

BUDGET NARRATIVE-SFY15

(Revised February 2013)

Form 1

NOTE: Only include amounts to be funded through this grant in the Extension column.

Expense Category	Description of item and relation to project.	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Personnel	List Direct Costs Only			
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.	Program Director (\$28 hr x 2,080 hours/year + 22% fringe x 25%) (per GM)	\$71,052.80	0.25	\$ 17,763
	Intake Specialist (\$20 x 40 hours/week +15% fringe x 52 weeks)	\$920.00	52.00	\$ 47,840
	Case Manager (\$31 x 32 hours/week + 18% fringe x 52 weeks)	\$1,170.56	52.00	\$ 60,869
		\$0.00	-	\$ -
		\$0.00	-	\$ -
	Program Director is also regional coordinator of National Respite Foundation, which pays 75% of salary (\$53,290)	\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Personnel Total		
Contractual/Consultant	List Direct Costs Only			
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc. for each site.	Five contract respite care providers (\$18 x 80 hours/month x 12 months)	\$1,440.00	12.00	\$ 17,280
	Mileage for contract respite care providers to travel to client homes	\$0.00	-	\$ -
	Average 125 miles/month x 5 providers x 56 cents/mile x 12 months	\$350.00	12.00	\$ 4,200
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
	Contractual/Consultant Total			\$ 21,480

Applicant Name: Ima Sample's Respite Care and Meal Program

DO NOT OVERRIDE FORMULAS IN LAST COLUMN

Staff Travel/Per Diem:	List Direct Costs Only				
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (56.5 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.	Mileage for Case Manager to visit client homes for initial/periodic assessment	\$0.00	-	\$	-
	Average 150 miles/month x 56 cents/mile x 12 months	\$84.75	12.00	\$	1,017
	Out-of-State travel for Program Director to attend national respite conference	\$0.00	-	\$	-
	Airfare from Reno to Baltimore, MD -- \$285.80	\$285.80	0.25	\$	71
	Hotel - GSA Daily Rate \$147 x 3 nights	\$441.00	0.25	\$	110
	Per Diem - GSA Daily Rate \$71 x 4 days	\$284.00	0.25	\$	71
	Mileage to/from airport, parking, ground transportation in Baltimore (60 miles x 56 cents, \$10 x 4 days, \$20 round-trip airport shuttle)	\$93.90	0.25	\$	23
		\$0.00	-	\$	-
	Mileage for Intake Specialist to attend networking meetings and health fairs	\$0.00	-	\$	-
	Average 20 miles/month x 56 cents/mile x 12 months	\$11.30	12.00	\$	136
		\$0.00	-	\$	-
	National Respite Foundation is covering 75% of cost for Program Director to attend national conference (\$826)	\$0.00	-	\$	-
		\$0.00	-	\$	-
					Staff Travel/Per Diem Total
					\$ 1,429
Equipment	List Direct Costs Only				
List Equipment purchase or lease costing \$1,000 or more, and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies.	Laptop computer with special software to improve quality of Case Manager's initial/periodic assessments	\$1,250.00	1.00	\$	1,250
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
					Equipment Total
					\$ 1,250
Supplies:	List Direct Costs Only				
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.	Food items to allow respite care providers to prepare hot meals for clients in their homes (e.g., fresh meat, cheese, milk, eggs, vegetables, fruit, bread). Average cost per meal \$4.47 x 3 meals/month x 25 clients x 12 months	\$0.00	-	\$	-
		\$0.00	-	\$	-
	10 insulated containers (5 hot, 5 cold) for each respite care worker to safely transport food to client homes	\$335.25	12.00	\$	4,023
		\$0.00	-	\$	-
	General office supplies (e.g., postage, paper, ink, envelopes, files, pens)	\$27.99	10.00	\$	280
		\$111.00	12.00	\$	1,332
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
	\$0.00	-	\$	-	
					Supplies Total
					\$ 5,635

