

Budget Narrative Sample Template

<i>Organization Name, Period of Performance</i>				
1. Personnel <i>(Description: An employee of the organization whose work is tied to the proposed project)</i>				
1.a Federal or MEPI Cost				
Position	Name of Employee	Annual Salary/ Rate	Level of Effort (%)	Cost <i>(Salary x LOE)</i>
Ex: Program Director	John Doe	\$164,890	10.00%	\$16,489
Ex: Project Coordinator	TBD	\$46,276	100.00%	\$46,276
1.a Personnel Sub-Total				\$62,765
<i>Narrative Justification: Enter a description of the Personnel funds requested and how their use will support the purpose and goals of your proposal. Be sure to describe the role, responsibilities, and unique qualification of each position.</i>				
SF-424a Note: Enter the total cost of 1.a in Section B Column 1 line 6a of the form.				
1.b Non-Federal Match or Cost Share				
Position	Name of Employee	Annual Salary/ Rate	Level of Effort (%)	Cost <i>(Salary x LOE)</i>
Ex: Clerical Support	Jill Smith	\$1,338.00	100.00%	\$1,338.00
1.b Personnel Sub-Total				\$1,338
<i>Narrative Justification: Enter a description of the Personnel matching funds provided and how their use will support the purpose and goals of your proposal. Be sure to describe how your matching funds will help sustain and enhance your MEPI budget request.</i>				
SF-424a Note: Enter the total cost of 1.b in Section B Column 2 line 6a of the form.				
Source of Match Funds: <i>Identify the source of match funds.</i>				

2. Fringe Benefits <i>(Description: May include contributions for social security, employee insurance, pension plans, etc. Only those benefits not included in an organizations indirect cost rate agreement (i.e., NICRA) may be shown as direct costs)</i>			
2.a Federal Cost			
Component	Wage	Rate	Cost <i>(Wage x Rate)</i>
Ex: FICA	\$62,765	7.65%	\$4,802
Ex: Workers Compensation	\$62,765	2.50%	\$1,569
Ex: Health Benefits	\$62,765	2.50%	\$1,569
2.a Fringe Benefits Sub-Total			\$7,940
<i>Narrative Justification: Enter a description of the Fringe funds requested, how the rate was determined, and how their use will support the purpose and goals of this proposal.</i>			
SF-424a Note: Enter the total cost of 2.a in Section B Column 1 line 6b of the form.			

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2.b Non-Federal Match or Cost Share			
Component	Wage	Rate	Cost <i>(Wage x Rate)</i>
Ex: Insurance	\$62,765	10.50%	\$6,590
2.b Fringe Benefits Sub-Total			\$6,590
<i>Narrative Justification: Enter a description of the Fringe matching provided, how the rate was determined, and how their use will support the purpose and goals of the proposal. Be sure to describe how the matching funds will help sustain and enhance your federal budget request.</i>			
SF-424a Note: Enter the total cost of 2.b in Section B Column 2 line 6b of the form.			
Source of Match Funds: Identify source of match funds.			

3. Travel <i>(Description: Explain need for all travel. Must follow U.S. Government regulations. The lowest available commercial fares for coach or equivalent accommodations must be used. Local travel policies prevail.)</i>					
3.a Federal Cost					
Purpose of Travel	Item Description	Unit of Measure	Cost Per Unit/Rate	Number of Units	Cost <i>(Cost Per Unit x No. of Units)</i>
Ex: Leadership Training	Airfare--Origin: Egypt, Algeria, Tunisia, Morocco, Yemen, and/or Oman; Destination: Amman, Jordan	Roundtrip Airfare	\$ 500.00	20	\$10,000
	Lodging in Amman for 20 participants for 3 days (U.S. Government allowable rate)	day	\$ 183.00	60	\$10,980
	Meals and Incidentals for 20 participants for 3 days (M&IE--U.S. Government allowable rate))	day	\$ 127.00	60	\$7,620
Ex: Local Travel	Local travel in Amman, Jordan for 20 participants for 3 days	day	\$ 500.00	3	\$1,500
3.a Travel Sub-Total					\$30,100
<i>Narrative Justification: Describe the Purpose of Travel and how costs were determined.</i>					
Example: The proposed project requires the travel of 20 participants from the MENA region for a two-day leadership training workshop. In addition to travel to the workshop, funds are needed for local travel to a hosted networking meal. Local travel is based on a cost rate proposed by ground travel company.					
SF-424a Note: Enter the total cost of 3.a in Section B Column 1 line 6c of the form.					

