#  Sample Budget and Justification

#  (No match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD

### **A. Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

**FEDERAL REQUEST**

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
| --- | --- | --- | --- | --- |
| (1) Project Director | John Doe | $64,890 | 10% | $6,489 |
| (2) Grant Coordinator | To be selected | $46,276 | 100% | $46,276 |
| (3) Clinical Director | Jane Doe | In-kind cost | 20% | $0 |
|  |  |  | **TOTAL** | **$52,765** |

## JUSTIFICATION: Describe the role and responsibilities of each position.

1. The Project Director will provide daily oversight of the grant and will be considered key staff.
2. The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
3. The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

**Key staff positions require prior approval by the Grants Management Officer, after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A) **$52,765**

### **B. Fringe Benefits:** List all components that make up the fringe benefits rate

FEDERAL REQUEST

| Component | Rate | Wage | Cost |
| --- | --- | --- | --- |
| FICA | 7.65% | $52,765 |  $4,037 |
| Workers Compensation | 2.5% | $52,765 |  $1,319 |
| Insurance | 10.5% | $52,765 |  $5,540 |
|  |  | **TOTAL** |  **$10,896** |

**JUSTIFICATION:** **Fringe reflects current rate for agency.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A) **$10,896**

### **C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail. Applicants must use their own documented travel policies. If an organization does not have documented travel policies the Federal GSA rates must be used.

**FEDERAL REQUEST**

| Purpose of Travel | Location | Item | Rate | Cost |
| --- | --- | --- | --- | --- |
| (1) Grantee Conference  | Washington, DC | Airfare | $200/flight x 2 persons | $400 |
|  |  | Hotel | $180/night x 2 persons x 2 nights | $720 |
|  |  | Per Diem (meals and incidentals) | $46/day x 2 persons x 2 days | $184 |
| (2) Local travel |  | Mileage | 3,000 miles@.38/mile | $1,140 |
|  |  |  | **TOTAL** | **$2,444** |

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization’s policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A) **$2,444**

### **D. Equipment:**  an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF424A) **$0**

### **E. Supplies**: materials costing less than $5,000 per unit (federal definition) and often having one-time use

**FEDERAL REQUEST**

| Item(s) | Rate | Cost |
| --- | --- | --- |
| General office supplies | $50/mo. x 12 mo. | $600 |
| Postage | $37/mo. x 8 mo. | $296 |
| Laptop Computer | $900 | $900 |
| Printer | $300 | $300 |
| Projector | $900 | $900 |
| Copies | 8000 copies x .10/copy | $800 |
|  | **TOTAL** | **$3,796** |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF424A) **$3,796**

### **F. Contract:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

**COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.**

**FEDERAL REQUEST**

| Name | Service | Rate | Other | Cost |
| --- | --- | --- | --- | --- |
| (1) State Department of Human Services | Training  | $250/individual x 3 staff | 5 days | $750 |
| (2) Treatment Services | 1040 Clients  | $27/client per year |  | $28,080 |
| (3) John Smith (Case Manager) | Treatment Client Services | 1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750 | **\***Travel at 3,124 @ .50 per mile = $1,562**\***Training course $175 **\***Supplies @ $47.54 x 12 months or $570**\***Telephone @ $60 x 12 months = $720**\***Indirect costs = $9,390 (negotiated with contractor) | $46,167 |
| (4) Jane Payne | Evaluator | $40 per hour x 225 hours | 12 month period  | $9,000 |
| (5) To Be Announced | Marketing Coordinator | Annual salary of $30,000 x 10% level of effort  |  | $3,000 |
|  |  |  | **TOTAL** | **$86,997** |

**JUSTIFICATION:** **Explain the need for each contractual agreement and how it relates to the overall project.**

1. Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
2. Treatment services for clients to be served based on organizational history of expenses.
3. Case manager is vital to client services related to the program and outcomes.
4. Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation and is knowledgeable about the target population of focus and will report GPRA data.
5. Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

**\*Represents separate/distinct requested funds by cost category**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF424A) **$86,997**

### **G. Construction:**  **NOT ALLOWED** – Leave Section B columns 1& 2 line 6g on SF424A blank.

### **H. Other:**  expenses not covered in any of the previous budget categories

**FEDERAL REQUEST**

| Item | Rate | Cost |
| --- | --- | --- |
| (1) Rent\* | $15/sq.ft x 700 sq. feet | $10,500 |
| (2) Telephone | $100/mo. x 12 mo. | $1,200 |
| (3) Client Incentives | $10/client follow up x 278 clients  | $2,780 |
| (4) Brochures | .89/brochure X 1500 brochures | $1,335 |
|  | **TOTAL** | **$15,815** |

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, it may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.

**\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm’s length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The $10 incentive is provided to encourage attendance to meet program goalsfor 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF424A) **$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>.
**Effective with** [**45 CFR 75.414(f),**](http://www.ecfr.gov/cgi-bin/text-idx?node=se45.1.75_1414&rgn=div8) **any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the federally approved rate, the approved rate would prevail.

*\*Training grants, indirect costs are limited to 8%.***

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A)

 **8%** of personnel and fringe **(.08 x $63,661)** **$5,093**

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### TOTAL DIRECT CHARGES: **FEDERAL REQUEST** **–** (enter in Section B column 1 line 6i of form SF424A) **$172,713**

### INDIRECT CHARGES: **FEDERAL REQUEST** **–** (enter in Section B column 1 line 6j of form SF424A)  **$5,093**

TOTALS: (sum of 6i and 6j)

**FEDERAL REQUEST –** (enter in Section B column 1 line 6k of form SF424A) **$177,806**

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UNDER THIS SECTION REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc. Other support is defined as all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means.

### Provide the total proposed Project Period and Federal funding as follows:

 **Proposed Project Period**

|  |  |  |  |
| --- | --- | --- | --- |
| a. Start Date: | **09/30/2011** |  b. End Date: | **09/29/2016** |

BUDGET SUMMARY (should include future years and projected total)

| Category | Year 1 | Year 2\* | Year 3\* | Year 4\* | Year 5\* | Total Project Costs |
| --- | --- | --- | --- | --- | --- | --- |
| **Personnel** | **$52,765** | $54,348 | $55,978 | $57,658 | $59,387 | $280,136 |
| **Fringe** | **$10,896** | $11,223 | $11,559 | $11,906 | $12,263 | $57,847 |
| **Travel** | **$2,444** | $2,444 | $2,444 | $2,444 | $2,444 | $12,220 |
| **Equipment** | **0** | 0 | 0 | 0 | 0 | 0 |
| **Supplies** | **$3,796** | $3,796 | $3,796 | $3,796 | $3,796 | $18,980 |
| **Contractual** | **$86,997** | $86,997 | $86,997 | $86,997 | $86,997 | $434,985 |
| **Other** | **$15,815** | $13,752 | $11,629 | $9,440 | $7,187 | $57,823 |
| **Total Direct Charges** | **$172,713** | $172,560 | $172,403 | $172,241 | $172,074 | $861,991 |
| **Indirect Charges** | **$5,093** | $5,246 | $5,403 | $5,565 | $5,732 | $27,039 |
| **Total Project Costs** | **$177,806** | **$177,806** | **$177,806** | **$177,806** | **$177,806** | **$889,030** |

###

TOTAL PROJECT COSTS: **Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **$889,030**

\*FOR REQUESTED FUTURE YEARS:

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization’s personnel policies and procedures that state all employees within the organization will receive a COLA.