

Budget Narrative/Justification

You may create your own budget justification/narrative form or use this form.

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.

Position	Staff Name	Yr Salary/Hourly Rate	% of Time) / No. of Hours	=	Total
THPO			X	=	
			X	=	
			X	=	
			X	=	
			X	=	
			TOTAL		\$0.00

JUSTIFICATION: Describe the role and responsibilities of each position below:

B. Fringe Benefits: List all components of fringe benefits rate. Fringe benefits may only be charge for personnel paid under the grant and may only cover the percent of time or hours worked.

Component	Rate		Wage		Total
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
			TOTAL		\$0.00

JUSTIFICATION: Add any comments below:

C. Travel: All travel must be explained in the application Workplan. Annual Federal per diem and mileage rates must be followed.

Conference, Consultation	Location	Item (airfare, hotel etc.)	No. days, cars, etc.		Rate		Total
				x		=	
				x		=	
				x		=	
				x		=	
			TOTAL	x			0

JUSTIFICATION: Describe the purpose of each item of travel below:

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.

Item	Cost Per Unit		No. of Items		Total
		x		=	\$700.00
		x		=	
		x		=	
		x		=	
		x		=	
			TOTAL		\$700.00

JUSTIFICATION: Justify the need to purchase each item, explain how it will be used and state how item will be competitively priced to assure best deal below:

E. Supplies: Materials costing less than \$5,000 per unit and often having one-time use.

Item	Cost Per Unit	No. of Items		Total
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
		TOTAL		\$0.00

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

F. Contractual: Contractual arrangements to carry out a portion of the program activities or for the acquisition of routine goods or services under the grant (such as a consultant who is retained to provide professional advice or services for a fee).

Contractor Name	Service Provided	Contract Type (flat fee, hourly)	Total
		TOTAL	\$0.00

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the activities in the Workplan below:

G. Construction: Summarize construction costs here, but they must be further broken down on an SF424c, Construction Budget Form.

Proposed Construction Work	Total
TOTAL	\$0.00

JUSTIFICATION: Explain the construction work proposed and how it relates to the activities in the Workplan below:

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

Item	Rate, Cost (or specify unit cost x amt)	Total
		\$700.00
		\$700.00

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

I. Indirect cost rate: Indirect costs can only be claimed if your organization has an approved, negotiated indirect cost rate agreement. **HPF Grants are limit indirect costs + any additional grant administration costs to 25% of the grant award.**

Type (fixed, final, etc.)	Period From	Period To	Rate		Base Amt		Total
				x		=	\$700.00
				x		=	
				x		=	
				x		=	
				x		=	
			TOTAL				\$700.00

JUSTIFICATION: Add any comments below: