

Fringe Benefits - \$(Enter Total Amount)

Instructions: Provide information on the rate of fringe benefits used and the basis for their calculation

Sample Justification

Fringe benefits have been calculated at _____% of total salaries and wages proposed.

[Fringe percentage]% of \$[Total salary expenses] = \$[Fringe benefits total]

Contractual Services - \$(Enter Total Amount)

Instructions: Provide a summary of proposed subcontracts or consultant costs, including estimated amounts for each. Coalition members should be included as subcontractors. Please copy and paste the table below to add additional subcontractors/consultants.

Subcontractor/Consultant 1	
1. Name of Subcontractor/Consultant:	
2. Nature of Services to be Rendered/Scope of Work:	
3. Relevance of Service to the Project:	
4. Period of Service	
5. Total Budgeted Amount	

Temporary Staff - \$(Enter Total Amount)

Instructions: List temporary staff expenses, if any, below. This category should include costs for temporary staff hired through an external agency.

Name of Agency/Organization	Number of Staff	Rate	Est. No. of Hours	Total Amount Budgeted
Example: <i>ABC Staffing</i>	3	\$22.00	300	\$19,800

Sample Justification:

- Community Outreach Interns: Support the outreach and communications activities of the Outreach Team, including planning and implementing canvassing and tabling events, developing social media messaging, collecting and recording data, etc.

Office Supplies - \$(Enter Total Amount)

Instructions: Office supplies may be budgeted in a single line using an estimated amount per month or quarter. In the justification section, provide a list of the types of supplies to be purchased.

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Example <i>General office supplies</i>	pens, paper etc.	11 months	\$10/month X 15 staff	\$2,475

Sample Justification

- General office supplies: supplies such as paper, notebooks, folders, pens, highlighters, etc. that will be used by staff members to carry out daily activities of the program.

IT Supplies - \$(Enter Total Amount)

Instructions: Individually list each item requested below. Electronic devices, such as personal computers, laptops, tablets, or cellphones, with a per item acquisition cost of less than \$5,000 should be classified as IT Supplies unless the Contractors' written property management policy classifies these items differently.

Item Requested	Number Needed	Unit Cost	Amount Requested

Justification for IT supplies requested:

Program Supplies - \$(Enter Total Amount)

Instructions: Individually list each item requested below. Program supplies include other consumables used in the performance of your project, such as printed materials, signage, table throws, etc. To the extent possible, each item type should be listed as a separate budget line. Nominal items may be grouped and budgeted based on monthly or quarterly estimates. For grouped items, provide a list of the types of supplies to be purchased in the justification section

Item Requested	Number Needed	Unit Cost	Amount Requested

Justification for program supplies requested:

Travel - \$(Enter Total Amount)

Instructions: Travel for staff should be itemized below. Only local travel is allowable and must utilize the most cost-effective way practicable. MetroCards must be budgeted as pay per ride cards; unlimited MetroCards are not allowable and will not be reimbursed.

Number of Trips	Number of People	Cost per trip	Amount Requested

Justification for staff travel:

Incentives - \$(Enter Total Amount)

Instructions: List any incentives requested below. If using different types of incentives, please list each type individually. Incentive costs should be estimated based on the number of estimated participants and the cost per incentive. Each incentive cannot exceed \$25 per participant.

Incentive Type	Number Needed	Unit Cost	Amount Requested

Justification for incentives requested:

Other- \$(Enter Total Amount)

Instructions: This category contains items not included in the previous budget categories. List "Other" costs individually by major type, such as media/marketing, printing, postage, etc.

Item Requested	Number of Units	Unit Cost	Amount Requested

Justification for requested items:

Indirect Costs - \$(Enter Total Amount Requested)

To claim indirect costs, the applicant organization must have a current approved negotiated indirect cost rate agreement (NICRA). A copy of the most recent NICRA must be uploaded as part of the application submission. If the applicant organization does not have an approved NICRA, the organization can charge a de minimis rate of 10% of modified total direct costs (MTDC). Indirect costs are expenses incurred for a common purpose that are too time consuming/costly to allocate to a specific cost objective. Examples of indirect costs include office space rental, utilities, and clerical and managerial staff salaries. To the extent that indirect costs are reasonable, allowable and allocable, they are a legitimate cost of doing business payable under a federal award.

Please note: For lead organizations applying as part of a coalition, indirect may be charged only on the first \$25,000 of each subaward.

Sample Justification

ABC Organization requests \$143,000 for indirect costs. ABC has a federally approved indirect cost rate of 13%. The agreement is attached. Indirect costs are calculated on the allowable base totaling \$1,100,000.

Budget Summary - \$(Enter Total Amount Requested)

The table below represents a listing of totals for each budget category previously described.

Budget Category	Total Requested	
Salaries and Wages	01	\$
Fringe Benefits	02	\$
Contractual Services	03	\$
Temporary Staff	04	\$
Office Supplies	05	\$
Program Supplies	06	\$
IT Supplies	07	\$
Travel	08	\$
Other	09	\$
Indirect Costs	10	\$
Total Budget:		\$

*Please ensure that the total budget amount and subtotals are rounded to the nearest whole number.