**Budget Narrative Template**

**Organization Name:** Click here to enter text.

**Project Name:** Click here to enter text.

**Project Period:** Click here to enter text.

**Point of Contact:** Click here to enter text.

**Please provide justification of all funds requested. The below is a template, please add information as needed.**

1. **Personnel** (*please state the total personnel budget including fringe benefits costs)*

**Total personnel budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost-share funds:** Enter Total

(At a minimum, for each staff member provide the LOE, yearly salary, total salary, list duties, and responsibilities, and percent of time position will be dedicated to the project)

**Example**: *Project Coordinator. Funding in the total amount of ($90,000) is requested for a project coordinator at an LOE of 100% and $45,000 annually for two years. The project coordinator will be responsible for the following activities: support planning and coordination of program activities, social media communication, quarterly reporting, etc. The project coordinator position will be 100% dedicated to the project.*

 **Fringe Benefit**

 **Total fringe budget**: Enter Total

 **Total requested funds:** Enter Total

 **Total cost share funds:** Enter Total

Fringe benefits for salaries were calculated at a rate of (X%).

1. **Staff Travel**

**Total staff travel budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost-share funds:** Enter Total

(At a minimum, provide an overview of each scheduled trip, who will be traveling, and the purpose of each trip)

***Example:*** *2 staff members, Person A and Person B will travel from Washington DC to Amman, Jordan in July 2017 in preparation for Conference X for a total of $4,500. Staff members will meet with local partners, set up the conference, coordinate the arrival of participants, etc.*

*(You can access foreign per diem rates here (*[*https://aoprals.state.gov/web920/per\_diem.asp*](https://aoprals.state.gov/web920/per_diem.asp)*)*

*(You can access domestic (U.S) per diem rates here (https://www.gsa.gov/travel/plan-book/per-diem-rates)*

1. **Participant Support**

**Total participant support budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost share funds:** Enter Total

(Note, participant support costs may include stipends, travel, and registration fees for participants or trainees)

1. **Equipment**

**Total equipment budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost share funds:** Enter Total

(At minimum, provide description and estimated cost per unit for items >= $5,000)

1. **Supplies**

**Total supplies budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost-share funds:** Enter Total

 (At a minimum, provide description and estimate cost per unit for items =<$5,000)

1. **Contractual**

**Total contractual budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost-share funds:** Enter Total

(At a minimum, provide contractor name, total budget, and purpose of contract)

1. **Subaward**

**Total subaward budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost-share funds:** Enter Total

 (At a minimum, provide subrecipient name, total budget, and purpose of subaward)

1. **Other Direct Costs**

**Total other direct costs budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost-share funds:** Enter Total

1. **Reasonable Accommodation**

**Total reasonable accommodation budget**: Enter Total

**Total requested funds:** Enter Total

1. **Indirect Costs**

**Total indirect costs budget**: Enter Total

**Total requested funds:** Enter Total

**Total cost share funds:** Enter Total

(Provide Indirect Cost Rate and Indirect Cost Base; Indirect Cost Base for the 10% de minimis rate is total direct costs minus participant support costs. Indirect costs can be collected for the first $25,000 of each subaward)

(If your organization is claiming a NICRA, ensure that your NICRA is attached to your proposal)

1. **Cost Share** *(please state the cost-share total* ***separately*** *in this section)*

**Total cost share budget:** Enter Total

* 1. Personnel
	2. Staff Travel
	3. Participant Support
	4. Supplies
	5. Contractual
	6. Subawards
	7. Other Direct Costs
	8. Indirect Cost Rate