**New Hampshire Department of Justice**

**Section 3: Budget Detail Worksheet and Budget Narrative**

**A. Personnel** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the VOCA project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization and must be based on ACTUAL time worked and not percentage. Please attach job descriptions and resumes for each position listed.

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| **Name/Position** | **Computation** | **Federal** | **Match** |
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| **Category A. Personnel**  **Sub-Total Federal:** |  | **Match:** |  |

**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman’s Compensation, and Unemployment Compensation. Individual fringe benefits must be listed by amount and percentage.

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| **Name/Position** | **Computation** | **Federal** | **Match** |
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| **Category B. Fringe Benefits**  **Sub-Total Federal:** |  | **Match:** |  |

**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field

interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at

$X airfare, $X lodging, $X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

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| **Name/Position** | **Computation** | **Federal** | **Match** |
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| **Category C. Travel**  **Sub-Total Federal:** |  | **Match:** |  |

**D. Equipment** - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of $5,000 or more per unit. Expendable items should be included either in the “supplies” category or in the “Other” category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

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| **Item** | **Computation** | **Federal** | **Match** |
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| **Category D.**  **Sub-Total Federal:** |  | **Match:** |  |

**E. Supplies** - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than $5,000, such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

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| **Supply Items** | **Computation** | **Federal** | **Match** |
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| **Category E. Supplies**  **Sub-Total Federal:** |  | **Match:** |  |

**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

**Project category Not Approved by NH Department of Justice**

**G. Consultants/Contracts** - Indicate whether applicant’s formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

***G-1 Consultant Fees***: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of $650 per day require additional justification and prior approval from OJP.

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| **Name of Consultant** | **Service Provided** | **Computation** | **Federal** | **Match** |
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| **Category *G-1 Consultant Fees***:  **Sub-Total Federal:** |  | **Match:** |  |

***G-2 Consultant Expenses***: List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.)

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| **Item** | **Location** | **Computation** | **Federal** | **Match** |
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| **Category *G-2 Consultant Expenses***  **Sub-Total Federal:** |  | **Match:** |  |

***G-3 Contracts***: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of $100,000.

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| **Item** | **Description** | **Federal** | **Match** |
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| **Category *G-3 Contracts***  **Sub-Total Federal:** |  | **Match:** |  |

**H. Other Costs** - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

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| **Description** | **Computation** | **Federal** | **Match** |
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| **Category H. Other Costs**  **Sub-Total Federal:** |  | **Match:** |  |

**I. Indirect Costs** - Indirect costs are allowed at the applicant’ federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, the applicant may submit either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate of 10% of modified total direct costs as defined in §200.414 Indirect (F&A) costs, paragraph (f) of the Federal Register Vol. 78 No 248; 2 CFR Part 200

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| **Description** | **Computation** | **Federal** | **Match** |
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| **Category I. Indirect Costs**  **Sub-Total Federal:** |  | **Match:** |  |

**Budget Summary**- When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal (match) funds that will support the project.

**Budget Category Amount Federal Match**

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| **A. Personnel** |  |  |
| **B. Fringe Benefits** |  |  |
| **C. Travel** |  |  |
| **D. Equipment** |  |  |
| **E. Supplies** |  |  |
| **F. Construction** |  |  |
| **G. Consultants/Contracts** |  |  |
| **H. Other** |  |  |
| **Total Direct Costs** |  |  |
| **I. Indirect Costs** |  |  |
| **Total Project Costs** |  |  |

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| **Federal Request** |  |
| **Non-Federal Match Amount** |  |

**Budget Narrative**

**Certification Required:**

**As the signing authority for this grant project.**

Signature of signing authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_