**Agency Name:**       **SASP Grant #:**

***Personnel Budget Category***

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary *(grant-funded plus other sources)*: | Number of Grant-Funded Hours *(hours per year)*: | Grant-Funded Full-Time Equivalent (“FTE”) *(divide grant-funded hours by 2080)*: | **Total Salary Amount Requested from Grant (do not include fringe):** |
| $       |       |       | $       |
| Description of position (include position title and grant-related duties performed): |
|       |
| Justification for position (explain how the position is essential and allowable under SASP): |
|       |
| Requested Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary *(grant-funded plus other sources)*: | Number of Grant-Funded Hours *(hours per year)*: | Grant-Funded Full-Time Equivalent (“FTE”) *(divide grant-funded hours by 2080)*: | **Total Salary Amount Requested from Grant (do not include fringe):** |
| $       |       |       | $       |
| Description of position (include position title and grant-related duties performed): |
|       |
| Justification for position (explain how the position is essential and allowable under SASP): |
|       |
| Requested Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary *(grant-funded plus other sources)*: | Number of Grant-Funded Hours *(hours per year)*: | Grant-Funded Full-Time Equivalent (“FTE”) *(divide grant-funded hours by 2080)*: | **Total Salary Amount Requested from Grant (do not include fringe):** |
| $       |       |       | $       |
| Description of position (include position title and grant-related duties performed): |
|       |
| Justification for position (explain how the position is essential and allowable under SASP): |
|       |
| Requested Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary *(grant-funded plus other sources)*: | Number of Grant-Funded Hours *(hours per year)*: | Grant-Funded Full-Time Equivalent (“FTE”) *(divide grant-funded hours by 2080)*: | **Total Salary Amount Requested from Grant (do not include fringe):** |
| $       |       |       | $       |
| Description of position (include position title and grant-related duties performed): |
|       |
| Justification for position (explain how the position is essential and allowable under SASP): |
|       |
| Requested Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary *(grant-funded plus other sources)*: | Number of Grant-Funded Hours *(hours per year)*: | Grant-Funded Full-Time Equivalent (“FTE”) *(divide grant-funded hours by 2080)*: | **Total Salary Amount Requested from Grant (do not include fringe):** |
| $       |       |       | $       |
| Description of position (include position title and grant-related duties performed): |
|       |
| Justification for position (explain how the position is essential and allowable under SASP): |
|       |
| Requested Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary *(grant-funded plus other sources)*: | Number of Grant-Funded Hours *(hours per year)*: | Grant-Funded Full-Time Equivalent (“FTE”) *(divide grant-funded hours by 2080)*: | **Total Salary Amount Requested from Grant (do not include fringe):** |
| $       |       |       | $       |
| Description of position (include position title and grant-related duties performed): |
|       |
| Justification for position (explain how the position is essential and allowable under SASP): |
|       |
| Requested Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |

***Travel & Subsistence Budget Category***

**If the grantee does not have an established travel policy, then they must adhere to state travel policy.** The current IRS mileage rate is $0.535 per mile. Please refer to the following U.S. General Services Administration (GSA) website for the most current travel rates: <https://www.gsa.gov/travel/plan-book/per-diem-rates>. Conference registration expenses should be detailed in the “Supplies and Other Expenses” category.

**Local Mileage (travel within the immediate service area)**

Number of miles:       Mileage Rate: $

TOTAL Local Mileage: $

Description and justification for local mileage:

**Non-Local Mileage (travel outside of the immediate service area)**

Number of miles:       Mileage Rate: $

TOTAL Non-Local Mileage: $

Description and justification for non-local mileage:

**Subsistence (lodging + meals)**

**Lodging** Number of nights:       Lodging Rate: $      TOTAL: $

**Meals** Number of days:       Per Diem Rate: $      TOTAL: $

**TOTAL Subsistence**: $

Description and justification for subsistence costs:

**Other Travel Costs**

Number of trips requiring airfare:       Airfare Rate(s): $

TOTAL Airfare Costs: $

Description and justification for airfare costs:

Other Travel Item(s):       Other Travel Cost(s): $      Total: $

Description and justification for other fares or travel/subsistence costs:

**TOTAL COST** for Air + Other Fares: $

***Supplies & Other Expenses Budget Category***

Grantees are reminded that **grant funds cannot support the entire cost of an item that is not used exclusively for grant project-related activities**; however, grant funds can support a pro-rated share of such an item. Please describe the process for determining the pro-rated amount.