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3.b Non-Federal Match or Cost Share					
Purpose of Travel	Item Description	Unit of Measure	Cost Per Unit/Rate	Number of Units	Cost <i>(Cost Per Unit x No. of Units)</i>
Ex: Leadership Training	Airfare--Origin: Algeria, Tunisia, Morocco, Jordan, and/or Qatar; Destination: Cairo, Egypt	Roundtrip Airfare	\$ 500.00	20	\$10,000
	Lodging in Cairo for 20 participants for 3 days (U.S. Government allowable rate)	day	\$ 175.00	60	\$10,500
	Meals and Incidentals for 20 participants for 3 days (M&IE--U.S. Government allowable rate))	day	\$ 267.00	60	\$16,020
Ex: Local Travel	Local travel in Cairo, Egypt for 20 participants for 3 days	day	\$ 500.00	3	\$1,500
3.b Travel Sub-Total					\$38,020
Narrative Justification: Enter a description of the Travel matching funds provided and how their use will support the purpose and goals of this proposal. Be sure describe how your matching funds will help sustain and enhance your federal budget request.					
SF-424a Note: Enter the total cost of 3.b in Section B Column 2 line 6c of the form.					
Source of Match Funds: Identify source of match funds.					

4. Equipment <i>(Description: Permanent equipment is defined as non-expendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more.)</i>				
4.a Federal Cost				
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Cost <i>(Cost Per Unit x No. of Units)</i>
None			0	\$ -
4.a Equipment Sub-Total				\$ -
Narrative Justification: Enter a description of the Equipment and how its purchase will support the purpose and goals of this proposal.				
SF-424a Note: Enter the total cost of 4.a in Section B Column 1 line 6d of the form.				

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4.b Non-Federal Match or Cost Share				
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Cost <small>(Cost Per Unit x No. of Units)</small>
None			0	\$ -
4.b Equipment Sub-Total				\$ -
<i>Narrative Justification:</i> Enter a description of the Equipment match provided and how its purchase will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your federal budget request.				
SF-424a Note: Enter the total cost of 4.b in Section B Column 2 line 6d of the form.				
Source of Match Funds: Identify source of match funds.				

5. Supplies (Description: Materials costing less than \$5,000 per unit and often having one-time use.)				
5.a Federal Cost				
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Cost <small>(Cost Per Unit x No. of Units)</small>
<i>Ex: General Office Supplies</i>	month	\$ 50.00	12	\$600
<i>Ex: Laptop</i>		\$ 900.00	1	\$900
5.a Supplies Sub-Total				\$1,500
<i>Narrative Justification:</i> Enter a description of the Supplies requested and how their purchase will support the purpose and goals of this proposal.				
SF-424a Note: Enter the total cost of 5.a in Section B Column 1 line 6e of the form.				
5.b Non-Federal Match or Cost Share				
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Cost <small>(Cost Per Unit x No. of Units)</small>
<i>Ex: Fax</i>		\$ 300.00	1	\$300
<i>Ex: Postage</i>	month	\$ 37.00	12	\$444
5.b Supplies Sub-Total				\$744
<i>Narrative Justification:</i> Enter a description of the Supplies match provided and how their purchase will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your federal budget request.				
SF-424a Note: Enter the total cost of 5.b in Section B Column 2 line 6e of the form.				
Source of Match Funds: Identify source of match funds.				

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6. Contractual (Description: The costs of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.)

6.a Federal Cost

Name/Item Description	Unit of Measure	Unit Cost	Number of Units	Cost (Cost Per Unit x No. of Units)
<i>Consultants</i>				
Ex: Jane Smith/Leadership Training Expert	day	\$350	12	\$4,200
Ex: Jane Smith travel from Washington, DC to Amman, Jordan for training conference	Roundtrip Airfare	\$1,200	1	\$1,200
Ex: TBD/Monitoring and Evaluation Expert	day	\$275	12	\$3,300
Ex: Monitoring and Evaluation Expert travel from Washington, DC to Amman, Jordan	Roundtrip Airfare	\$1,200	1	\$1,200
<i>Contracts</i>				
Ex. Sub-Award to Jordanian NGO (budget and terms TBD)	award agreement	\$10,000	1	\$10,000
6.a Contractual Sub-Total				\$19,900

Narrative Justification: Explain the need for each agreement and how their use will support the purpose and goals of this proposal. For those contracts already arranged, please provide the proposed categorical budgets. For those subcontracts that have not been arranged, please provide the expected Statement of Work, Period of Performance and how the proposed costs were estimated and the type of contract (bid, sole source...etc).

