**Appendix C Budget Narrative**

**Please round totals to the next whole dollar.**
**Funding amount requested must be a minimum of $10,000; there is no maximum.**

*If Applicants have questions concerning the allowability of costs after reviewing the Federal* [*,*](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=0cf7886adc614830d19aa86f3a113a0e&n=pt2.1.200&r=PART&ty=HTML) *there are two opportunities to ask in a public format, during the technical assistance sessions noted on page 1 of this manual.*

**Budget Narrative**

*All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. If any matching funds will be used and a description of their use is required by the State department of agriculture, the expenses to be covered with matching funds must be described separately. MDA reserves the right to reject proposals in which the budget calculations or figures cannot easily be discerned.*

* *Round totals to the nearest whole dollar.*
* *The funding amount requested must be a minimum of $10,000; there is no maximum.*
* *Matching funds are not required.*

**Budget Summary**

| **Expense Category** | **Funds Requested** |
| --- | --- |
| **Personnel** |  |
| **Fringe Benefits** |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual** |  |
| **Other** |  |
| **Direct Costs Sub-Total** |  |
| **Indirect Costs** |  |
| **Total Budget** |  |

**Personnel**

*List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops.*

| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | *Example: Jane Doe, Research Professor* |  *0.X FTE for X years*  | *Total $* |
| 2 | *John Doe, Research Associate*  |  *0.X FTE for X years* | *Total $* |
| 3 | *Student Labor* |  *X hours/year for X years at $X/hr* | *Total $* |
| 4 |  |  |  |
| 5 |  |  |  |

**Personnel Subtotal:**

**Personnel Justification**

*For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing listing or deleting personnel that aren’t necessary.*

**Personnel 1:**

**Personnel 2:**

**Personnel 3:**

**Fringe Benefits**

*Provide the fringe benefit rates for each of the project’s salaried employees described in the Personnel section that will be paid with SCBGP funds.*

| **#** | **Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | *Example: Jane Doe, Research Professor* | *Salary total x benefit %* | *Total $* |
| 2 | *John Doe, Research Associate*  | *Salary total x benefit %* | *Total $* |
| 3 | *Student Labor* | *Hourly $ total x benefit %* | *Total $* |
|  |  |  |  |

**Fringe Subtotal:**

**Travel**

*Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*http://www.gsa.gov*](http://www.gsa.gov)*. See the* [*AMS Terms and Conditions Guidelines*](https://www.ams.usda.gov/sites/default/files/media/FY2021_GD_TermsandConditions.pdf)*, Section 8.2 , the* [*2 CFR Part 200*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200)*, § 200.475 for further guidance.*

| **#** | **Trip Destination** | **Type of Expense (airfare, car rental, hotel, per diem, mileage, etc.)** | **Unit of Measure (days, nights, miles)** | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Total Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | *Example: Trip #1Location, Desc., Dates if known or year planned* | *Hotel* | *night(s)* | *add #* | *$* | *add #* | *$* |
| 1 | *“ “Then detail in justification section* | *Per diem* | *day(s)* | *add #* | *$* | *add #* | *$* |
| 1 | *“ “* | *mileage* | *miles* | *add #* | *$* | *add #* | *$* |
| 1 | *“ “* | *airfare* | *RT flight* | *add #* | *$* | *add #* | *$* |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

**Travel Subtotal:**

**Travel Justification**

*For each trip listed in the above table describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren’t necessary.*

**Trip 1:**

**Trip 2:**

**Trip 3:**

**Conforming with Your Travel Policy**

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.4](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474)75 or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) as applicable. | [ ]  |

**Equipment**

*Describe any special purpose equipment to be purchased or rented under the grant. ‘‘Special purpose equipment’’ is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $5,000 per unit and is used only for research, medical, scientific, or other technical activities. Rental of "general purpose equipment’’ must also be described in this section. Purchase of general-purpose equipment is not allowable under this grant. See the* [*AMS Terms and Conditions Guidelines*](https://www.ams.usda.gov/sites/default/files/media/FY2021_GD_TermsandConditions.pdf)*, Section 8.2 , and the* [*2 CFR Part 200*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200)*, for further guidance.*

| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

**Equipment Subtotal:**

**Equipment Justification**

*For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn’t necessary.*

**Equipment 1:**

**Equipment 2:**

**Supplies**

*List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal and enhance the competitiveness of specialty crops. See the* [*AMS Terms and Conditions Guidelines*](https://www.ams.usda.gov/sites/default/files/media/FY2021_GD_TermsandConditions.pdf)*, Section 8.2 , the* [*2 CFR Part 200*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200)*, for further guidance.*

| **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| *Example: Item #1 collection bags* | *.16* | *1500* | *Over 3 years as needed* | *$240* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Supplies Subtotal:**

**Supplies Justification**

*Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).*

**Item Justification:**

|  |  |
| --- | --- |
| *Example: Item 1* | *The bioassay described in obj. 1 requires soil collected from fields. Soil samples are stored in Ziplocs and divided into paper bags to be transported to cold storage.*  |
|  |  |
|  |  |

**Contractual/Consultant**

*Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.) See the Federal laws and standards identified in* [*2 CFR Part 200.317 through.326*](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3)*, as applicable.*

**Itemized Contractor(s)/Consultant(s)**

*Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.*

| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |

**Contractual/Consultant Subtotal:**

**Contractual Justification**

*Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.*

**Contractor/Consultant 1:**

**Contractor/Consultant 2:**

**Contractor/Consultant 3:**

**Add other Contractors/Consultants as necessary**

**Conforming with your Procurement Standards**

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR Part 200.317 through.326](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3), as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements. | [ ]  |

**Other**

*Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, shipping costs, rental expenses, advertisements, publication costs, and data collection.*

*If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs. See the* [*AMS Terms and Conditions Guidelines*](https://www.ams.usda.gov/sites/default/files/media/FY2021_GD_TermsandConditions.pdf)*, Section 8.2 , the* [*2 CFR Part 200*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200)*, for further guidance.*

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Subtotal:**

**Other Justification**

*Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).*

**Indirect Costs**

*The indirect cost rate must not exceed 5 percent of any personnel and fringe in this budget. Indirect costs are any costs that are incurred for common or joint objectives that, therefore, cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses. See the* [*AMS Terms and Conditions Guidelines*](https://www.ams.usda.gov/sites/default/files/media/FY2021_GD_TermsandConditions.pdf)*, Section 8.1 for further guidance.*

| **Indirect Cost Rate** | **Funds Requested** |
| --- | --- |
|  |  |

**Indirect Subtotal:**

**Program Income**

*Program income is gross income—earned by a recipient or subrecipient under a grant—directly generated by the grant-supported activity or earned only because of the grant agreement during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds); registration fees for conferences, etc.*

| **Source/Nature of Program Income** | **Description of how you will reinvest the program income into the project to enhance the competitiveness of specialty crops** | **Estimated Income** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Program Income Total:**