**SAMPLE FORMAT for BUDGET REQUEST**

 ***(Name of Project, Date)***

**Proposed Budget**

**(Based on a 12-month budget)**

**A. Direct Salaries and Wages**

**Personnel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title and Name** | **Annual****Salary** | **Time** | **Months** | **Amount****Requested** |
| *(Example--only for Direct Personnel)*Director, Research & DevelopmentJoe Smith | XXX | 20% | 12 months | XXX |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Justification**

**Director, Research & Development**

**Joe Smith**

Joe Smith has been with NACCHO since 1993. He is responsible for oversight of the cooperative agreement activities and ensures that all necessary reports/documentation are

submitted accordingly.

**B. Direct Staffing Fringe Benefits**

**Fringe Benefits**

**Total $ XXXXXX**

23% of Total Direct Staff Salaries = Fringe Benefits

**C. Consultant Costs**

**Total $ XXXXXX**

*(This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization).*

1. Name of Consultant

2. Organizational Affiliation (if applicable)

3. Nature of Services To Be Rendered

4. The Number of Days of Consultation (basis for fee)

5. The Expected Rate of Compensation (travel, per diem, other related expenses)--

list a subtotal for each consultant in this category

6. Method of Accountability

*(If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.)*

**D. Equipment**

**Total $XXXX**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Requested** | **How Many** | **Unit Cost** | **Amount** |
| *(Example)* |  |  |  |
| 1. Hand-heldinspection tool | 2 | $1,000 | $2,000 |
|  |  |  |  |
|  |  |  |  |

**Justification**

1. Hand-held inspection unit--Provide complete justification for all requested

equipment, including a description of how it will be used in the program.

**E. Supplies**

**Total $XXXXX**

*(Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific project objectives. If appropriate, Project Specific Office Supplies may be shown by an estimated amount per year times the number of direct staff in the budget category.)*

*Example:*

Project Specific Field Equipment (pens, paper, palm pilot, etc.)

$240/year x 3 direct staff = $ 720

**F. Travel**

**Total $XXXXXX**

*(Dollars requested in the travel category should be for* ***Staff Travel Only.*** *Travel for consultants should be shown in the consultant category.*

**In-State Travel**

Example

12 round trip cab fares x 2 staff members x $20 per round trip = $ 480

**Justification**

**Out -of-State Travel**

All out-of-state travel expenses are calculated per person on an average cost basis determined in the following way:

Airfare $ 769

Accommodations 375 (average for 3-night stay)

Per diem 196 (average for 4-days at $49 per day)

Ground Transport. 60

Total $1,400

2 direct staff member out-of-state trips x $1,400 = $ 2,800

**Justification**

**G. Other**

**Total $XXXX**

*(This category contains items not included in the previous budget categories, such as telephone, postage, and printing. Individually list each item requested and provide appropriate justification related to the project objectives.)*

**Project-specific Telephone**

($ per year x # direct staff) = $XXXX

**Project-specific postage**

($ per year x # direct staff) = $ XXXXX

**Project-specific Printing & Duplication**

($ per year x # direct staff) = $ XXXXX

*(Some of the Other items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, materials for marketing campaign)*

**H. Contractual Costs**

**Total $ XXXX**

*(A summary should be provided of the proposed contracts and the amounts for each.)*

1. Name of Contractor

2. Method of Selection

3. Period of Performance

4. Scope of Work

5. Method of Accountability

6. Itemized Budget and Justification

**I. Total Direct Costs Total $XXX**

(Show total direct costs by listing totals of each category)

**J. Indirect Costs**

Indicate method of calculating your indirect costs (e.g., Indirect costs = x% of Direct

Costs).

Total Indirect Costs

**Total $ XXXX**

**Grand Total Requested $**