|  |  |
| --- | --- |
| **Application Name/Title** |  |
| **Applicant Organization** |  |
| **Total Amount of SCBGP Funds Requested** |  |

Applicants should review the Grant Proposal Instructions and Allowable and Unallowable Costs and Activities Table available on the [SCBGP website](https://www.cdfa.ca.gov/specialty_crop_competitiveness_grants/) (https://www.cdfa.ca.gov/specialty\_crop\_competitiveness\_grants/) prior to developing their budget narrative.

All expenses described in this budget narrative must be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops. Only include costs that will be covered by the SCBGP. Do not include any costs/activities that will be covered by cost sharing.

For categories A through H, complete the tables provided below by filling in the requested information; applicants may add or remove rows as needed. In addition, provide a written justification of the costs listed for categories A, C, D, E, F, and G, ensuring justifications address all the specified criteria.

# A. Personnel

## Personnel Table:

List the employees whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops.

For each employee, provide:

* The individual's name. If not yet identified, enter “To Be Determined” or “TBD”.
* The title (e.g., Graduate Student Researcher) or role on the project (e.g., Principal Investigator, Project Manager, etc.).
* The level of effort on the project. For hourly employees, provide the total number of hours to be worked over the entire grant duration. For salaried employees, provide the percent full time equivalent (% FTE).
* The total amount of funds requested for the individual.

**IMPORTANT: All individuals listed under category A. Personnel must be listed in the Project Objectives and Work Plan.**

##

| **#** | **Name/Title** | **Level of Effort**(# of hours or % FTE) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title] |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Personnel Subtotal** |  |

## Personnel Justification:

For each individual listed in the table above, provide a brief summary of their duties and identify the project objective number(s) from the Project Objectives and Work Plan that they will be responsible for completing.

**Employee 1:** Employee title and summary of duties. (Objective(s) X)

**Employee 2:** Employee title and summary of duties. (Objective(s) X)

**Employee 3:** Employee title and summary of duties. (Objective(s) X)

**Employee 4:** Employee title and summary of duties. (Objective(s) X)

# B. Fringe Benefits

In the table below, provide the fringe benefit rate for each employee that will be paid with SCBGP funds. Fringe benefits are calculated as a percentage of an individual’s Personnel (salary and wages) and should be determined according to the applicant organization's established fringe benefits policy.

For each employee, provide:

* The individual's name. If not yet identified, enter “To Be Determined” or “TBD”.
* The title (e.g., Graduate Student Researcher) or role on the project (e.g., Principal Investigator, Project Manager, etc.).
* The fringe benefit rate.
* The total amount of funds requested for the individual.

| **#** | **Name/Title** | **Fringe Benefit Rate**(% of salary or wages) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title]  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Fringe Subtotal** |  |

|  |
| --- |
| *FRINGE BENEFITS POLICY: The applicant confirms that the organization’s established fringe benefits policy was used in determining the fringe benefits costs listed above.* |

# C. Travel

## Travel Table:

Provide a description of all travel in support of project activities that will be covered by SCBGP funds.

Project participants must use the lowest reasonable commercial airfare. Allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by the U.S. General Services Adminsitration (GSA), including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>.

For each project related trip, provide:

* The trip destination (city or county, and state). The type of travel expense incurred (e.g., lodging, airfare, mileage, etc.). Add additional rows as needed.
* The unit of measure for each expense (e.g., nights, round trip flights, miles, gallons, etc.).
* The number of units for each expense (e.g., 1 night, 1 round trip flight, 250 miles, 10 gallons, etc.).
* The cost per unit for each expense (e.g., $96 per night, $500 per roundtrip flight, $0.625 per mile, $5.00 per gallon, etc.).
* The number of individuals claiming each expense.
* The total funds requested.

| **#** | **Trip Destination** | **Type of** **Expense** | **Unit of Measure** | **Number of Units** | **CostperUnit** | **Number Claiming Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Travel Subtotal** |  |

## Travel Justification:

For each trip listed in the table above, provide the approximate dates of travel, the purpose of the trip, a justification for how the trip will achieve the objectives and outcomes of the project, and the title of the person(s) traveling. All trips must correlate with the activities outlined in the Project Objectives and Work Plan. List the project objective number(s) associated with each trip at the end of the justification. Multiple trips to the same destination for the same purpose may be grouped together rather than providing separate, duplicative justifications. If a location for a trip is not known (e.g., the location of a future conference) use the location of a previous year’s conference or best, educated estimate.

