**Itemized Budget & Budget Narrative Instructions**

## Deadline & Submission Instructions

### Itemized budgets and budget narratives are due by August 31, 2018.

### Complete the budget and budget narrative for the entire fiscal year, July 1, 2018 – June 30, 2019.

### Itemized budgets and budget narratives should be submitted via email to:

### [grantsmgmt@dcjs.virginia.gov](mailto:grantsmgmt@dcjs.virginia.gov).

### The email should contain either two or four attachments. Please include your project name in the email subject and in the name of each file attached to the email. Attachments include:

### Fiscal Year 2019 Itemized Budget (Excel document) – Required

### A PDF file of all Budget Narrative pages (PDF document) – Required

### MTDC Worksheet (Excel document) – *required if Indirect Costs are requested*

### Certification of De Minimis Indirect Cost Rate form *OR* copy of Indirect Cost Rate Agreement Letter – *required if Indirect Costs are requested*

## Budgeting Flexibility

### The Virginia Department of Criminal Justice Services (DCJS) wants to provide grantees with maximum flexibility in designing their grant budgets and utilizing any available local funding.

### In accordance with federal guidelines, only those costs directly related and essential to providing direct services to crime victims can be supported with grant funds. Requests must be allowable under state and federal guidelines and must be reasonable, appropriate, and justified.

### Within these broad restrictions, however, grantees have discretion to determine how grant funds can most effectively be utilized. For example, these guidelines do not prescribe, nor prohibit, changes in staff salaries, as long as such changes are reasonable, appropriate, consistent with local personnel and compensation plans, and justified.

## Instructions for Completing the Itemized Budget

### Use the Excel template provided to complete your FY 2019 Itemized Budget. Be sure to complete both the “Grant App Face Sheet” and “Budget Itemization” tabs.

### Grantees should request a total budget amount not to exceed the amount listed in the Statement of Grant Award (SoGA). All requested budget amounts must be itemized and placed in the appropriate category for each line item.

### The Excel template has five budget columns: Federal DV, Federal SA, State Cash, Local Cash, and Local In-Kind.

### In order to provide flexibility in documenting cash and in-kind match, these columns do not contain formulas. Grantees have discretion to determine the best allocation of funding across the columns for each line item; however, the grand totals for each budget column must equal the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Federal DV** | **Federal SA** | **State Cash** | **Local Cash + Local In-Kind** |
| Federal DV + Federal SA 80% of Total Award as listed in SoGA | | 15% of Total Award as listed in SoGA | Local Cash Match + Local In-Kind Match must equal 5% of Total Award as listed in SoGA |

## Instructions for Completing the Budget Narrative

### Use this fillable Word document template to complete your FY 2019 Budget Narrative. All grantees must complete the “Non-Supplantation Certification” on the following page.

### If you need more space for a category, complete multiple pages of that category template. As a reminder, you will need to save all pages of your Budget Narrative as one PDF file to email to [grantsmgmt@dcjs.virginia.gov](mailto:grantsmgmt@dcjs.virginia.gov).

* Complete a Budget Narrative template section for each category in which funds are requested in the Itemized Budget.
* All items listed in your Itemized Budget must also be included on the corresponding Budget Narrative template. Items not included in the Budget Narrative may not be approved for funding.
* You must explain the reasons for each requested budget item and how requested amounts were determined in the space provided in the Budget Narrative templates. Cite specific authority under the VOCA Rule, document and justify cost effectiveness as appropriate, and provide rationale demonstrating that expenses are reasonable.
* Grantees are reminded that grant funds cannot support the entire cost of an item that is not used exclusively for project-related activities; however, grant funds can support a pro-rated share of such an item. Describe the process for determining this amount.

## Budget Narrative Templates

**Agency Name:**       **Grant #:**

## Non-Supplantation Certification

### The U.S. 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 those funds that have been appropriated for the same purpose."

### Grantees must describe whether the expenses requested in your FY 2019 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: “SADVGP 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 and/or domestic violence.”

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

## 1. Personnel Budget Category Narrative

Additional instructions for the Personnel Budget Category Narrative:

