



**MEPI Local Grants Program  
Budget Narrative**

**Source of Cost Share Funds (if apply):**

**2. Fringe Benefits** *(Description: May include contributions for social security, employee insurance, pension plans, etc.)*

| <b>Component</b>                    | <b>Wage</b> | <b>Rate</b> | <b>Amount Requested<br/>from MEPI<br/><i>(Wage x Rate)</i></b> | <b>Cost-Share<br/><i>(Wage x Rate)</i></b> | <b>Total<br/><i>(Amount Requested +<br/>Cost Share)</i></b> |
|-------------------------------------|-------------|-------------|--|--|---|
|                                     |             |             |  |  | \$0   |
|                                     |             |             |  |  | \$0   |
|                                     |             |             |  |  | \$0   |
|                                     |             |             |  |  | \$0   |
|                                     |             |             |  |  | \$0   |
| <b>2. Fringe Benefits Sub-Total</b> |             |             | \$0  | \$0  | <b>\$0</b>  |

**Narrative Justification:**

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**Source of Cost Share Funds (if apply):**

**3. Travel** (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.)

| Purpose of Travel          | Item Description | Number of Days | Cost Per Unit/Rate | Number of People | Amount Requested from MEPI<br>(No. of Days x Cost Per Unit x No. of People) | Cost-Share<br>(No. of Days x Cost Per Unit x No. of People) | Total<br>(Amount Requested + Cost Share) |
|----------------------------|------------------|----------------|--------------------|------------------|---|---|--|
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
|                            |                  |                |                    |                  |   |   | \$0                                      |
| <b>3. Travel Sub-Total</b> |                  |                |                    |                  | \$0   | \$0   | <b>\$0</b>                               |

**MEPI Local Grants Program  
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*Narrative Justification:*

**Source of Cost Share Funds (if apply):**

**4. Equipment: Not Allowable**

**5. Supplies** (*Description: Materials costing less than \$5,000 per unit and often having one-time use.*)

| <b>Item Description</b>      | <b>Unit of Measure</b> | <b>Cost Per Unit</b> | <b>Number of Units</b> | <b>Amount Requested from MEPI</b><br><i>(Cost Per Unit x No. of Units)</i> | <b>Cost-Share</b><br><i>(Cost Per Unit x No. of Units)</i> | <b>Total</b><br><i>(Amount Requested + Cost Share)</i> |
|------------------------------|------------------------|----------------------|------------------------|--|--|--|
|                              |                        |                      |                        |  |  | \$0  |
|                              |                        |                      |                        |  |  | \$0  |
|                              |                        |                      |                        |  |  | \$0  |
|                              |                        |                      |                        |  |  | \$0  |
|                              |                        |                      |                        |  |  | \$0  |
| <b>5. Supplies Sub-Total</b> |                        |                      |                        | \$0  | \$0  | <b>\$0</b>   |

## MEPI Local Grants Program Budget Narrative

**Narrative Justification:**

**Source of Cost Share Funds (if apply):**

**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.)*

| Name/Item Description           | Unit of Measure | Unit Cost | Number of Units | Amount Requested<br>from MEPI<br>(Cost Per Unit x No.<br>of Units) | Cost-Share<br>(Cost Per Unit x No.<br>of Units) | Total<br>(Amount<br>Requested +<br>Cost Share) |
|---------------------------------|-----------------|-----------|-----------------|--|---|--|
|                                 |                 |           |                 |  |   | \$0  |
|                                 |                 |           |                 |  |   | \$0  |
|                                 |                 |           |                 |  |   | \$0  |
|                                 |                 |           |                 |  |   | \$0  |
|                                 |                 |           |                 |  |   | \$0  |
| <b>6. Contractual Sub-Total</b> |                 |           |                 | \$0  | \$0   | <b>\$0</b>                                     |

**MEPI Local Grants Program  
Budget Narrative**

**Narrative Justification:**

**Source of Cost Share Funds (if apply):**

**7. Construction: Not Allowable**

**8. Other Direct Costs** *(Description: Expenses not covered in any of the previous budget categories.)*

| <b>Item Description</b> | <b>Unit of Measure</b> | <b>Cost Per Unit</b> | <b>Number of Units</b> | <b>Amount Requested from MEPI</b><br><i>(Cost Per Unit x No. of Units)</i> | <b>Cost-Share</b><br><i>(Cost Per Unit x No. of Units)</i> | <b>Total</b><br><i>(Amount Requested + Cost Share)</i> |
|-------------------------|------------------------|----------------------|------------------------|--|--|--|
|                         |                        |                      |                        |  |  | \$0  |
|                         |                        |                      |                        |  |  | \$0  |
|                         |                        |                      |                        |  |  | \$0  |
|                         |                        |                      |                        |  |  | \$0  |
|                         |                        |                      |                        |  |  | \$0  |
|                         |                        |                      |                        |  |  | \$0  |



**MEPI Local Grants Program  
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|   |            |
|---|------------|
| <b>Cost-Share</b>   | <b>\$0</b> |
| <b>11. Total Costs (Sum of the Total Direct and Indirect Costs)</b> |            |
| <b>Amount Requested from MEPI</b> <i>(Sum of #9-10 above)</i>       | <b>\$0</b> |
| <b>Cost-Share</b> <i>(Sum of #9-10 above)</i>                       | <b>\$0</b> |

**BUDGET SUMMARY**

| <b>Budget Categories</b>                     | <b>Federal Request (Cost)</b> | <b>Non-Federal Match<br/>or Cost Share</b> | <b>Total</b> |
|--|-------------------------------|--|--------------|
| 1. Personnel                                 | \$0                           | \$0  | \$0          |
| 2. Fringe Benefits                           | \$0                           | \$0  | \$0          |
| 3. Travel                                    | \$0                           | \$0  | \$0          |
| 4. Equipment                                 | \$0                           | \$0  | \$0          |
| 5. Supplies                                  | \$0                           | \$0  | \$0          |
| 6. Contractual                               | \$0                           | \$0  | \$0          |
| 7. Construction                              | \$0                           | \$0  | \$0          |
| 8. Other Direct Costs                        | \$0                           | \$0  | \$0          |
| <b>9. Total Direct Costs<br/>(lines 1-8)</b> | <b>\$0</b>                    | <b>\$0</b>                                 | <b>\$0</b>   |
| 10. Indirect Costs                           | \$0                           | \$0  | \$0          |
| <b>11. Total Costs<br/>(lines 9-10)</b>      | <b>\$0</b>                    | <b>\$0</b>                                 | <b>\$0</b>   |