

**FEDERAL BUDGET NARRATIVE TEMPLATE
 APPLICANT NAME - TITLE of PROJECT**

CFDA XX.XXX GRANT PROGRAM NAME DATE of SUBMISSION

Dollar amounts are rounded up to nearest whole dollar
 FY = Fiscal Year July 1 - June 30
 COLA = Cost of Living Adjustment
 est. = estimated RT = Round Trip

NOTE: See Fly America Act information on last page
 FTE = Full-Time Equivalent, based on 2,080 hrs./yr. for 100% or 1.00 FTE
 GSA = Federal General Services Administration
 TBH = To Be Hired (grant funded) TBD = To Be Determined

1. PERSONNEL	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH/ IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
1a. TBH: Title						
1b. TBH: Title						
1c. Title						
<i>Personnel Total</i>						

[FOLLOW DIRECTIONS (1) Double-space text if instructions require it in the Budget Narrative; however, the tables need not be double-spaced. (2) An alternative to save space and reduce the number of Budget Narrative pages is to use an APPENDIX for the job duties and responsibilities. If so, in this space write "See APPENDIX X for job duties and responsibilities for each PERSONNEL position."]

1a. TBH, Title, (classification XX.XXX), # @ 1.00 FTE, salary Grade/Step XX-XX, \$XX,XXX /yr. w/ tentative 3% COLA yrs. 2, 3. Job duties and responsibilities include, but are not limited to:

1b. TBH: Title, (classification XX.XXX), # @ 1.00 FTE, salary Grade/Step XX-XX, \$XX,XXX /yr. w/ tentative 3% COLA yrs. 2, 3. Job duties and responsibilities include, but are not limited to:

1c. Title, (classification XX.XXX), current XXX employee, # @ 0.50 FTE, salary Grade/Step XX-XX, \$XX,XXX /yr. w/ tentative 3% COLA yrs. 2, 3. Job duties and responsibilities include, but are not limited to:

MATCHING / IN-KIND funds and resources committed to the project at time of application submission increase from XX% of total award Year 1 to XX% Year 3 (APPENDIX X, Letters of Commitment). Based on expected success of the project, during the grant period it is anticipated that commitments of funds and resources in the approximate amount of \$X,XXX per year will be indentified to sustain the project in FY2016 and beyond.

2. FRINGE BENEFITS	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH / IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
2a. PERSONNEL 1a						
2b. PERSONNEL 1b						
2c. PERSONNEL 1c						
<i>Fringe Benefits Total</i>						
<i>Personnel + Fringe Benefits Total</i>						

2a. / 2b. Employer/Employee paid plan - actual cost. **2c.** Employer paid plan, calculated at approximately XX%

Fringe Benefits for the Employer/Employee paid plan are currently calculated at approximately XX%. The Fringe Benefits percentage can change annually, biannually, or during other periods depending on changes in State legislation, employer costs, and/or other organization factors. Employer/Employee paid benefit contribution pay schedule includes the following contributions:

- Personnel Assessment
- Retirement, Employer/Employee schedule
- Unemployment Insurance
- Retired Employee Group Insurance Assessment
- Group Health Insurance Assessment
- Workers Compensation Insurance
- Payroll Assessment
- Medicare
- Attorney General Tort Claim Assessment
- Employee Bond Insurance

3. TRAVEL	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH / IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
3a. OUT-OF-STATE						
Airfare, RT name of Airport to/from name of Airport, XXX Airline, XXX Fare as of date, # people @ \$XXX.xx / person (\$XXX.xx base fare + \$XX.xx tax and fees)						
Airline checked baggage fee: # bags @ \$XX / bag						
Travel agent: describe fee and cost basis						
Mileage, RT place of business to/from Airport, type of transportation, # mi. x # people @ \$0.XXX / mi.						
Airport parking: # days x # people @ \$XX/day						
Ground transportation: # days x # people @ est. \$XX/day						
Lodging: out-of-state GSA rate, date, # days x # people @ \$XXX.xx / day						
Lodging tax: out-of-state GSA rate, XX% / day, # days x # people @ \$XX.xx / day						
Per diem (M&IE): out-of-state GSA rate, full day, # days x # people @ \$XX.xx / day						
Per diem (M&IE): out-of-state GSA rate, first & last days of travel, # days x # people @ \$XX.xx / day						
<i>3a. Travel Out-of-State Sub-total</i>						
3b. IN-STATE						
Repeat same information as for Out-of-State Travel, using GSA CONUS (continental U.S.) rate by state, State of Nevada, and/or other approved rates. If unknown, describe where travel may occur for what purpose, est. amount for est. # of people for est. # of trips and/or miles per year						
<i>3b. Travel In-State Sub-total</i>						
<i>Travel Out-of-State and In-State Total</i>						

3. TRAVEL [add statement here: See the Fly America Act at end of Budget Narrative, p. XX. Be sure to spell out airline names (e.g., Southwest Airlines, not SWA)]

3a. OUT-of-STATE: Title(s) of traveler(s) attend title of event, location, and date [or TBD location and date].

