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| --- | --- |
| **Total SCBGP Funds Requested** | $      |

For each budget category described in column one below, enter the amount of Specialty Crop Block Grant Program (SCBGP) funds requested (rounded to the nearest whole dollar) in column two and a description of the costs or activities to be covered in column three. A description is required for each budget category in which funds are requested, except for category H. Indirect Costs and category I. Total SCBGP Funds Requested.

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| **Budget Categories** | **Amount of Funds Requested*****(Rounded to nearest whole dollar)*** | **Description of Costs or Activities*****(Required except for categories H. and I.)*** |
| **A. Salary and Wages**Cost of salary and wages for time spent working on the project by employees of the applicant organization. | $      | Enter the title(s) of project personnel and the percentage FTE or number of hours. |
| **B. Fringe Benefits**Cost of fringe benefits for time spent working on the project in accordance with the applicant organization's established fringe benefits policy. | $      | Enter a description of fringe benefits, including the individual rates or average rate for project personnel. |
| **C. Travel 1**Cost of project related travel for all individuals except contractual personnel. | $      | Enter a description anticipated travel activity, including travel locations, if known. |
| **D. Scientific Research Equipment**Cost to purchase scientific research equipment (for items greater than $5,000 per unit) necessary to achieve project objectives. | $      | Enter a description of any equipment to be purchased with grant funds. |
| **E. Supplies**Cost to purchase supplies (for items less than $5,000 per unit) necessary to achieve project objectives. | $      | Enter a description of supplies to be purchased using grant funds. |
| **F. Contractual 2**Cost of work by individuals/organizations other than the applicant (e.g., cooperators, consultants, contractors, partners, etc.). | $      | Enter a description contractual costs, including contractor name (if known) and the project activities contractors will support. |
| **G. Other**Cost of all other expenses (e.g., conference registration, speaker/trainer fees, stipends, publication fees, data collection, lab analysis, rentals, subscriptions, etc.). | $      | Enter a description of any other costs not included in categories A-F and H. |
| **H. Indirect Costs**Facilities and administrative costs. | $      | ***Must not exceed 8.00% of total personnel costs (A. Salary and Wages + B. Fringe Benefits)*** |
| **I. Total SCBGP Funds Requested**Sum of categories A through H. | **$** | ***Must match "Funds Requested" on the Proposal Template.*** |
| **J. Program Income**Income (if any) that may be generated by a supported activity or earned as a result of the award. | $      | Enter a description of the sources of program income and how program income will be used to support the project. |

1 Travel within and outside of California must not exceed the travel rates established by the U.S. General Services Administration (GSA) <http://www.gsa.gov/portal/content/104877>

2 Contractual hourly rates must not exceed the GS-15 step 10 rate for your area. To access the GS-15 step 10 rate, visit the following website and click on GS Pay Tables under General Schedule and Locality Pay Tables: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>