
Sample Budget Narrative and Budget Detail Worksheets

Please note: All costs are estimated for the purposes of this sample and are not based on specific research. Applicants should not submit a request based on the information included in this sample.

B. Civilian/Non-Sworn Personnel

Civilian Project Coordinator

Anytown Police Department will hire a Civilian Project Coordinator to oversee its Methamphetamine Initiative project. The project coordinator will be responsible for administering daily activities as they pertain to Anytown's Methamphetamine Initiative, including such activities as procuring supplies and equipment, coordinating outreach efforts, and overseeing project evaluation.

Total Cost for Civilian Project Coordinator: \$156,126

Meth Prosecutor

Anytown Police Department will hire a Meth Prosecutor to handle cases specifically related to the production, distribution, and use of methamphetamine. The prosecutor will work under the District Attorney's Office and liaison with Anytown Police Department in its Methamphetamine Initiative.

Total Cost for Meth Prosecutor: \$320,256

C. Equipment/Technology

Two Fume Hoods for Crime Laboratory

Anytown Police Department has a crime lab that is used to test all toxic chemicals. The fume hoods would protect our crime lab personnel from dangerous vapors emitted in the air when processing samples that have been collected. Our laboratory currently does not have such a hood, nor does our latent print section where methamphetamine evidence is also processed. The purchase of these hoods would allow our personnel to work more efficiently and effectively to support prosecution efforts. Based on our research, we have estimated \$7,000 per hood to accomplish this task.

Total Cost for Fume Hoods: \$14,000

Ion Scanner

Anytown Police Department requests the purchase of an ion scanner to aid officers in detecting the presence of drugs under circumstances that were previously unforeseen. It will assist in procuring search warrants for clandestine laboratory operations where a child has been exposed to dangerous toxic chemicals. Based on our research, we have estimated \$40,000 to accomplish this task.

Total Cost for Ion Scanner: \$40,000

G. Other Costs

Project Evaluation

Anytown Police Department requests funding to be used to evaluate the overall effectiveness of its Methamphetamine Initiative.

Total Cost for Project Evaluation: \$20,000

B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel

No Civilian/Non-Sworn Positions Requested

Part 1: Instructions: Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

A. Base Salary Information: \$39,000

Position Title: Civilian Project Coordinator

Description: Administer daily activities of Meth Initiative
(One position per worksheet)

Year 1 Salary
Enter the current first year base salary for one civilian/non-sworn position.
\$ 39,000
x 100 % of time on project =
\$ 39,000.00
(base salary x percent = adjusted Year-1 salary)

Year 2 Salary (As applicable)
Enter the second year base salary for one civilian/non-sworn position.
\$ 39,000
x 100 % of time on project =
\$ 39,000.00

Year 3 Salary (As applicable)
Enter the third year base salary for one civilian/non-sworn position.
\$ 39,000
x 100 % of time on project =
\$ 39,000.00

B. Fringe benefit costs should be calculated for each year of the grant term.

FRINGE BENEFITS:

Year 1 Fringe Benefits

Year 2 Fringe Benefits

Year 3 Fringe Benefits

Social Security Exempt: 6.2% Fixed Rate:
Cannot exceed 6.2% of Total Base Salary.

Medicare Exempt: 1.45% Fixed Rate:
Cannot exceed 1.45% of Total Base Salary.

Health Insurance
Individual: Family: Fixed Rate:

Life Insurance Fixed Rate:

Vacation Number of Hours Annually: _____

Sick Leave Number of Hours Annually: _____

Retirement Fixed Rate:

Worker's Compensation Exempt: Fixed Rate:

Unemployment Insurance Exempt: Fixed Rate:

Other

Other

Benefits Sub-Total Per Year (1 Position)

