

BA Form 42B - Budget Detail/Justification Template

Project Budget Detail and Justification

A. Personnel: Provide employee(s) to include names for each identified position, along with in-kind costs for those positions whose work is tied to the project.

| FUNDER REQUEST Position | Name | Annual Salary/Rate | Level of Effort (% of Hours) | Cost |
|--------------------------------|------|--------------------|---------------------------------|------|
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| | | | | |
| TOTAL Funder Personnel Request | | | | \$ - |

| MATCH/IN-KIND COMPONENT Position/Funder | Name | Annual Salary/Rate | Level of Effort (% of Hours) | Cost |
|--|------|--------------------|---------------------------------|------|
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| | | | | |
| TOTAL Match/In-Kind Personnel | | | | \$ - |

JUSTIFICATION: Justify the position(s), time and effort, and salary/fringe amounts for each person participating in the project. If any JSU personnel salary/fringe will be a workload reduction/release, indicate as such. If the JSU personnel salary/fringe will be extra compensation indicate as such.

| | | | | |
|-------------------------------|--|--|--|------|
| Total Project Personnel Costs | | | | \$ - |
|-------------------------------|--|--|--|------|

BA Form 42B - Budget Detail/Justification Template

C. Travel: Explain need for all travel. Published JSU travel policies and procedures prevail.

| FUNDER REQUEST Purpose of Travel | Location | Item/Activity | Rate | Cost |
|--|-----------------|----------------------|-------------|-------------|
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| | | | | |
| | | | | |
| TOTAL Funder Travel Request | | | | \$ - |

| MATCH/IN-KIND COMPONENT Purpose of Travel | Location | Item/Activity | Rate | Cost |
|---|-----------------|----------------------|-------------|-------------|
| | | | | |
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| TOTAL Match/In-Kind Travel | | | | \$ - |

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

| | | | | |
|-----------------------------------|--|--|----|---|
| Total Project Travel Costs | | | \$ | - |
|-----------------------------------|--|--|----|---|

BA Form 42B - Budget Detail/Justification Template

D. Equipment: An article of tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

| FUNDER REQUEST Item(s) | # Items Requested | Rate/ Cost Per Item | Cost |
|---------------------------------------|----------------------|---------------------|-------------|
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL Funder Equipment Request | | | \$ - |

| MATCH/IN-KIND COMPONENT Item(s) | # Items Requested | Rate/ Cost Per Item | Cost |
|--------------------------------------|----------------------|---------------------|-------------|
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL Match/In-Kind Equipment | | | \$ - |

JUSTIFICATION: Describe the purpose/intended use of the equipment and how costs were determined.

| | | |
|--|--------------------------------------|-------------|
| | Total Project Equipment Costs | \$ - |
|--|--------------------------------------|-------------|

BA Form 42B - Budget Detail/Justification Template

E. Supplies: Materials costing less than \$5,000 per unit and often having one-time use.

| FUNDER REQUEST Item(s) | # Items Requested | Rate/ Cost Per Item | Cost |
|--------------------------------------|----------------------|---------------------|-------------|
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL Funder Supplies Request | | | \$ - |

| MATCH/IN-KIND COMPONENT Item(s) | # Items Requested | Rate/ Cost Per Item | Cost |
|-------------------------------------|----------------------|---------------------|-------------|
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL Match/In-Kind Supplies | | | \$ - |

JUSTIFICATION: Describe the purpose/intended use of the supplies and how costs were determined.

| | |
|-------------------------------------|-------------|
| Total Project Supplies Costs | \$ - |
|-------------------------------------|-------------|

BA Form 42B - Budget Detail/Justification Template

F. Other: Expenses not covered in previous categories. This can include things such as Graduate Assistant Tuition Costs, External Contractor Fees, Training Costs, etc.

| FUNDER REQUEST Item(s) | # Items Requested | Rate/ Cost Per Item | Cost |
|--|----------------------|---------------------|-------------|
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL Funder Other Cost Request | | | \$ - |

| MATCH/IN-KIND COMPONENT Item(s) | # Items Requested | Rate/ Cost Per Item | Cost |
|---------------------------------------|----------------------|---------------------|-------------|
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL Match/In-Kind Other Cost | | | \$ - |

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

| | |
|----------------------------------|-------------|
| Total Project Other Costs | \$ - |
|----------------------------------|-------------|

BA Form 42B - Budget Detail/Justification Template

G. Contingency Funds: All unallocated/non-expendable requested funds.

| FUNDER REQUEST Item(s) | Cost |
|---|------|
| | |
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| | |
| | |
| | |
| | |
| TOTAL Funder Contingency Funds Request | \$ - |

| MATCH/IN-KIND COMPONENT Item(s) | Cost |
|---|------|
| | |
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| | |
| TOTAL Match/In-Kind Contingency Funds Cost | \$ - |

JUSTIFICATION: Describe the nature of the unallocated/non-expendable requested funds.

| | |
|--|------|
| Total Project Contingency Funds Costs | \$ - |
|--|------|

BA Form 42B - Budget Detail/Justification Template

H. Indirect Costs: Jacksonville State University has a federally negotiated Indirect Rate agreement with the U.S. Department of Health and Human Services of 44% of JSU personnel salary/costs only. Some funders will limit the amount of indirect that can be charged to the program costs. All pass through contract and/or agreements will be assessed an indirect rate of 20% of the overall proposed project cost.

| FUNDER REQUEST Indirect Rate | Base | Indirect Rate | Cost |
|--------------------------------------|------|---------------|------|
| | | | \$ - |
| | | | |
| TOTAL Funder Indirect Request | | | \$ - |

| MATCH/IN-KIND COMPONENT Indirect Rate | Base | Indirect Rate | Cost |
|--|------|---------------|------|
| | | | \$ - |
| | | | |
| TOTAL Match/In-Kind Indirect | | | \$ - |

JUSTIFICATION: Indicate which type of Indirect Rate calculation is used i.e., federally negotiated IR of 44% of JSU personnel salary amount; funder determined rate; 20% pass-through rate, etc.

| | |
|-------------------------------------|------|
| Total Project Indirect Costs | \$ - |
|-------------------------------------|------|

TOTAL DIRECT CHARGES (Sections A-G):

 Funder Request
 Match / In-Kind Request

INDIRECT CHARGES (Section H):

 Funder Request
 Match / In-Kind Request

TOTAL PROJECT COSTS (Sections A-H):

 Funder Request
 Match / In-Kind Request