**Budget/ Budget JustificationInstructions**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. This document should be submitted with the Excel budget template that was provided to you.

1. **Personnel:** Personnel costs should be explained by listing each staff member who will **(1)** be supported from funds and **(2)** in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for quality improvement activities, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality and reporting. **Note:** Final personnel charges must be based on actual, not budgeted labor. **Fringe Benefits:** Fringe Benefits change yearly, and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.
2. **Consultants/Contractual:** Grantees must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Grantees must provide the following information in the budget justification:
3. **Name of Contractor/Consultant: Who is the contractor/consultant?**

Include the name of the qualified contractor and indicate whether the contract is with an institution or organization if applicable. Identify the principle supervisor of the contract.

1. **Method of Selection: How was the contractor/consultant selected?**

If an institution is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services. If the contract is with an institution or organization, include the contract supervisor’s qualifications.

1. **Period of Performance: How long is the contract period?**

Include the complete length of contract. If the contract involves a number of tasks, include the performance period for each task.

1. **Scope of Work: What will the contractor/consultant do?**

List and describe the specific tasks the contractor is to perform.

1. **Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?**

Include an itemized line item breakdown as well as total contract amount. If applicable, include any indirect costs paid under the contract and the indirect cost rate used.

Grantees must have a written plan in place for contractor/consultant monitoring and must actively monitor contractor/consultant.

1. **Occupancy/Rent:** This costs includes rent, utilities, insurance for the building, repairs and maintenance, depreciation, etc. Include in your description the cost allocation method used to allocate this line item.
2. **Travel:** The budget should reflect the travel expenses associated with implementation to the program and other proposed trainings or workshops, with breakdown of expenses (e.g. airfare, hotel, per diem, and mileage reimbursement).
3. **Supplies:**Provide justification of the supply items and relate them to specific program objectives. It is recommended that when training materials are kept on hand as a supply item, that it be included in the “supplies” category. **When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized and shown in the “Other Direct Costs” category.** If appropriate, general office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget period. If total supplies is over $10,000 it must be itemized.
4. **Equipment:** Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).
5. **Client / Participant Costs:** Includes client travel.Client/Participant costs are costs paid to (or on behalf of) participants or trainees (not employees) for participation in meetings, conferences, symposia, and workshops or other training projects, when there is a category for participant support costs in the project.
6. **Communication:** Cost estimates for any communications and dissemination activities included in the work plan should be covered in the budget.
7. **Other Direct Costs:** Other direct costs category contains items not included in the previous categories. Give justification for all the items in the “other” category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs, computers, etc.). All costs associated with training activities should be placed in the “other direct cost” category except costs for consultant and/or contractual.

**Organization Name**

**Budget Period \_\_ Budget Justification**

1. **PERSONNEL**

|  |  |
| --- | --- |
| **Position Title** | **Position Description** |
|  |  |
|  |  |

1. **CONSULTANTS/CONTRACTUAL**

|  |
| --- |
| **Description of Services**1. Name of Contractor/Consultant: Who is the contractor/consultant?
2. Method of Selection: How was the contractor/consultant selected?
3. Period of Performance: How long is the contract period?
4. Scope of Work: What will the contractor/consultant do?
5. Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?
 |
|  |
|  |
|  |
|  |

1. **OCCUPANCY/RENT**

|  |
| --- |
| **Location of Services** |
|  |
|  |

1. **TRAVEL**

|  |  |  |
| --- | --- | --- |
| **Traveler Name** | **Travel Destination** | **Reason for Travel** |
|  |  |  |
|  |  |  |

1. **SUPPLIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Name** | **Justification for Item** | **\*Unit Cost of Each Item** | **\*Number Needed** | **Total Amount** |
|  |  |  |  |  |
|  |  |  |  |  |

**\***Complete these columns only if supplies are over $10,000 total.

1. **EQUIPMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item Name** | **Justification for Item** | **Quantity** | **Unit** | **Unit Cost** | **Basis for cost estimate (actual cost or price quotation)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **CLIENT/PARTCIPANT COSTS**

|  |  |
| --- | --- |
| **Name of Client** | **Description of Services** |
|  |  |
|  |  |

1. **COMMUNICATION**

|  |  |
| --- | --- |
| **Item(s)** | **Purpose of Item** |
|  |  |
|  |  |

1. **OTHER DIRECT**

|  |  |
| --- | --- |
| **Type of Service**  | **Purpose of Service** |
|  |  |
|  |  |

**J. BUDGET SUMMARY:**

|  |  |
| --- | --- |
| **Category** | **Cost** |
| Personnel |  |
|  Salary |  |
|  Fringe |  |
| Consultants/Contractual |  |
| Occupancy |  |
| Travel |  |
| Supplies |  |
| Equipment |  |
| Client Costs |  |
| Other Direct |  |
| Total Direct Costs |  |
| Indirect Costs |  |
| **Total Project Cost** | **$** |