Total (A+B)

| | Year 1 Fringe Benefits | Year 2 Fringe Benefits | Year 3 Fringe Benefits |
|--|------------------------|------------------------|------------------------|
| | COST: | COST: | COST: |
| | % OF BASE | % OF BASE | % OF BASE |
| Social Security | \$ 2,418 .00 | \$ 2,418 .00 | \$ 2,418 .00 |
| Medicare | \$ 566 .00 | \$ 566 .00 | \$ 566 .00 |
| Health Insurance | \$ 4,294 .00 | \$ 4,294 .00 | \$ 4,294 .00 |
| Life Insurance | \$ 394 .00 | \$ 394 .00 | \$ 394 .00 |
| Vacation | \$ 4,800 .00 | \$ 4,800 .00 | \$ 4,800 .00 |
| Sick Leave | \$.00 | \$.00 | \$.00 |
| Retirement | \$.00 | \$.00 | \$.00 |
| Worker's Compensation | \$ 491 .00 | \$ 491 .00 | \$ 491 .00 |
| Unemployment Insurance | \$ 31 .00 | \$ 31 .00 | \$ 31 .00 |
| Other | \$ 47 .00 | \$ 47 .00 | \$ 47 .00 |
| Other | \$.00 | \$.00 | \$.00 |
| Benefits Sub-Total Per Year (1 Position) | \$ 13,042 .00 | \$ 13,042 .00 | \$ 13,042 .00 |
| Total (A+B) | \$ 52,042 .00(A+B) | \$ 52,042 .00 (A+B) | \$ 52,042 .00 (A+B) |

D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position): \$ 156,126.00

If requesting additional positions with exact budget check here Indicate # of positions ____ If requesting other position(s) with different budget(s), check here
Civilians/Non-Sworn Personnel Total \$ _____

B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel

No Civilian/Non-Sworn Positions Requested

Part 1: Instructions: Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

A. Base Salary Information: \$80,000

| | | | |
|---|---|---|--|
| <p>Position Title: Meth Prosecutor</p> <p>Description: Prosecute Methamphetamine Cases (One position per worksheet)</p> | <p>Year 1 Salary Enter the current first year base salary for one civilian/non-sworn position. \$ 80,000 x 100 % of time on project = \$ 80,000 (base salary x percent = adjusted Year-1 salary)</p> | <p>Year 2 Salary (As applicable) Enter the second year base salary for one civilian/non-sworn position. \$ 80,000 x 100 % of time on project = \$ 80,000</p> | <p>Year 3 Salary (As applicable) Enter the third year base salary for one civilian/non-sworn position. \$ 80,000 x 100 % of time on project = \$ 80,000</p> |
|---|---|---|--|

B. Fringe benefit costs should be calculated for each year of the grant term.

| FRINGE BENEFITS: | | Year 1 Fringe Benefits | | Year 2 Fringe Benefits | | Year 3 Fringe Benefits | |
|--|--|------------------------|-----------|------------------------|-----------|------------------------|-----------|
| | | COST: | % OF BASE | COST: | % OF BASE | COST: | % OF BASE |
| Social Security | Exempt: <input type="checkbox"/> 6.2% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> | \$ 4,690.00 | 6.2 % | \$ 4,690.00 | 6.2 % | \$ 4,690.00 | 6.2 % |
| Cannot exceed 6.2% of Total Base Salary. | | | | | | | |
| Medicare | Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> | \$ 1,160.00 | 1.45 % | \$ 1,160.00 | 1.45 % | \$ 1,160.00 | 1.45 % |
| Cannot exceed 1.45% of Total Base Salary. | | | | | | | |
| Health Insurance | Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> | \$ 8,808.00 | 11.01 % | \$ 8,808.00 | 11.01 % | \$ 8,808.00 | 11.01 % |
| Life Insurance | Fixed Rate: <input type="checkbox"/> | \$ 808.00 | 1.01 % | \$ 808.00 | 1.01 % | \$ 808.00 | 1.01 % |
| Vacation | Number of Hours Annually: _____ | \$ 9,848.00 | 12.31 % | \$ 9,848.00 | 12.31 % | \$ 9,848.00 | 12.31 % |
| Sick Leave | Number of Hours Annually: _____ | \$ _____ | _____ % | \$ _____ | _____ % | \$ _____ | _____ % |
| Retirement | Fixed Rate: <input type="checkbox"/> | \$ _____ | _____ % | \$ _____ | _____ % | \$ _____ | _____ % |
| Worker's Compensation | Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> | \$ 1,008.00 | 1.26 % | \$ 1,008.00 | 1.26 % | \$ 1,008.00 | 1.26 % |
| Unemployment Insurance | Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> | \$ 64.00 | .08 % | \$ 64.00 | .08 % | \$ 64.00 | .08 % |
| Other <input type="checkbox"/> Select One _____ | | \$ 96.00 | .12 % | \$ 96.00 | .12 % | \$ 96.00 | .12 % |
| Other <input type="checkbox"/> Select One _____ | | \$ _____ | _____ % | \$ _____ | _____ % | \$ _____ | _____ % |
| Benefits Sub-Total Per Year (1 Position) | | \$ 26,752.00 | | \$ 26,752.00 | | \$ 26,752.00 | |
| Total (A+B) | | \$ 106,752.00(A+B) | | \$ 106,752.00 (A+B) | | \$ 106,752.00 (A+B) | |

