories 1-8 correspond to those required on the SF-424A, Section B. Follow the instructions provided in the RFA to complete the SF-424A. Be sure that the amounts in the Budget Narrative match the SF-424 and SF-424A.

# In addition to providing a description and justification of the expense, the Budget Narrative must include calculations to show how all line-item expenses were derived. This should be included in the Narrative Explanation column. Recommended calculations for example costs have been provided in the template.

# Budget Narrative Template

## Personnel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. PERSONNEL** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 1a. Name, Title |   |   |  | Hourly wage x # hours per year x # years **OR** Annual salary x FTE x # years |
| 1b. Name, Title |   |   |  |   |
| 1c. Name, Title |   |   |  |   |
| 1d. Name, Title |   |   |  |   |
| 1e. Name, Title |   |   |  |   |
| 1f. Name, Title |   |   |  |   |
| 1g. Name, Title |   |   |  |   |
| 1h. Name, Title |   |   |  |   |
| 1i. Name, Title |   |   |  |   |
| 1j. Name, Title |   |   |  |   |
| **Personnel Total** |  |  |  |  |

## Fringe Benefits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. FRINGE BENEFITS** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 2a. Name, Title 1a. |   |   |  | Total salary x fringe rate. Explain what costs are included in fringe rate. |
| 2b. Name, Title 1b. |   |   |  |   |
| 2c. Name, Title 1c. |   |   |  |   |
| 2d. Name, Title 1d. |   |   |  |   |
| 2e. Name, Title 1e. |   |   |  |   |
| 2f. Name, Title 1f. |   |   |  |   |
| 2g. Name, Title 1g. |   |   |  |   |
| 2h. Name, Title 1h. |   |   |  |   |
| 2i. Name, Title 1i. |   |   |  |   |
| 2j. Name, Title 1j. |   |   |  |   |
| **Fringe Benefits Total** |  |  |  |  |

## Travel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. TRAVEL** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 3a. Registration fee |   |   |  | Registration fee per person x # of people |
| 3b. Airfare |   |   |  | Roundtrip Name of Airport to/from name of Airport, Airline name, fare (base fare + tax and fees) as of date x # people  |
| 3c. Checked baggage fee |   |   |  | Cost per bag x # bags x # people |
| 3d. Mileage |   |   |  | Roundtrip place of business to/from Airport, type of transportation, $0.XXX per mile x # miles x # people |
| 3e. Airport parking |   |   |  | Cost per day x # days x # people |
| 3f. Ground transportation and tolls |   |   |  | Cost per day x # days x # people |
| 3g. Lodging  |   |   |  | Dates, In-State/out-of-State rate (including taxes and fees) x # days x # people |
| 3h. Per diem (M&IE) |   |   |  | In-State/out-of-State rate, full day, per day x # days x # people |
| 3i. |   |   |  |   |
| 3j.  |   |   |  |   |
| **Travel Total** |  |  |  |  |

## Equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. EQUIPMENT** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 4a. |   |   |  |   |
| 4b. |   |   |  |   |
| 4c. |   |   |  |   |
| 4d. |   |   |  |   |
| 4e. |   |   |  |   |
| 4f. |   |   |  |   |
| 4g. |   |   |  |   |
| 4h. |   |   |  |   |
| 4i. |   |   |  |   |
| 4j. |   |   |  |   |
| **Equipment Total** |  |  |  |  |

## Supplies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. SUPPLIES** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 5a. Office supplies |   |   |  | Cost per item x # items |
| 5b. Professional development materials |   |   |  | Cost per item x # items |
| 5c. Computer(s) |   |   |  | Cost per computer x # computers x % dedicated to the project |
| 5e. Software/Software Licenses |   |   |  | Cost per item x # items |
| 5f. Agriculture education materials |   |   |  | Cost per item x # items |
| 5g.  |   |   |  |   |
| 5h. |   |   |  |   |
| 5i. |   |   |  |   |
| 5j. |   |   |  |   |
| **Supplies Total** |  |  |  |  |

## Contractual

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6. CONTRACTUAL** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 6a. Type/Name of contractor |   |   |  | $XX per hour x # hours x # years. Describe service to provide.  |
| 6b. |   |   |  |   |
| 6c. |   |   |  |   |
| 6d. |   |   |  |   |
| 6e. |   |   |  |   |
| 6f. |   |   |  |   |
| 6g. |   |   |  |   |
| 6h. |   |   |  |   |
| 6i. |   |   |  |   |
| 6j. |   |   |  |   |
| **Contractual Total** |  |  |  |  |

## Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. OTHER** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 7b. Professional Development |   |   |  | Training fee per person x # people |
| 7d. Postage, Shipping/Handling |   |   |  | Shipping cost per item x # items shipped |
| 7e. Publication and Printing |   |   |  | Printing cost per page or item x # pages or items |
| 7f. Stipends |   |   |  | Registration fee per person x # people + substitute pay per day x # days x # people **OR** replacement pay per day x # days x # people |
| 7g. Subawards |   |   |  | Amount per subawards x # subawards |
| 7h. |   |   |  |   |
| 7i. |   |   |  |   |
| 7j. |   |   |  |   |
| **Other Total** |  |  |  |  |

## Total Costs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8. TOTAL COSTS** | **FEDERAL REQUEST** | **MATCH** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 8a. Total Direct Costs |  |  |  | Do not add anything in this field. Ensure the amounts here match the SF-424 and SF-424A. |
| 8b. Total Indirect Costs (or maximum IDC% allowed) |   |   |   | Calculation = total Direct costs x IDC rate. (If applicable, submit NICRA documentation.) |
| **Total** |  |  |  |  |

## Match

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9. MATCH**  | **FEDERAL REQUEST** | **MATCH** | **TOTAL PROJECT BUDGET** | **MATCH PERCENT** |
| Total Direct and Indirect Costs |  |  |  |  |