

Budget Narrative

A justification for all costs associated with the proposed program must be provided. The budget narrative must provide detailed information to support each line item contained in the proposed budget summary. The narrative must include justification for personnel and expenses.

PERSONNEL (SALARY AND FRINGE, A and B)

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Ex. Terry Smith	Government Operations Consultant	Program Direction	\$35,000	20%	100%
Summary of Tasks: Coordinating monthly technical assistance, reviewing and monitoring grant budget, monitoring reports for grant compliance					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total \$35,000					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total \$7,000					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Ex. Terry Smith	Government Operations Consultant	Program Direction	\$35,000	20%	50%
A. Summary of Tasks: Coordinating monthly technical assistance, reviewing and monitoring grant budget, monitoring reports for grant compliance					
B. Salary Total Computation: Annual Salary x Percent of Time on Grant = Total \$17,500					
C. Fringe Total Computation: Salary Total (Total from part B) x Fringe Benefits Percent = Total \$3,500					

Attachment V (Form 9.3)

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Click or tap here to enter text.	Click here to enter text.	Select A Responsibility	Click here to enter text.	Click here to enter text.	Click here to enter text.
Summary of Tasks: Click here to enter text.					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total Click here to enter text.					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total Click here to enter text.					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Click here to enter text.	Click here to enter text.	Select A Responsibility	Click here to enter text.	Click here to enter text.	Click here to enter text.
Summary of Tasks: Click here to enter text.					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total Click here to enter text.					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total Click here to enter text.					

Attachment V (Form 9.3)

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Click here to enter text.	Click here to enter text.	Select A Responsibility	Click here to enter text.	Click here to enter text.	Click here to enter text.
Summary of Tasks: Click here to enter text.					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total Click here to enter text.					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total Click here to enter text.					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Click here to enter text.	Click here to enter text.	Select A Responsibility	Click here to enter text.	Click here to enter text.	Click here to enter text.
Summary of Tasks: Click here to enter text.					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total Click here to enter text.					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total Click here to enter text.					

Attachment V (Form 9.3)

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Click here to enter text.	Click here to enter text.	Select A Responsibility	Click here to enter text.	Click here to enter text.	Click here to enter text.
Summary of Tasks: Click here to enter text.					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total Click here to enter text.					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total Click here to enter text.					

Employee Name	Position Title (if applicable)	Primary Responsibility	Annual Salary/Hourly Wage	Fringe Benefit Percent	Percent of Time on Grant
Click here to enter text.	Click here to enter text.	Select A Responsibility	Click here to enter text.	Click here to enter text.	Click here to enter text.
Summary of Tasks: Click here to enter text.					
Salary Total Computation: Annual Salary x Percent of Time on Grant = Total Click here to enter text.					
Fringe Total Computation: Salary Total x Fringe Benefits Percent = Total Click here to enter text.					

EXPENSES

C. Staff Travel – Itemize the cost of the local travel and mileage expenses for personnel by purpose. Show the basis of the calculation. Travel expenses are limited for reimbursement as authorized in Section 112.061 Florida Statutes. Mileage is reimbursed at \$0.445 cents per mile. Show computation.
[Click here to enter text.](#)

D. Training and Seminars – Itemize costs associated with required or anticipated staff training or seminars by purpose and include associated costs (mileage, per diem, meals, hotel, registration fees, etc.) Travel expenses are limited for reimbursement as authorized in Section 112.061 Florida Statutes. ***Any and all conference travel must be requested and approved in writing by the program office in advance.*** Show computation.
[Click here to enter text.](#)

E. Equipment (\$1,000 and under) – List each equipment item to be purchased. Indicate whether equipment is to be purchased or leased and why it is necessary for program operation. Show computation.
[Click here to enter text.](#)

F. Equipment (Over \$1,000) - List each equipment item to be purchased. Indicate whether equipment is to be purchased or leased and why it is necessary for program operation. Show computation.
[Click here to enter text.](#)

G. Consumable Office Supplies – List program-related supplies by type (office supplies, copy paper, postage, etc.) that are expendable or consumed during the course of the grant year. Show computation.
[Click here to enter text.](#)

H. Rent/Telephone/Utilities – Itemize program-specific costs to implement the program by pro-rata share or applicable percentage of the total costs of these items. List each item separately and show the formula used to derive total program costs. Show computation.
[Click here to enter text.](#)

I. Curricula/Educational Materials – Itemize the costs of program related curricula, including consumable workbooks and other educational materials proposed to be used by the program. Show computation.
[Click here to enter text.](#)

J. Field Trips – Itemize any field trips proposed as a component of program implementation. Detail the educational or community service related benefits of each field trip and how it relates to the goals and objectives of the program. Itemize costs associated with each field trip including transportation, admission fees, etc. Show computation.

[Click here to enter text.](#)

K. Community Events – Itemize any community events that will occur during the grant year as part of program implementation. Community events paid for with grant funds must be directly related to grant messaging. Events should be submitted for approval before implementation. Show computation.

[Click here to enter text.](#)

L. Background Screening - Indicate the cost of conducting background screening for all staff and volunteers working with youth.

[Click here to enter text.](#)

M. Insurance – Indicate the cost of maintaining comprehensive liability insurance for the program. Show computation.

[Click here to enter text.](#)

N. Promotion and Marketing Materials – Itemize the type and costs of materials to be purchased or developed for use in promoting and marketing the program in the local community. Detail the programmatic benefits to be derived from the materials and how they related to achievement of the programmatic goals and objectives. Show computation.

[Click here to enter text.](#)

O. Media Advertising – Itemize the costs of media advertising related to marketing and promotion of the program and marketing. Detail the programmatic benefits to be derived from the advertising and how it relates to achievement of the programmatic goals and objectives. Show computation.

[Click here to enter text.](#)

P. Additional – List and describe any other expenses related to the program that are not specifically listed above. Show the justification and computation for each line item. Show computation.

[Click here to enter text.](#)