* On the second line, check whether the employee’s position is full time or part time **overall**. The portion of the position funded by the grant will be listed in another area.
* FTE is calculated by dividing the total amount of hours funded with the grant by 2080.
* “Description of position” should include the position title and briefly describe grant-related duties performed. If the position contributes to match, please describe.
* “Justification for position” should explain how the position is essential and allowable under the SADVGP *Fiscal Year 2017-2019 Grant Application Guidelines* and VOCA Rule, as appropriate. Justification for continuation funding for existing positions can be brief, as long as it’s clear that funds continue to support appropriate direct services at a reasonable cost. Position changes, pay increases, and other adjustments require more detailed justification.
* The total fringe listed should only reflect what is being requested from the grant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee**:  Is ALL or PART of position used as **MATCH**?  NO  YES | | | |
| Position is:  **Full Time** (2080 hours per year) *or*  **Part Time** - Total hours per year: | | | |
| Total Annual Salary *(grant-funded plus other sources, if any)*: | 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** *(not including fringe)***:** |
| $ |  |  | **$** |
| Description of position *(include position title and grant-related duties performed; include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for position *(explain how the position is essential and allowable under this grant program)*: | | | |
|  | | | |
| Requested Employee Fringe Benefits Total = $ | | | |
| Description of Fringe Benefits *(include rates for each, and portions used as match if applicable)*: | | | |
| FICA =       Retirement =       Group Life =       Health Insurance = Workers’ Comp =       Unemployment =       Disability =  Other (describe) = | | | |

## 2. Consultants Budget Category Narrative

Additional instructions for the Consultants Budget Category Narrative:

* List each type of consultant or service by name. Document that the use of outside consultants will significantly enhance project effectiveness, and that consultant use is cost effective.
* For Individual Consultants: the rate may not exceed $650.00 per day.
* For Organizations & Associations, including professional associations and educational institutions, performing professional services:
  + Indicate types of services being performed
  + List estimated contract price
  + Describe the procurement process
* For Consultants Subsistence & Travel: reasonable expenses may be reimbursed.

|  |  |  |
| --- | --- | --- |
| **Name of Consultant**: | | |
| All or part of Consultant costs are used as **MATCH**?  NO  YES | | |
| Consultant Hourly Rate: | Total Number of Hours: | **Total Consultant Cost:** |
| $ |  | **$** |
| Description of Consultant’s Role *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for use of Consultant: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Name of Consultant**: | | |
| All or part of Consultant costs are used as **MATCH**?  NO  YES | | |
| Consultant Hourly Rate: | Total Number of Hours: | **Total Consultant Cost:** |
| $ |  | **$** |
| Description of Consultant’s Role *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for use of Consultant: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Name of Consultant**: | | |
| All or part of Consultant costs are used as **MATCH**?  NO  YES | | |
| Consultant Hourly Rate: | Total Number of Hours: | **Total Consultant Cost:** |
| $ |  | **$** |
| Description of Consultant’s Role *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for use of Consultant: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Name of Consultant**: | | |
| All or part of Consultant costs are used as **MATCH**?  NO  YES | | |
| Consultant Hourly Rate: | Total Number of Hours: | **Total Consultant Cost:** |
| $ |  | **$** |
| Description of Consultant’s Role *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for use of Consultant: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Name of Consultant**: | | |
| All or part of Consultant costs are used as **MATCH**?  NO  YES | | |
| Consultant Hourly Rate: | Total Number of Hours: | **Total Consultant Cost:** |
| $ |  | **$** |
| Description of Consultant’s Role *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for use of Consultant: | | |
|  | | |

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

Are ALL or PART of Consultant Subsistence & Travel costs used as **MATCH**?  NO  YES

**If YES**, describe:

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**:       **TOTAL COST**: $

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**:       **TOTAL COST**: $

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**:       **TOTAL COST**: $

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**:       **TOTAL COST**: $

Justification for consultant subsistence and travel:

## 3. Travel & Subsistence Budget Category Narrative

Additional instructions for the Travel & Subsistence Budget Category Narrative:

* Itemize total travel expenses of project personnel by local mileage, non-local mileage, subsistence (lodging and per diem/meal costs), and any other travel costs. Local mileage is travel within the immediate service area (satellite offices, court, meetings, etc.). Non-local mileage is travel outside of the immediate service area (training, conferences, meetings, etc.).
* If your agency does not have an established travel policy, then you must adhere to state travel policy. Current travel rates are available at: <https://www.gsa.gov/travel/plan-book/per-diem-rates>. If your agency’s procedures differ from the state travel policy, please provide or describe the policy in the justification.
* Clearly explain the basis for all calculations. Justify travel by explaining why costs are necessary and essential to providing direct services to victims, or by documenting that grant funds will be used exclusively for developing the skills of direct service providers so that they are better able to offer quality services to crime victims.
* Grant funds can only cover travel costs of the project’s direct service providers.
* For travel to conferences, training, or other events, describe how you determined/estimated the amounts for all requests, even for events where the dates and/or location are undetermined.
* Example description: “We anticipate travel to local coalition meetings to discuss service needs and share resources for victims. Roundtrip for one staff person is 60 miles x 12 meetings x $0.545 = $392.”
* Example justification: “Last year, our advocates traveled 1300 miles to provide services throughout our program region. For FY19, given increased staff hours to be devoted, we anticipate travelling 3,000 miles for a total of $1,635 (3000x.545).”