Applicant Name: Ima Sample's Respite Care and Meal Program

DO NOT OVERRIDE FORMULAS IN LAST COLUMN

Occupancy	List Direct Costs Only				
Identify and justify any facility costs specifically associated with the project, such as rent, maintenance expenses, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with this grant project should be requested in this budget.	Office space rent (450 sq ft x \$2.50 per sq ft x 12 months)	\$1,125.00	12.00	\$	13,500
	Utilities (e.g., water/sewer, electricity, natural gas, garbage collection)	\$425.00	12.00	\$	5,100
	Maintenance (janitorial - \$35/day x 4 days/week x 52 weeks)	\$140.00	52.00	\$	7,280
	Liability insurance (annual cost)	\$750.00	1.00	\$	750
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
					Occupancy Total \$ 26,630
Communications	List Direct Costs Only				
Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.	Land telephone service (4 lines, voicemail, fax)	\$165.00	12.00	\$	1,980
	Cellular telephone for Program Director (\$55/month x 12 months x 25%)	\$660.00	0.25	\$	165
	Cellular telephone for Case Manager (\$55/month x 12 months)	\$55.00	12.00	\$	660
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
					Communications Total \$ 2,805
Public Information	List Direct Costs Only				
Identify and justify costs for brochures, project promotion, media buys, etc.	Tri-fold agency brochures, updated yearly (\$.89 per brochure x 500/year)	\$0.89	500.00	\$	445
	Advertisements in local newspapers (\$55 per ad x 6 buys/year)	\$55.00	6.00	\$	330
	Registration fees for health fairs (Average \$25 x 6 fairs/year)	\$25.00	6.00	\$	150
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
	\$0.00	-	\$	-	
					Public Information Total \$ 925

Applicant Name: Ima Sample's Respite Care and Meal Program

DO NOT OVERRIDE FORMULAS IN LAST COLUMN

Other expenses:	List Direct Costs Only				
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.	Annual audit	\$625.00	1.00	\$	625
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
					\$ 625
					Direct Total
					\$ 187,251
Indirect expenses:	List Indirect Costs Only				
Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 8% of Direct Expenses. Note that the formula in Cell C125 will automatically calculate 8%. Applicants may override this formula only to request a <u>lower</u> indirect rate.		\$14,980.08	1.00	\$	14,980
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
					Indirect Total
					\$ 14,980
					Direct Total
					\$ 187,251
					Indirect Total
					8.00%
					\$ 14,980
					Total Direct & Indirect
					\$ 202,231
					Grant Award Amount
					\$ 202,231

(Cannot Exceed Grant Award Amount)

PROPOSED BUDGET - SFY14

(Revised February 2013)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	GMU	National Respite Care Foundation	Other Funding	Program Income	TOTAL					
PENDING OR SECURED	Pending	Pending							Pending	
ENTER TOTAL REQUEST	\$ 202,231	\$ 54,116								\$ 256,347

EXPENSE CATEGORY

Personnel	\$ 126,472	\$ 53,290								\$ 179,762
Contractual/Consultant	\$ 21,480									\$ 21,480
Staff Travel/Per Diem	\$ 1,429	\$ 826								\$ 2,254
Equipment	\$ 1,250									\$ 1,250
Supplies	\$ 5,635									\$ 5,635
Occupancy	\$ 26,630									\$ 26,630
Communications	\$ 2,805									\$ 2,805
Public Information	\$ 925									\$ 925
Other Expenses	\$ 625									\$ 625
Indirect	\$ 14,980									\$ 14,980

TOTAL EXPENSE	\$ 202,231	\$ 54,116	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 256,347
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These boxes should equal 0	\$ (0)	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
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Total Indirect Cost	\$ 14,980
Indirect % of Budget	8.00%

B. Explain any items noted as pending:

We expect official notification of grant award from the National Respite Care Foundation by 5/25/13.

C. Program Income Calculation: