**Building Capacity for Home & Community Based Services**

**through Collective Impact**

Applicant Budget Justification

**Applying Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Instructions:**

* Include estimation methods, quantities, unit costs, and other quantitative detail.
* Line-item budget and budget justification must be provided **for each year** of the proposed project.
* Budget narrative should describe how the categorical costs are derived.
* Discuss the necessity, reasonableness, and allocation of the proposed cost.
* Please see instructions on “Budgeting Instructions” tab of the budget template for a list of unallowable costs.

***FORMAT EXAMPLE:***

***Category of Funding (use the categories provided below)***

***Total Amount Current Year:***

***Description:*** *a line-item detail*

***Justification:*** *include a narrative description and, justification for the cost*

# YEAR 1

**A. DIRECT COSTS**

## I. PERSONNEL

**Total Amount Current Year: All Personnel Costs (Budget Line I21)**

**Description**: Cost of employee salaries/wages and fringe benefits.

**Justification**: For all personnel, list each person including their title/role, time commitment to the project in months, time commitment to the project as a percentage, annual salary, grant salary requested, fringe benefits requested, etc. Please include a brief description of each person’s responsibilities on your proposed project. Do not include the cost of consultants, personnel costs of delegate agencies, or of specific project(s) and/or activities to be financed by the applicant. Contractors and consultants should not be placed under this category.

***Example:***

**Total Costs: $78,690 (all personnel costs from budget line I21)**

**Description:** Cost of employee salaries/wages and fringe benefits

**Justification:**

**Amy Applicant: Project Director**

**50% FTE; $65,000 annual salary; $32,500 salary requested; $9,425 fringe benefits requested**

Ms. Applicant is the project director. She will lead and oversee all aspects of project design, key activities, and reporting. She will lead outreach and engagement efforts, and provide backbone support for the collective impact partner organizations.

**Andrea Admin: Project Assistant**

**75% FTE; $38,000 annual salary; $28,500 salary requested; $8,265 fringe benefits requested**

Ms. Admin will assist with all project activities, including administrative and coordination needs.

II. SUPPLIES COSTS

**Total Amount Current Year:**

**Description:** Costs of all tangible items with a per-unit cost of less than $5,000. This includes office and other consumable supplies.

**Justification:** Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

III. TRAVEL AND TRANSPORTATION COSTS

**Total Amount Current Year:**

**Description:** Costs of project-related travel by employees of the applicant organization. Applicants are required to adhere to current state of North Carolina travel reimbursement guidelines and per diems as outlined in the RFA.

* Breakfast $9.00
* Lunch $11.80
* Dinner $20.50
* Mileage: $.585 per mile
* Lodging: Use $78.90 as the nightly hotel rate for the purposes of budget calculations

Do not include consultant travel here. Note: Travel to conferences requires prior approval from CARES staff.

**Justification:** For each trip show the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used to travel out of town; and other transportation costs and subsistence allowances.

IV. OTHER DIRECT COSTS

**Total Amount Current Year:**

**Description:** Non-personnel-related costs not addressed in other budget categories. These could include (but are not limited to) communication, printing, consultant costs, etc. Please refer to the list of prohibited costs located in the “budget instructions” tab. Note that some items may require prior approval from CARES staff.

**Justification:** Specify other direct costs categories and their value. Show computations and provide other information that supports the amount requested.

## **B. INDIRECT COSTS**

**Total Amount Current Year:**

**Description:** Total amount of indirect costs.

**Justification:** Indicate if applicant chooses to use recommended minimum rate of 10%. If applicant chooses to use their own indirect cost rate approved by the Department of Health and Human Services or another cognizant agency\*, it should be indicated here, and a copy of their current approved rate agreement must be attached.

\* Cognizant agency for indirect costsmeans the Federal agency responsible for reviewing, negotiating, and approving cost allocation plans and indirect cost proposals on behalf of all Federal agencies.