D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position): \$ 320,256

If requesting additional positions with exact budget check here Indicate # of positions _____ If requesting other position(s) with different budget(s), check here

Civilians/Non-Sworn Personnel Total \$ 476,382

C. Equipment/Technology

No Equipment/Technology Requested

Instructions: List non-expendable items that are to be purchased. Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS / CONSULTANTS" category.

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

| Item Name | Computation (# of Items/Units X Unit Cost) | Per Item Subtotal |
|---|---|-------------------|
| Fume Hoods for Crime Laboratory | (2 x 7,000) | \$ 14,000 |
| Ion Scanner | (1 x 40,000) | \$ 40,000 |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| <input type="checkbox"/> More Equipment/Technology Entries Required | Equipment/Technology Total: | \$ <u>54,000</u> |

G. Other Costs

No Other Costs Requested

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

| Unit/Item Description | Computation (# of Items/Units X Unit Cost) | Per Item Subtotal |
|---|---|-------------------|
| Project Evaluation | (1 x 20,000) | \$ 20,000 |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| | (x) | \$ |
| <input type="checkbox"/> More Other Cost Entries Required | Other Cost Total: | \$ <u>20,000</u> |

Budget Summary

| <p>Instructions: Please review the category totals and the total project costs below. If the category totals and project amounts shown are correct, please continue with the submission of your application. Should you need to make revisions to a budget category, click the "Edit" button for that category.</p> | | | |
|--|------------------------------|-----------------------|------|
| | Budget Category | Category Total | Edit |
| A. | Sworn Officer Positions | \$ _____ .00 | |
| B. | Civilian/Non-Sworn Personnel | \$ <u>476,382</u> .00 | |
| C. | Equipment/Technology | \$ <u>54,000</u> .00 | |
| D. | Supplies | \$ _____ .00 | |
| E. | Travel/Training | \$ _____ .00 | |
| F. | Contracts/Consultants | \$ _____ .00 | |
| G. | Other Costs | \$ <u>20,000</u> .00 | |
| H. | Indirect Costs | \$ _____ .00 | |
| Total Project Amount: | | \$ <u>550,382</u> .00 | |
| Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable) | | \$ <u>550,382</u> .00 | ___% |
| Total Local Share Amount (if applicable): (Total Project Amount - Total Federal Share Amount) | | \$ <u>0</u> .00 | ___% |
| <p>Contact Information for Budget Questions</p> <p>Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.</p> <p>Authorized Official's Typed Name: <u>John Doe</u></p> <p>Title: <u>Chief</u></p> <p>Phone: <u>(123) 456-7890</u></p> <p>Fax: <u>(123) 789-6541</u></p> <p>E-mail Address: <u>John.Doe@apd.org</u></p> | | | |