|  |
| --- |
| **Supply / Item Requested**:  |
| Cost Per Item / Monthly Rate: | Total Number of Items / Number of Months: | **Total Cost:** |
| $       |       | $       |
| Description of Supply / Item (explain what the supply/item is and how it will be used): |
|       |
| Justification for Supply / Item (explain why the supply/item is needed and how it is allowable under SASP): |
|       |

|  |
| --- |
| **Supply / Item Requested**:  |
| Cost Per Item / Monthly Rate: | Total Number of Items / Number of Months: | **Total Cost:** |
| $       |       | $       |
| Description of Supply / Item (explain what the supply/item is and how it will be used): |
|       |
| Justification for Supply / Item (explain why the supply/item is needed and how it is allowable under SASP): |
|       |

|  |
| --- |
| **Supply / Item Requested**:  |
| Cost Per Item / Monthly Rate: | Total Number of Items / Number of Months: | **Total Cost:** |
| $       |       | $       |
| Description of Supply / Item (explain what the supply/item is and how it will be used): |
|       |
| Justification for Supply / Item (explain why the supply/item is needed and how it is allowable under SASP): |
|       |

|  |
| --- |
| **Supply / Item Requested**:  |
| Cost Per Item / Monthly Rate: | Total Number of Items / Number of Months: | **Total Cost:** |
| $       |       | $       |
| Description of Supply / Item (explain what the supply/item is and how it will be used): |
|       |
| Justification for Supply / Item (explain why the supply/item is needed and how it is allowable under SASP): |
|       |

|  |
| --- |
| **Supply / Item Requested**:  |
| Cost Per Item / Monthly Rate: | Total Number of Items / Number of Months: | **Total Cost:** |
| $       |       | $       |
| Description of Supply / Item (explain what the supply/item is and how it will be used): |
|       |
| Justification for Supply / Item (explain why the supply/item is needed and how it is allowable under SASP): |
|       |

|  |
| --- |
| **Supply / Item Requested**:  |
| Cost Per Item / Monthly Rate: | Total Number of Items / Number of Months: | **Total Cost:** |
| $       |       | $       |
| Description of Supply / Item (explain what the supply/item is and how it will be used): |
|       |
| Justification for Supply / Item (explain why the supply/item is needed and how it is allowable under SASP): |
|       |

|  |
| --- |
| **Supply / Item Requested**:  |
| Cost Per Item / Monthly Rate: | Total Number of Items / Number of Months: | **Total Cost:** |
| $       |       | $       |
| Description of Supply / Item (explain what the supply/item is and how it will be used): |
|       |
| Justification for Supply / Item (explain why the supply/item is needed and how it is allowable under SASP): |
|       |

***Indirect Costs Budget Category***

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. Most costs can and should be assigned to a project, thereby reducing indirect costs. Indirect costs can include a portion of the cost of operating and maintaining facilities, depreciation, and administrative salaries. Such costs are generally identified with the organization’s overall operation and are further described in the Office of Management and Budget Circulars 2 CFR 200.

Grantees may be permitted an allocation for indirect or administrative costs under one of the following:

**Scenario A - Administrative Costs**: If the grantee does not have a federally-approved indirect cost rate, the grantee may include an allocation for administrative costs for up to 10% of modified total direct costs requested. Provide an itemized list of the requested administrative cost items and the corresponding cost of each item.

**Scenario B - Federally Approved Indirect Costs**: If the grantee has a federally-approved indirect cost rate agreement in place, the grantee may include an allocation for indirect costs. Grantees must provide a copy of their federally approved indirect cost rate agreement.

*NOTE: Grant awards will not exceed the amount listed in your Statement of Grant Award. Grantees are discouraged from requesting indirect or administrative costs. Grantees should carefully evaluate the impact of budgeting indirect/administrative costs and should use grant funds to support direct service delivery to the maximum extent possible. Also, consider the complexities and administrative burdens associated with documenting costs and maintaining ongoing record keeping necessary to assure compliance with applicable requirements described below.*

See 2 C.F.R. § 200, Appendix III.C.2 (Indirect costs - IHE); 2 C.F.R. § 200, Appendix IV.B.2 c (Indirect costs - non-profits); or 2 C.F.R. § 200, Appendix VII.C.2.c (Indirect costs - State and Local).

**Provide a detailed description of all requested administrative or indirect costs**:

***Non-Supplantation***

The U.S. Department of Justice (DOJ) 2015 Grants Financial Guide describes supplantation as follows: "Federal funds must be used to supplement existing state and local funds for program activities and must not supplant those funds that have been appropriated for the same purpose."

Grantees must describe whether the expenses requested in your CY 2018 budget complement, and do not duplicate, other existing and anticipated funding sources/amounts that your agency receives.

For example, your description may state, in part: “*SASP grant funds will be used to supplement existing funds and will not replace (supplant) funds that have been appropriated for the purpose of providing services to victims of sexual assault.*”

**Please provide a description addressing non-supplantation:**