3b. IN-STATE: Title(s) of traveler(s) attend title of event, location, and date [or TBD location and date].

Out-of-State and In-State: Time of year, duration of trips, and locations TBD. Cost estimates include airfare, baggage check fees, mileage to/from airports, airport parking fees, ground transportation (State of Nevada Motor Pool, personal vehicle for State use, commercial rental), lodging + tax, per diem (M&IE). Travel cost basis is federal GSA and State of Nevada government rates based on current and seasonal rates for Year 1. Estimated costs for Years X-X are same cost basis with X% projected increases. Travel costs will be finalized when event dates are scheduled, the locations are determined to/from where people travel, and the event destination is known.

- Out-of-State travel costs are based on General Services Administration (GSA) federal FYXXXXX lodging and per diem rates for the destination locale and season. Airline costs are based on any airline lowest fare. In-State travel costs are based on State of Nevada government authorized rates.
- Round-trip airfare base fee plus taxes and other additional applicable fees.
- From locations not served by commercial airlines, ground transportation is used from State of Nevada Motor Pool or commercial vehicle rental agencies.
- Mileage costs for round-trips from place of business to airport or lodging destination currently calculated at \$0.XXX per mile for State vehicle use or use of personal vehicle for State business, or \$0.XXX per mile for personal vehicle use for personal convenience.
- Airport parking per day currently is \$XX Reno-Tahoe International; \$XX McCarran, Las Vegas, \$X Elko.
- Ground transportation at events is generally estimated at \$XX per day for airport to/from event destination by shuttle, cab, train, subway, and/or State of Nevada Motor Pool rates for vehicle rent and mileage.
- Lodging taxes are added to the GSA rate. Nevada lodging tax ranges from 7% to 13% depending on the county rate. Some lodging facilities add an additional \$4 per day energy fee [note whether included / not included in this budget].
- Per diem or Meals and Incidental Expenses (M&IE) based on the GSA destination or CONUS rate, or State of Nevada government rate. Per diem is calculated at full-day and half-day travel rates as applicable.

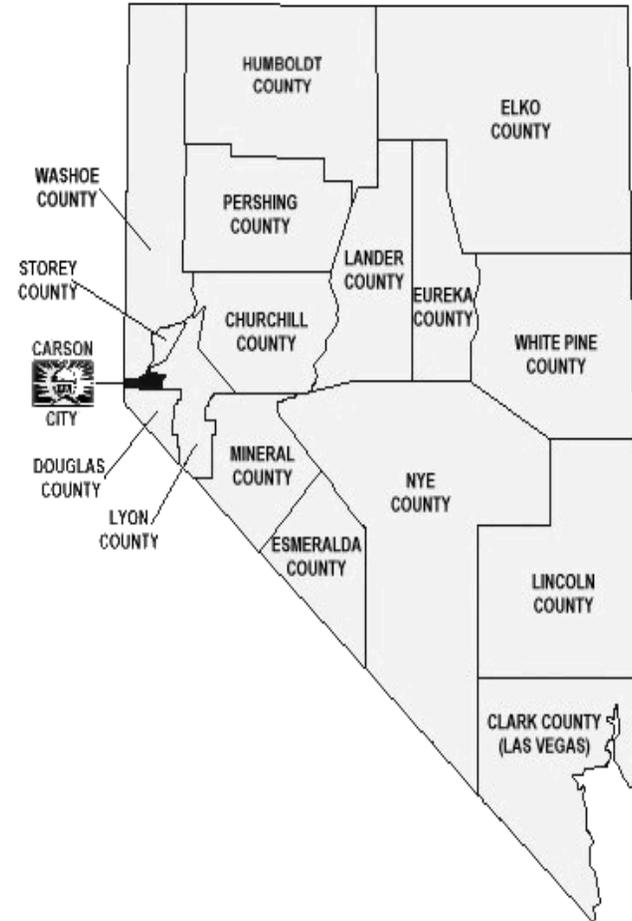
FY 2012 State of Nevada Daily Motor Pool Vehicle Rate

