***Itemized Budget & Narrative Instructions***

### Grantees must complete the Budget Narrative template for each category in which they are requesting funding in their Itemized Budgets. The use of the provided Excel Itemized Budget and Narrative templates is required to complete your NINE MONTH Itemized budget. Grantees should request a total budget amount not to exceed 75% of the current 12 month award 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.

**REMINDERS:** 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. 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.

All items listed in your Excel 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. (Tip: You can “copy and paste” sections of this Budget Narrative Template, as necessary. For example, the template includes several spaces for grant funded positions. If your grant supports more positions than the template provides, you can copy and paste the personnel budget category template section, as necessary.

Itemized budgets and budget narratives are **due July 31, 2018 by 11:59 pm** via email to grantsmgmt@dcjs.virginia.gov. The email should contain **two attachments**:

1. VOCA NI Extension Itemized Budget (Excel document) AND
2. A PDF file of all Budget Narrative and itemized budget pages (PDF document)

Please include your **project name** in the email subject and in the name of each file attached to the email.

***NARRATIVE TEMPLATE***

**Agency Name:**       **Grant #:**

Grantees are reminded that grant funds cannot support the entire cost of a position or items item that is not supporting exclusive grant-related activities; however, grant funds can support a pro-rated share of such a position or an item. Please describe the process for determining the pro-rated amount.

1. ***Personnel Budget Category***

The “total hours per year” sections refers to grant funded hours contributed to the project. The “Total Salary Amount to be Requested” refers to grant-funded salary amounts requested from the grant (do not include fringe benefits here). Fringe benefits are itemized in section 1b. of the itemized budget and reflected in “Requested Employee Fringe Benefits Total” of the budget narrative). FTE is calculated by dividing the total amount of hours funded with the grant by 2080. 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 Program Guidelines and VOCA Rule, as appropriate. Justification for continuation funding for existing positions can be brief. It should be clear that funds continue support for appropriate direct services at a reasonable cost etc. Pay increases etc. 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.

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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 under the PROGRAM 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) =       |

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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 under the PROGRAM 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) =       |

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| 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 PROGRAM 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) =       |

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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 under the PROGRAM 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) =       |

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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 under the PROGRAM 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) =       |

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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 under the PROGRAM 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***

List each type of consultant or service (with numbers in each category and names of major consultants when available), the proposed daily fee rate, and the amount of time to be devoted to such services. Individual Consultant's rate may not exceed $650.00 per day. For organizations, including professional associations and educational institutions, performing professional services: Indicate type of services being performed, estimated contract price, and describe the procurement process. Travel and Subsistence for Consultants: Reasonable expenses may be reimbursed. Document that the use of outside consultants will significantly enhance project effectiveness and that consultant use is cost effective.

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| **Name of Consultant**:  |
| Consultant Hourly Rate: | Total Number of Hours:  | **Total Consultant Cost:** |
| $       |       | $       |
| Description of Consultant’s Role: |
|       |
| Justification for use of Consultant: |
|       |

**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***

Itemize total travel expenses of project personnel by local mileage, non-local mileage, and subsistence (lodging and per diem/meal costs). If the subgrantee does not have an established policy, then the subgrantee must adhere to state travel policy. If the local travel procedures differ from the state travel policy, please provide or describe the policy in the justification. Please refer to the following GSA website for the most current travel rates: <https://www.gsa.gov/travel/plan-book/per-diem-rates>. Please 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.

Additionally, applicants must document that grant funds will only cover travel costs of the project’s direct service providers. Local mileage is considered travel within the immediate service area (satellite offices, court, meetings, etc.). Non-local mileage is outside of the immediate service area (training, conferences, meetings, etc.). Include a description for each request and justify why the request is necessary. Describe how you determined/estimated the figures 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 1 staff is 60 miles x 12 meetings x.535=$385.)” Example Justification: “Last year our advocates travelled 1300 miles to provide services. For FY19, given staff hours to be devoted, we anticipate travelling 3,000 miles for a total of $1,605.”

**Registration expenses should be detailed 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: $

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***

Each item to be purchased must be listed separately with unit cost, total number of items and/or monthly rate. List each item to be leased or rented with the cost associated with the lease or rental. Justify equipment expenses by documenting that items will enhance direct services to crime victims. Furniture and office equipment etc. are to be included in this category. Any 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.

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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: |
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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: |
|       |

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

All costs should be itemized within this category by major types (e.g., office supplies, equipment use fees when supported by usage logs, printing, photocopying, postage, brochures, books and other victim-related materials, and 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 Cellular) at "z" dollars per month, etc.). Additionally, the rationale used to determine the basis for each computation should be explained, as appropriate (e.g. the photocopying cost estimate was determined based on factors including X crime and Y court caseload statistics generating Z anticipated number of copies). Applicants must thoroughly document the necessity and cost effectiveness of requested expenditures.

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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 why the supply/item is needed and how it is allowable under PROGRAM 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 why the supply/item is needed and how it is allowable under the PROGRAM 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 why the supply/item is needed and how it is allowable under PROGRAM 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 why the supply/item is needed and how it is allowable under the PROGRAM 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 why the supply/item is needed and how it is allowable under the PROGRAM 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 why the supply/item is needed and how it is allowable under the PROGRAM 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 why the supply/item is needed and how it is allowable under the PROGRAM GUIDELINES): |
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1. ***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: 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.* 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**:

1. ***Non-Supplantation***

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 here complement and do not duplicate other existing and anticipated funding sources/amounts that your agency receives.

For example, your description may state, in part: “*PROGRAM grant funds will be used to supplement existing funds and will not replace (supplant) funds that have been appropriated for the same purposet*.

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