SF-424a Note: Enter the total cost of 6.a in Section B Column 1 line 6f of the form.

6.b Non-Federal Match or Cost Share

Name/Item Description	Unit of Measure	Unit Cost	Number of Units	Cost (Cost Per Unit x No. of Units)
<i>Consultants (Please see Appendix 2.1 for further guidance)</i>				
Ex: Jane Smith/Leadership Training Expert	day	\$350	12	\$4,200
Ex: TBD/Monitoring and Evaluation Expert	day	\$275	12	\$3,300
6.b Contractual Sub-Total				\$7,500

Narrative Justification: Explain the need for each match contract agreement and how their use will support the purpose and goals of this proposal. Be sure to describe how your matching funds will help sustain and enhance your federal budget request.

SF-424a Note: Enter the total cost of 6.b in Section B Column 2 line 6f of the form.

Source of Match Funds: Identify source of match funds.

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7. Construction: Not Allowable
SF-424a Note: Leave this section blank in Section B Column 1 & 2 line 6g of the form

8. Other Direct Costs (Description: Expenses not covered in any of the previous budget categories.)				
8.a Federal Cost				
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Cost <small>(Cost Per Unit x No. of Units)</small>
Ex: Office Telephone	month	\$100	12	\$1,200
Ex: Amman hotel conference room rental for training	day	\$800	3	\$2,400
8.a Other Direct Costs Sub-Total				\$3,600
<i>Narrative Justification: Explain the need for each item and how their use will support the purpose and goals of this proposal. Be sure to break down costs into cost/unit and explain the use of each item requested.</i>				
SF-424a Note: Enter the total cost of 8.a in Section B Column 1 line 6h of the form.				
8.b Non-Federal Match or Cost Share				
Item Description	Unit of Measure	Cost Per Unit	Number of Units	Cost <small>(Cost Per Unit x No. of Units)</small>
Ex: DC Office Rent	month	\$1,000	12	\$12,000
8.b Other Direct Costs Sub-Total				\$12,000
<i>Narrative Justification: Explain the need for each match item and how their use will support the purpose and goals of this proposal. Be sure to break down costs into cost/unit and explain the use of each item requested. Be sure to describe how your matching funds will help sustain and enhance your Federal budget request.</i>				
SF-424a Note: Enter the total cost of 8.b in Section B Column 2 line 6h of the form.				
Source of Match Funds: Identify source of match funds.				

9. Total Direct Costs	
9.a Federal Cost <i>SF-424a Note: Enter the total cost in Section B Column 1 line 6i of the form.</i>	\$125,805
9.b Non-Federal Match or Cost Share <i>SF-424a Note: Enter the total cost in Section B Column 2 line 6i of the form.</i>	\$66,192

10. Indirect Costs (Must reflect a provisional or pre-determined Negotiated Indirect Cost Rate Agreement or NICRA.)		
10.a Federal Cost <i>SF-424a Note: Enter the total cost of 10.a in Section B Column 1 line 6j of the form.</i>	0.00%	\$0
10.b Non-Federal Match or Cost Share <i>SF-424a Note: Enter the total cost of 10.b in Section B Column 2 line 6j of the form.</i>	0.00%	\$0

11. Total Costs (Sum of the Total Direct and Indirect Costs)	
11.a Federal Cost <i>SF-424a Note: Enter the total cost in Section B Column 1 line 6k of the form.</i>	\$125,805
11.b Non-Federal Match or Cost Share <i>SF-424a Note: Enter the total cost in Section B Column 2 line 6k of the form.</i>	\$66,192

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BUDGET SUMMARY

Budget Categories	Federal Request (Cost)	Non-Federal Match or Cost Share	Total
1. Personnel	\$62,765	\$1,338	\$64,103
2. Fringe Benefits	\$7,940	\$6,590	\$14,530
3. Travel	\$30,100	\$38,020	\$68,120
4. Equipment	\$ -	\$ -	\$0
5. Supplies	\$1,500	\$744	\$2,244
6. Contractual	\$19,900	\$7,500	\$27,400
7. Construction	\$0	\$0	\$0
8. Other Direct Costs	\$3,600	\$12,000	\$15,600
9. Total Direct Costs (lines 1-8)	\$125,805	\$66,192	\$191,997
10. Indirect Costs (reflect provisional, pre-determined rate and allocation base)	\$0	\$0	\$0
11. Total Costs (lines 9-10)	\$125,805	\$66,192	\$191,997