***Itemized Budget Narrative Instructions***

### Applicants must a complete a Budget Narrative template for calendar year 2021. The template must be completed for each category in which you are requesting funding in the Itemized Budget Worksheets (Excel Budget Workbook). Use of this Budget Narrative Template is required. Budget narratives must explain the reasons for each requested budget item and how requested amounts were determined. A line-item budget narrative is required and must correspond directly with the itemized budgets. See the SASP grant application guidelines for detailed descriptions of each category.

### REMINDER: If the grant funded project is part of a dual-program, or a larger umbrella organization, there must be clear documentation that the personnel and items requested are for the exclusive use of the grant-funded project. Applicants 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.

All items listed in your Excel Budget Workbook must also be included on the corresponding Budget Narrative Template. Items not included in the Budget Narrative may not be approved for funding. You can “copy and paste” sections of the Budget Narrative Template, as necessary. For example, the template includes several spaces for grant funded positions. If your grant supports more positions than the templates provide, you can copy and paste the personnel budget category template section, as necessary.

Round all requested funds to the nearest dollar in order to match the Itemized Budget.

***NARRATIVE TEMPLATE***

**Agency Name:**

1. **Personnel Budget Category**

See page 10 of the SASP Grant Guidelines for more information.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 the SASP Guidelines): | | | |
|  | | | |
| 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 the SASP Guidelines): | | | |
|  | | | |
| 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 the SASP Guidelines): | | | |
|  | | | |
| 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 the VVSGP Guidelines and VOCA Rule): | | | |
|  | | | |
| 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 the SASP Guidelines): | | | |
|  | | | |
| 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) = | | | |

1. **Consultant Budget Category**

See page 11 of the SASP Grant Guidelines for more information.

|  |  |  |
| --- | --- | --- |
| **Name of Consultant**: | | |
| Consultant Hourly Rate: | Total Number of Hours: | **Total Consultant Cost:** |
| $ |  | $ |
| Description of Consultant’s Role: | | |
|  | | |
| Justification for use of Consultant (explain how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Name of Consultant**: | | |
| Consultant Hourly Rate: | Total Number of Hours: | **Total Consultant Cost:** |
| $ |  | $ |
| Description of Consultant’s Role: | | |
|  | | |
| Justification for use of Consultant (explain how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Organizations & Associations Fees**: | | |
|  |  | **Total Fee Cost:** |
|  |  | $ |
| Description of Fees: | | |
|  | | |
| Justification for Fees (explain how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Organizations & Associations Fees**: | | |
|  |  | **Total Fee Cost:** |
|  |  | **$** |
| **Description of Fees:** | | |
|  | | |
| **Justification for Fees (explain how the request is essential and allowable under the SASP Guidelines):** | | |
|  | | |

**Consultant Subsistence (lodging + meals) & Travel**

Consultant’s Name:

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

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

**Travel** Number of miles:       Mileage Rate: TOTAL:

**Other Subsistence/Travel**:

Justification for consultant subsistence and travel:

Consultant’s Name:

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

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

**Travel** Number of miles:       Mileage Rate: TOTAL:

**Other Subsistence/Travel**:

Justification for consultant subsistence and travel:

1. **Travel & Subsistence Budget Category**

See pages 11-12 of the SASP Grant Guidelines for more information.   
***Note:*** 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: $

1. **Equipment Budget Category**

See page 12 of the SASP Grant Guidelines for more information.

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Cost Per Item: | Total Number of Items/Monthly Rate: | **Total Cost:** |
| $ |  | $ |
| Description of Equipment Item: | | |
|  | | |
| Justification of Equipment Item (explain how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Cost Per Item: | Total Number of Items/Monthly Rate: | **Total Cost:** |
| $ |  | $ |
| Description of Equipment Item: | | |
|  | | |
| Justification of Equipment Item (explain how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Cost Per Item: | Total Number of Items/Monthly Rate: | **Total Cost:** |
| $ |  | $ |
| Description of Equipment Item: | | |
|  | | |
| Justification of Equipment Item (explain how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Cost Per Item: | Total Number of Items/Monthly Rate: | **Total Cost:** |
| $ |  | $ |
| Description of Equipment Item: | | |
|  | | |
| Justification of Equipment Item (explain how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

1. **Supplies & Other Expenses**

See page 13 of the SASP Grant Guidelines for more information.

|  |  |  |
| --- | --- | --- |
| **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 how the request is essential and allowable under the SASP Guidelines): | | |
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|  |  |  |
| --- | --- | --- |
| **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 how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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 how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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 how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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 how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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 how the request is essential and allowable under the SASP Guidelines): | | |
|  | | |

1. **Indirect Costs Budget Category**

***See the SASP grant application guidelines for detailed information and instructions on determining Indirect Costs.***

Please provide an explanation of how you determined indirect costs if you are seeking indirect costs in this application:

1. **Non-Supplanting**

The federal Department of Justice (DOJ) 2017 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 (replace) those funds that have been appropriated for the same purpose.” Requests for “new” staff positions must be justified, must not supplant other funds, and must result in significant additional service delivery.

Applicants under this grant program must describe non-grant funds supporting their projects and must identify records that document the level of non-SASP support and satisfy the non-supplanting requirement. Be sure to describe whether the expenses requested in this grant application compliment, and do not duplicate, other existing and anticipated funding sources/amounts.

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.”

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