**Trip 1 (MM/YYYY):** Purpose and justification. (Objective(s) X)

**Trip 2 (MM/YYYY):** Purpose and justification. (Objective(s) X)

**Trip 3 (MM/YYYY):** Purpose and justification. (Objective(s) X)

**Trip 4 (MM/YYYY):** Purpose and justification. (Objective(s) X)

|  |
| --- |
| *SCBGP TRAVEL POLICY: The applicant confirms that the organization will adhere to the travel costs established by the Federal Travel Regulation issued by GSA when completing the above-mentioned trips, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*http://www.gsa.gov*](http://www.gsa.gov)*.*  |

# D. Equipment

## Equipment Table:

List any special purpose equipment to be purchased with SCBGP funds. Equipment refers to tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals to or exceeds $5,000 per unit, and is used only for research, medical, scientific, or other technical activities.

For each individual unit of equipment, provide:

* The name of the item and manufacturer.
* The grant year in which the equipment will be purchased (e.g., Year 1, Year 2-3).
* The total funds requested per unit (must equal or exceed $5,000 per unit).

| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Equipment Subtotal** |  |

## Equipment Justification:

For each piece of equipment listed in the table above, provide a description of the item and a justification for how it will be used to achieve the objectives and outcomes of the project. List the project objective number(s) from the Project Objectives and Work Plan associated with each piece of equipment at the end of the justification.

**Item 1:** Description and justification. (Objective(s) X)

**Item 2:** Description and justification. (Objective(s) X)

# E. Supplies

## Supplies Table:

List the materials, supplies, and fabricated parts to be purchased with SCBGP funds. Supplies are items costing less than $5,000 per unit. This does not include general use office supplies.

For each supply, provide:

* The type of supply (do not include office supplies for general use).
* The cost per unit.
* The number of units to be purchased.
* The grant year in which the supply will be purchased (e.g., Year 1, Year 2-3).
* The total funds requested for the supply (must be less than $5,000 per unit).

| **#** | **Item Description** | **Cost Per Unit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |  |  |  | **Supplies Subtotal** |  |

## Supplies Justification:

For each supply listed in the table above, provide a description of the item(s) and a justification for how it will be used to achieve the objectives and outcomes of the project. All supplies must be tied to specific project activities; do not include general use office supplies. List the project objective number(s) from the Project Objectives and Work Plan associated with each expense at the end of the justification.

**Supply 1:** Description and justification. (Objective(s) X)

**Supply 2:** Description and justification. (Objective(s) X)

**Supply 3:** Description and justification. (Objective(s) X)

**Supply 4:** Description and justification. (Objective(s) X)

# F. Contractual

## Contractual Table:

Provide an overview of the contractual costs to be covered with SCBGP funds. Contractual costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship.

For each contractor that will conduct project activities and receive grant funds, provide:

* The contractor name/organization.
* The fee structure of the contractor (e.g., Salary and Wages, Fees for Professional Services, Flat-Rate). Additional information on fee structures is available in the Procuring Goods and Services Using Federal Funds supplement available on the [SCBGP website](https://www.cdfa.ca.gov/specialty_crop_competitiveness_grants/) (https://www.cdfa.ca.gov/specialty\_crop\_competitiveness\_grants/).
* The total funds requested for the contractor.

**IMPORTANT: All organizations listed under category F. Contractual must be listed in the Project Objectives and Work Plan.**

| **#** | **Contractor Name/Organization** | **Hourly Rate/****Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Contractual Subtotal** |  |

## Contractual Justification:

For each contractor listed in the table above, provide a description of the project activities the contractor will accomplish to achieve the objectives and outcomes of the project.

Provide a justification for any of the following circumstances:

* If the contractor’s salary/hourly wages or fee for professional services exceeds the General Schedule Grade 15 Step 10 (GS 15 Step 10) for the locality in which work will occur.
* If the contractor will utilize a flat-rate structure, provide a more detailed description of the activities that will be conducted, provide a justification for the use of a flat-rate fee, and describe the steps taken to determine the rate is reasonable and consistent with fees in the marketplace for similar services.

All activities must correlate with the activities outlined in the Project Objectives and Work Plan. List the project objective number(s) associated with each contractor at the end of the description and justification.

Complete the appropriate budget subcategories for each contractor (except for contractor’s using a flat-rate fee structure). Copy additional rows if needed.

**Contractor 1:** Description of activities and justification (if needed, see above). (Objective(s) X).

***Contractor 1: A. Personnel (Salary and Wages / Fees for Professional Services)***

| **#** | **Name/Title** | **Level of Effort**(# of hours or % FTE) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title] |  |  |
| 2 |  |  |  |
|  |  | **Personnel Subtotal** |  |

***Personnel Justification:***

***Employee 1:*** Employee title and summary of duties. (Objective(s) X)

***Employee 2:*** Employee title and summary of duties. (Objective(s) X)

***Contractor 1: B. Fringe Benefits***

| **#** | **Name/Title** | **Fringe Benefit Rate**(% of salary or wages) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title]  |  |  |
| 2 |  |  |  |
|  |  | **Fringe Subtotal** |  |

|  |
| --- |
| *FRINGE BENEFITS POLICY: The applicant confirms that the organization’s established fringe benefits policy was used in determining the fringe benefits costs listed above.* |

