

Budget Justification Narrative

Attachment 3

Applicant Name: _____

Contract Term: _____

Contract Amount: _____

SALARIES						
Staff Name	Position Title	FTE	No. of Months	Salary Requested		Total Amount Requested

Justification: For each position listed above, please provide a detailed justification that links the position to the proposed activities in the contract.

FRINGE						
Staff Name and Title	Position Title	FTE	No. of Months	Fringe Requested		Total Amount Requested

Justification: For each position listed in the 'SALARIES' category, please provide information on the rate/amount of fringe benefits used and itemize how the fringe benefit amount is computed.

EQUIPMENT						
Item				No. of Units	Cost per Unit	Total Amount Requested

Justification: For each item listed above, please provide a detailed justification that links the position to the proposed activities in the contract. Please note that all 'Equipment' items defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit.

SUPPLIES						
Item				No. of Units	Cost per Unit	Total Amount Requested

Budget Justification Narrative

Attachment 3

Justification: For each item listed above, please provide a detailed justification that specifies the type of items being requested.						

TRAVEL						
No. of Trips	No. of People		No. of Miles	Cost per Mile	Other	Total Amount Requested

Justification: For each line item where travel costs are requested, enter all of the costs in the applicable fields listed above. For each line item, please provide details of the work that staff members will be performing and how the travel aligns with the listed objectives of the contract. Travel expenses are limited for reimbursement as authorized in Section 112.061 Florida Statutes.

CONTRACTUAL						
Name	Method of Selection			Method of Accountability	Service Period	Total Amount Requested

Scope of Work: For each sub-contract, please provide a detailed Scope of Work and how it aligns with the program objectives.

Budget Justification: For each sub-contract, please provide a detailed Budget Justification and how it aligns with the program objectives.

OTHER						
Item				No. of Units	Cost per Unit	Total Amount Requested

Justification: For each item listed above, please provide a detailed justification that specifies the type of items being requested. Items not included in the previous categories should be included here. For example, communication, printing and postage costs, among others.

Budget Justification Narrative

Attachment 3

DIRECT COSTS	
---------------------	--

ADMINISTRATIVE/INDIRECT COSTS	
--------------------------------------	--

Justification: Administrative costs are limited to 10% of the total contract amount. All costs included as 'Administrative Costs' must be described in details and must not duplicate effort funded in previously identified funding categories.