

Name of Laboratory:

Name of Initiative: (ie. LIMS, etc)

Attachment 1

BUDGET DETAIL WORKSHEET AND BUDGET NARRATIVE

Complete a separate Budget Detail and Narrative Form (Attachment 1) for each Initiative. Please make copies of the Form as needed. The *Budget Detail and Narrative Form* must be complete, reasonable, cost effective and related to the Work Plan. Attach each Form to GMS using the *Attachment* module.

PERSONAL SERVICES – List each position by title and name of employee, if available. Show the annual rate of pay, the percentage of time to be devoted to the project (percent of FTE) and the cost to grant funding.				
Name	Position	Salary	Computation (Annual Salary, % of FTE Time)	Cost
TOTAL PERSONAL COST:				
<i>Personal Narrative: Describe responsibilities and duties of each position in implementing and operating the grant program.</i>				
FRINGE BENEFITS- Should be based on actual known costs or approved negotiated rate of the agency. Fringe benefits are for the personnel listed above, and only for the percentage of time (%FTE) of each position charged to the project.				
Approved Rate or Description of Actual Costs		Computation (Salary x Rate)		Cost
TOTAL FRINGE BENEFITS COST:				
<i>Fringe Benefits Narrative: Describe computation of fringe benefits to be charged to the project.</i>				
CONSULTANT SERVICES – For each consultant, enter the name, service to be provided, hourly or daily fee, and estimated time on the project. Upload the signed consultant agreement as an Attachment in GMS.				
Name of Consultant	Service Provided	Computation	Cost	
TOTAL CONSULTANT COST:				
<i>Consultant Services Narrative: Explain how each consultant is necessary to the success of the project and discuss the procurement method to be used. Using the format of "F – Travel" category, list all expenses to be paid from the grant to the individual consultants in addition to their fees (e.g., travel, meals, lodging). This includes travel expenses for anyone who is not an employee of the applicant such as participants, volunteers, community partners. Consultant costs are limited to \$650 per 8 hour day (excluding travel, meals, and lodging) unless justification is provided and approved by DCJS.</i>				
EQUIPMENT – List non-expendable items that are purchased. List expendable equipment under the "Supplies" category. Rented or leased equipment should be listed in this category.				
Item	Quantity	Cost per Item	Total Cost	
TOTAL EQUIPMENT COST:				
<i>Equipment Narrative: Explain how the equipment is necessary for the success of the Project and describe the procurement method to be used.</i>				

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SUPPLIES – List supplies by type (office supplies, postage, training materials, copying paper, and expendable equipment, such as books or hand-held tape recorders) and how the basis of computation.				
Item	Quantity	Cost per Item	Total Cost	
TOTAL SUPPLIES COST:				
<i>Supplies Narrative: Discuss the supplies needed for success of the project and indicate who will be using expendable materials.</i>				
TRAVEL & SUSTENANCE – Itemize project related expenses required of staff by purpose (training, field work, meetings). Prior to any out-of-state travel, a written request for approval to use grant funds must be submitted to DCJS for written approval. Show all computations (# of people x cost of travel, daily lodging cost x number of rooms x number of nights, per diem meals x number of travelers). Identify location, if known.				
Travel Purpose and Location	Number of People	Cost of Travel per diem	Number of Travel Days	Total Cost
TOTAL TRAVEL & SUSTENANCE COST:				
<i>Travel and Sustenance Narrative: Describe location of travel, purpose of travel, mode of transportation and cost. Also indicate who is traveling and how this travel is necessary for the success of the project. Meals and lodging must be itemized and must not exceed published state per diem rates.</i>				
RENTAL OF FACILITIES – Provide square footage of NEW space rented specifically for the project and the rental cost per square foot. Provide a monthly cost multiplied by the number of months that rent is required within the program period. Units of local government may not charge rent to the grant for existing agency office space.				
Monthly Rent	X Number of Months			Cost
TOTAL RENT COST:				
ALL OTHER COSTS – List line items, such as reproduction and telephone, by category and the basis for computation.				
Description	Computation		Cost	
TOTAL ALL OTHER COST:				
ADMINISTRATION/INDIRECT COSTS – Combined funding for administrative and/or indirect costs is capped at a rate of 15 percent for state funded grants. Indirect costs are not an allowable expense for governmental agencies.				
Description	Computation		Cost	
TOTAL ADMIN/INDIRECT COST:				

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BUDGET CATEGORY	AMOUNT
Personal Services	\$
Fringe Benefit	\$
Consultant Services	\$
Equipment	\$
Supplies	\$
Travel and Sustenance	\$
Rental of Facilities	\$
All Other Expenses	\$
Administration/Indirect Costs	\$
TOTAL OPERATING BUDGET	\$

Grant Amount Requested:	\$
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