Name of Laboratory:

Name of Initiative: (ie. LIMS, etc)

Attachment 1

BUDGET DETAIL WORKSHEET AND BUDGET NARRATIVE

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

Name		Position	Salary	Computation (Annual	Cost
				Salary, % of FTE Time)	
				TOTAL PERSONAL COST:	
Personal Narrati program.	ive: Descril	be responsibilities and a	luties of each position	in implementing and operating	the grant
FRINGE BENE	FITS- Sho	uld be based on actual k	nown costs or approv	ed negotiated rate of the agency	Fringe benefits
are for the person	nel listed a	bove, and only for the p	percentage of time (%I	TE) of each position charged to	the project.
Approved Rate of	r Descriptio	on of Actual Costs	Computation (Sa	alary x Rate)	Cost
			ТОТАІ	FRINGE BENEFITS COST:	
Fringe Renefits	Narrative:	Describe computation o	t tringe henefits to he	chargea to the protect	
Fringe Benefits 1	Narrative:	Describe computation o	f fringe benefits to be	chargea to the project.	
					ily fee, and
CONSULTANT estimated time or	SERVICE	ES – For each consultant. t. Upload the signed contract the sig	t, enter the name, serv	ice to be provided, hourly or da	ily fee, and
CONSULTANT estimated time or	SERVICE	\mathbf{ES} – For each consultan	t, enter the name, serv	ice to be provided, hourly or da	ily fee, and
CONSULTANT estimated time or	SERVICE	ES – For each consultant. t. Upload the signed contract the sig	t, enter the name, serv	ice to be provided, hourly or da an Attachment in GMS. Computation	
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Name of Laboratory:

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tem	Qu	antity	Cost per Item	Total Cost
			DTAL SUPPLIES COST:	
Supplies Narrative: Discuss the	supplies needed for succes	ss of the project and	indicate who will be using	expendable
naterials.				
	T 1 . 1	· 1 C		11 1
FRAVEL & SUSTENANCE – neetings). Prior to any out-of-st				
vritten approval.	ale liavel, a willen reques	i for approval to use	grant funds must be submi	lited to DCJS IC
Show all computations (# of pec	ple x cost of travel, daily l	odging cost x numb	er of rooms x number of nig	ghts, per diem
meals x number of travelers). Ide		- 1	1	-
Travel Purpose and Location	Number	Cost of Travel	Number of Travel Days	Total Cost
	of People	per diem		
ndicate who is traveling and ho	ve: Describe location of tro w this travel is necessary f	wel, purpose of tra		and cost. Also
indicate who is traveling and ho	ve: Describe location of tro w this travel is necessary f	wel, purpose of tra	vel, mode of transportation	and cost. Also
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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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