**Budget Narrative** **instructions:**

Your narrative should be in Times New Roman (TNR), 12-point font, except for footnotes and tables which may be TNR 10-point font. Narrative may be single-spaced.

Format: 8 1/2 x 11 white paper with 1-inch margins all around

Please provide a budget justification, which includes a budget narrative and a line-item detail, for only the first 3-month budget period of the proposed project (07/01/2023-09/29/2023). The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

***Special Note***: As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Extending Government Funding Act (P.L. 117-70), Effective January 1, 2023, the Executive Level II salary is **$212,100**. Award funds issued under this announcement may not be used to pay the salary of an individual at a rate in excess of Executive Level II. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties of the applicant organization. This salary limitation also applies to subawards and subcontracts under an ACF grant or cooperative agreement.

Please fill out the details below (as applicable), add/revise columns for tables (as needed).

**< Partner’s name> <**describe services>

**<Partner’s name>’s cost reimbursable sub-award totals <insert amount>.**

**<Partner’s name> *personnel costs total* <insert amount > for year one and total <insert amount for 1-4 total > over the four- year grant period.**

**List out each <**Name>,<Position title> (%) - <job description in 1-2 sentences>.

Salary increases of <insert %> occur on <inset date>.

*Note: If an employee makes $220,000/year, the maximum that can be budgeted is $203,700/year in the budget.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, Position Title** | **Annual Salary** | **FTE**  | **Yr. 1 Salary** | **Yr. 2 Salary** | **Yr. 3 Salary** | **Yr. 4 Salary** | **Total Salary** |
| Jane Doe, Principal Investigator |  $203,700  | 0.5 |  $101,850  |  |  |  |  |
| John Doe, Project Manager |  $100,000  | 0.2 |  $20,000  |  |  |  |  |
| TBD, Trainer |  $85,000 | 0.75 |  $63,750  |  |  |  |  |
| **TOTAL** | **<insert amount>** |  | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** |

**<Partner’s name>’s *fringe benefits total* <insert amount > for year one and total <insert amount for 1-4 total > over the four-year grant period.**

**<**Provide a breakdown of the amounts and the percentages that comprise fringe benefit costs such as health insurance, FICA, retirement, etc.> If you have a NICRA that includes fringe benefits, then <Detail the fringe benefits rate \* fringe benefits base calculation>.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Fringe Benefit Breakdown**  | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| Severance Pay  | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Unemployment Taxes State  | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Workers Comp.  | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Medical/Health Insurance | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Life Insurance | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Retirement | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Other | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| **TOTAL** | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fringe Rate** | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| <insert %> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |

**<Partner’s name>’s *travel totals* <insert amount > for year one and total <insert amount for 1-4 total > over the four-year grant period.**

Trip pricing estimates include ground transportation at <insert amount>/trip, airfare at <insert amount>/trip, meals at <insert amount>/day and lodging at <insert amount>//night. Travel is necessary for <Partner’s name>staff to attend <describe the meeting(s) and your purpose to attend it>.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **Trip Purpose/Location**  | **Traveler** | **Nights** | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| <insert name of the trip>  | <insert number> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| <insert name of the trip>  | <insert number> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| <insert name of the trip>  | <insert number> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| <insert name of the trip>  | <insert number> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| **TOTAL** | **<insert amount>** |  |  | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** |

**<Partner’s name>’s *equipment totals* <insert amount > for year one and total <insert amount for 1-4 total > over the four-year grant period.**

Most subcontractors will not need to complete this section unless they are proposing equipment valued at the lower of $5,000 or their capitalization threshold.<For each type of equipment requested, provide: a description of the equipment, plan for use on the project and plan for disposition at the end of the project>.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type**  | **Unit Cost** | **Q** | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| <insert Equip. name>  | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |

**<Partner’s name>’s *supplies total* <insert amount > for year one and total <insert amount for 1-4 total > over the four year grant period.**

***<***Specify general categories of supplies and their costs and justify the need for the supply>.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type**  | **Unit Cost** | **Q** | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| <insert name of supplies>  | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| <insert name of supplies>  | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| **TOTAL** | **<insert amount>** |  |  | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** |

**<Partner’s name>’s *contractual costs totals* <insert amount > for year one and total <insert amount for 1-4 total > over the four-year grant period.**

***<***Describe each contractual service, use or purpose>

Most subcontractors will not need to complete this section unless they are proposing further subcontracting. This includes contracts with secondary sub-recipient organizations. If you have a secondary sub-recipient included in your budget, you will need to provide that subrecipient’s budget narrative and budget detail to ZTT, using this budget narrative format and spreadsheet for that secondary subrecipient. You must justify any procurement expected to be awarded without competition and that exceeds the Simplified Acquisition Threshold.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type**  | **Unit Cost** | **Q** | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| <insert name of contractor>  | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| <insert name of contractor>  | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| **TOTAL** | **<insert amount>** |  |  | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** |

**<Partner’s name>’s *other costs total* <insert amount > for year one and total <insert amount for 1-4 total > over the four-year grant period.**

***<***Describe other costs and justify the need for each cost.>

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **Type**  | **Unit Cost** | **Q** | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| Consultant | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Postage & Shipping  | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| Copying | <insert amount> | <insert number> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |
| **TOTAL** | **<insert amount>** |  |  | **<insert amount>** | **<insert amount>** | **<insert amount>** | **<insert amount>** |

**<Partner’s name> *indirect costs total* <insert amount > for year one and total <insert amount for 1-4 total > over the four year grant period.**

***<***Describe the IDC rate and the IDC base that the rate is applied against> <Attach indirect cost rate agreement, if applicable>.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IDC Rate** | **Yr. 1 Total** | **Yr. 2 Total** | **Yr. 3 Total** | **Yr. 4 Total** | **1-4 yr. Total** |
| <insert %> | <insert amount> | <insert amount> | <insert amount> | <insert amount> | <insert amount> |