***Itemized Budget Narrative Instructions***

### Applicants must a complete a Budget Narrative template for each fiscal year (fiscal years 2020 and 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 grant application guidelines for detailed descriptions of each category.

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.

**Applications must be received by the Virginia Department of Criminal Justice Services (DCJS) by 5:00 p.m. on Thursday, April 4, 2019,** and must be submitted electronically. Applicants should email all of the following documentsto[**voca@dcjs.virginia.gov**](mailto:voca@dcjs.virginia.gov) **:**

1. One (1) completed Excel Budget Workbook file, ***AND***
2. One (1) PDF copy of the entire complete signed application.

**Budgeting Flexibility**

DCJS wishes to provide grantees with maximum flexibility in designing their grant budgets and utilizing any available local funding. For new projects, applicants may allow for up to three months at the beginning of the grant cycle for planning, development, and hiring of project personnel.

In accordance with federal guidelines, only those costs directly related to 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, grantees have discretion to determine how grant funds can most effectively be utilized.

Applicants should carefully consider the resources needed to successfully implement the proposed project and present a realistic budget that accurately reflects project costs. Applicants should also consider how the project will be sustained if funding through this grant program becomes unavailable.

***NARRATIVE TEMPLATE***

**Organization Name:**

1. **Personnel Budget Category**

The “Total Salary Amount Requested from Grant” refers to grant-funded salary amounts requested from the grant (do not include fringe benefits here). Fringe benefits are itemized below. The position description should include the position title and briefly describe grant-related duties performed. The justification should explain how the position is essential and allowable under the guidelines and VOCA Rule, as appropriate. New positions and pay increases require more detailed justification. You can use one table for multiple positions, if the pay rate is the same. The total fringe should only reflect what you are requesting from the grant.

|  |  |  |  |
| --- | --- | --- | --- |
| **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): | | | |
|  | | | |
| 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): | | | |
|  | | | |
| 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) = | | | |

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| --- | --- | --- | --- |
| **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): | | | |
|  | | | |
| 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**

|  |  |  |
| --- | --- | --- |
| **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): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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): | | |
|  | | |

**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:

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**

***Reminder:*** 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**

|  |  |  |
| --- | --- | --- |
| **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 Guidelines and VOCA Rule): | | |
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|  |  |  |
| --- | --- | --- |
| **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 Guidelines and VOCA Rule): | | |
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|  |  |  |
| --- | --- | --- |
| **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 Guidelines and VOCA Rule): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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 Guidelines and VOCA Rule): | | |
|  | | |

1. **Supplies & Other Expenses Budget Category**

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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 Guidelines and VOCA Rule): | | |
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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 Guidelines and VOCA Rule): | | |
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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 Guidelines and VOCA Rule): | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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 Guidelines and VOCA Rule): | | |
|  | | |

1. **Indirect Costs Budget Category**

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

1. **Non-Supplantation**

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-VOCA support and satisfy the non-supplantation 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: “VOCA 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-supplantation:**