**Registration fees for conferences/training should be included in the “Supplies and Other Expenses” category**. DCJS will consider requests to support attendance at appropriate national training conferences. Applicants must document that the requested training is needed and is unavailable within the state.

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

Number of miles:       Mileage Rate: $

TOTAL Local Mileage: $

Are ALL or PART of Local Mileage costs used as **MATCH**?  NO  YES

**If YES**, describe:

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: $

Are ALL or PART of Non-Local Mileage costs used as **MATCH**?  NO  YES

**If YES**, describe:

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**: $

Are ALL or PART of Subsistence costs used as **MATCH**?  NO  YES

**If YES**, describe:

Description and justification for subsistence costs:

**Air or Other Fares**

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

TOTAL Airfare Costs: $

Description and justification for airfare costs:

Types of other travel expenses:       Costs of other travel expenses: $

TOTAL Other Costs: $

Description and justification for other costs:

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

Are ALL or PART of Air or Other Fares costs used as **MATCH**?  NO  YES

**If YES**, describe:

## 4. Equipment Budget Category Narrative

Additional instructions for the Equipment Budget Category Narrative:

* Each item to be purchased must be listed separately with unit cost, total number of items, and/or monthly rate.
* Justify equipment expenses by documenting that items will enhance direct services to crime victims.
* Furniture and office equipment are to be included in this category.
* Equipment requests must include a written estimate of cost and local contract guidelines, if necessary.
* All computers purchased with DCJS funds must be equipped with updated anti-virus protection software. Applicants are encouraged to limit computer purchase requests to $1500 per unit and to discuss computer hardware and software needs with DCJS staff.
* If equipment is requested to replace outdated or “old” equipment, please briefly describe why replacement is necessary and when the “old” equipment was acquired.
* Actual expenses should be documented wherever possible. For example: “Last year we spent $400 on postage. For FY 2019, we anticipate spending $475, due to stamp rate increase.”
* When deciding whether an item is equipment or a supply, note this distinction:

*The most important thing to remember about the difference between business supplies and business equipment is that supplies are a current asset, while equipment is a long-term asset. Current assets are those assets used up within a year (more or less), while long-term assets are used over several years.*

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Equipment Item Requested**: | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Rate: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | **$** |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Equipment Item: | | |
|  | | |

## 5. Supplies & Other Expenses Budget Category Narrative

Additional instructions for the Supplies & Other Expenses Budget Category Narrative:

* All costs should be itemized within this category by major types (e.g., office supplies, equipment use fees, printing, photocopying, postage, brochures, books and other victim-related materials, telephone).
* Show the basis for computation ("x" dollars per month for office supplies; "y" dollars per person for training materials; telephone (land-line and/or mobile) at "z" dollars per month, etc.).
* The rationale used to determine the basis for each computation should be explained, as appropriate.
* Thoroughly document the necessity and cost effectiveness of requested expenditures.

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Supply / Item Requested**: | | |
| Is ALL or PART of this Supply/Item cost used as **MATCH**?  NO  YES | | |
| Cost Per Item / Monthly Cost: | Total Number of Items / Months: | **Total Cost:** |
| $ |  | $ |
| Description of Supply / Item *(explain what the supply/item is and how it will be used; describe portions used as cash or in-kind match, if applicable)*: | | |
|  | | |
| Justification for Supply / Item *(explain why the supply/item is needed and how it is allowable under this grant)*: | | |
|  | | |

## 6. Indirect Costs

### Defining Indirect Costs

### 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. Indirect costs are those that benefit more than one activity and are common or joint purpose costs. For example, costs of an office manager/receptionist position that answers general phone calls, greets clients, etc. are considered indirect costs.

### According to §2 CFR Part 200.56, indirect costs are defined as:

### *Those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.*

### The salaries of administrative and clerical staff should generally be treated as indirect costs. Salaries of administrative/clerical staff may be appropriate to include as direct costs ONLY if ALL of the following conditions are met:

### Administrative or clerical services are integral to a project or activity

### Individuals involved can be specifically identified with the project or activity

### Such costs are explicitly included in the budget or have the prior written approval of the awarding agency

### The costs are not also recovered as indirect costs

### Requesting Indirect Costs

### Requesting indirect costs is optional. You do not have to request indirect costs, but if you choose to, it is allowable.

### To calculate indirect costs, you must first determine the Modified Total Direct Costs (MTDC) amount of your budget. Indirect costs that can be requested are not based on the entire project budget, but on the MTDC amount.

### Use the “MTDC Worksheet” to calculate your MTDC amount. The Worksheet will also calculate the amount of indirect costs that you can request.

### If Indirect Costs are requested, you must submit:

### MTDC Worksheet (Excel document)

### Certification of De Minimis Indirect Cost Rate form

### *OR*

### A copy of your agency’s Indirect Cost Rate Agreement letter/documentation

### You are not required to describe or itemize what is included in the indirect costs.