Rate Tier	Daily Rate \$	Per Mile \$
Compact	24	0.14
Intermediate	25	0.15
Premium	28	0.19
Specialty	37	0.20

Round Trip Mileage (examples)

Carson City	↔	Reno Airport	64
Carson City	↔	Tonopah	456
Carson City	↔	Ely	636
Carson City	↔	Winnemucca	360
Carson City	↔	Austin	242
Reno-Tahoe		McCarran Airport,	
Int'l. Airport	↔	Las Vegas	886
Reno-Tahoe			
Int'l. Airport	↔	Elko Airport	578

From Reno or Las Vegas to locations not served by commercial airlines, ground transportation is used.



4. EQUIPMENT	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH / IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
Nonexpendable, tangible personal property with a unit cost of \$5,000 or more with a useful life of more than one year. See Budget Narrative, p. # for purchase rationale, specifications, price quotes. [NOTE: federal Office of Management and Budget: http://www.whitehouse.gov/omb/circulars_default and click on "Agency Info" "Circulars" link on left of page for allowable costs]						
4a. XXX						
4b. XXX						
<i>Equipment Total</i>						

4a. [- end of items] XXX. # @ \$X,XXX / unit, vendor, specs. [if possible, state: price quote included at end of Budget Narrative]

5. SUPPLIES						
Less than or equal to a unit cost of \$5,000 [NOTE: federal Office of Management and Budget website: http://www.whitehouse.gov/omb/circulars_default and click on "Agency Info" "Circulars" link on left of page for allowable costs]						
5a. XXX						
5b. XXX						
5c. Office supplies						
5d. Professional development materials						
5e. Computer(s)						
5f. Computer workstation(s)						
5g. Software						
<i>Supplies Total</i>						

5a. XXX. # @ \$XX / unit, vendor, specs. [if possible, state: price quote included at end of Budget Narrative]

[5b. - end of list: same info. as Equipment 4a. - see above]

6. CONTRACTUAL	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH / IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
6a. Type/Name of contractor, service to provide, # hrs. / yr. @ \$XXX / hr.						
6b. Type/Name of contractor, service to provide, # hrs. / yr. @ \$XXX / hr						
<i>Contractual Total</i>						
<i>Amount of Contractual Not Subject to Indirect Costs</i>						

6a. Type/Name of contractor, # hrs. / yr. @ \$XXX / hr. Service that will be provided, as detailed as possible. Include from contractor a copy of proposed contract for services, letter of commitment, State contract for a sole source provider, or other documentation if possible [**or see APPENDIX X for detailed description of services, proposed contracts, other documentation**]

[**6b. - end of list: same info. as 6a.**]

7. CONSTRUCTION	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH / IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
7a. [use grant program allowable costs]						
<i>Construction Total</i>						

7a. Construction project description, vendors, price quotes, specs., letters of approval, proposed contracts, et al. [**or, see APPENDIX X for detailed description of services, proposed contracts, other documentation**]

7. OTHER	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH / IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
8a. SUBGRANT not subject to indirect costs, project partner name						
8b. SUBGRANT not subject to indirect costs, project partner name						
8c. Operating Costs per person						
8d. Professional Development						
8e. Software Licenses						
8f. Postage, Shipping/Handling						
8g. Fees						
<i>Other Total</i>						
<i>Amount of Subgrants Not Subject to Indirect Costs</i>						

[List each line item in detail or, see APPENDIX X for details.]

8a./8b. SUBGRANTS see Budget Narratives for each partner. [Include Budget Narratives for each partner]

	YEAR 1 FY2013	YEAR 2 FY2014	YEAR 3 FY2015	TOTAL GRANT FUNDS	MATCH / IN-KIND	GOAL, OBJECTIVE, OUTCOME, and/or DELIVERABLE
9. TOTAL DIRECT COSTS						[You will not need to write anything in this column, except for #11, Training Stipends]

Direct Costs on which Indirect Costs are calculated = Total Direct Costs subtract Equipment, Subgrants, all but \$XX,XXX of Contractual.

10. INDIRECT COSTS [or maximum Administrative Costs % allowed]						
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Indirect Cost Rate (ICR) - [Restricted or Unrestricted], XX%. Agreement w/ name of federal cognizant agency, date in effect. Include as next page [or, see **APPENDIX X: Indirect Cost Rate Agreement**]

11. TRAINING STIPENDS						
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[Provide detailed explanation of cost basis]

12. TOTAL COSTS Budget Categories 9 + 10 + 11						
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[Add additional notes here]