***Contractor 1: C. Travel***

| **#** | **Trip Destination** | **Type of** **Expense** | **Unit of Measure** | **Number of Units** | **CostperUnit** | **Number Claiming Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Travel Subtotal** |  |

***Travel Justification:***

***Trip 1 (MM/YYYY):*** Purpose and Justification. (Objective(s) X)

***Trip 2 (MM/YYYY):*** Purpose and Justification. (Objective(s) X)

|  |
| --- |
| *SCBGP TRAVEL POLICY: The applicant confirms that the organization will adhere to the travel costs established by the Federal Travel Regulation issued by GSA when completing the above-mentioned trips, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*http://www.gsa.gov*](http://www.gsa.gov)*.*  |

***Contractor 1: D. Equipment***

| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Equipment Subtotal** |  |

**Equipment Justification:**

***Item 1:*** Description and justification. (Objective(s) X)

***Item 2:*** Description and justification. (Objective(s) X)

***Contractor 1: E. Supplies***

| **#** | **Item Description** | **Cost Per Unit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |  |  |  | **Supplies Subtotal** |  |

***Supplies Justification:***

***Supply 1:*** Description and justification. (Objective(s) X)

***Supply 2:*** Description and justification. (Objective(s) X)

***Contractor 1: F. Contractual***

| **#** | **Contractor Name/Organization** | **Hourly Rate/****Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Contractual Subtotal** |  |

***Contractual Justification:***

***Sub-Contractor 1:*** Description of activities and justification (if needed, see above). (Objective(s) X)

***Sub-Contractor 2:*** Description of activities and justification (if needed, see above). (Objective(s) X)

|  |
| --- |
| *PROCUREMENT STANDARDS: The applicant confirms that the organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable state and local laws and regulations and conform to the federal laws and standards identified in* [*2 CFR Part 200.317 through.326*](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=313c76bda61d220f0d91e48c3906d090&mc=true&n=sp2.1.200.d&r=SUBPART&ty=HTML#se2.1.200_1317) *(https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=313c76bda61d220f0d91e48c3906d090&mc=true&n=sp2.1.200.d&r=SUBPART&ty=HTML#se2.1.200\_1317), as applicable. If the contractors are not already selected, the organization will follow the same requirements.* |

***Contractor 1: G. Other***

| **#** | **Item Description** | **Cost PerUnit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |  |  |  | **Other Subtotal** |  |

***Other Justification:***

***Expense 1:*** Description and justification. (Objective(s) X)

***Expense 2:*** Description and justification. (Objective(s) X)

***Contractor 1: H. Indirect Costs***

| **Total Personnel and Fringe Benefits** | **Indirect Cost Rate** | **Funds Requested** |
| --- | --- | --- |
| A. Personnel + B. Fringe Benefits | 8% maximum |  |

**Contractor 2:**

(Copy tables above for Contractor 2 categories A-H as needed)

**Contractor 3:**

(Copy tables above for Contractor 3 categories A-H as needed)

**Contractor 4:**

(Copy tables above for Contractor 4 categories A-H as needed)

|  |
| --- |
| *PROCUREMENT STANDARDS: The applicant confirms that the organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable state and local laws and regulations and conform to the federal laws and standards identified in* [*2 CFR Part 200.317 through.326*](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=313c76bda61d220f0d91e48c3906d090&mc=true&n=sp2.1.200.d&r=SUBPART&ty=HTML#se2.1.200_1317) *(https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=313c76bda61d220f0d91e48c3906d090&mc=true&n=sp2.1.200.d&r=SUBPART&ty=HTML#se2.1.200\_1317), as applicable. If the contractors are not already selected, the organization will follow the same requirements.* |

# G. Other

## Other Table:

List any expenses to be covered with SCBGP funds that are not covered in the previous budget categories. Expenses in this category may include, but are not limited to, fees for meetings and conferences, stipends, advertisements, publication costs, and data collection.

For each expense listed under other, provide:

* The type of expense.
* The cost per unit.
* The number of units to be purchased.
* The grant year in which the supply will be purchased (e.g., Year 1, Year 2-3).
* The total funds requested.

| **#** | **Item Description** | **Cost PerUnit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |  |  |  | **Other Subtotal** |  |

## Other Justification:

For each expense listed above, provide a description of the expense and a justification for how it will be used to achieve the objectives and outcomes of the project. List the project objective number(s) from the Project Objectives and Work Plan associated with each expense at the end of the justification.

Non-travel related meal costs must include an adequate justification to support that these expenses are not entertainment costs.

**Expense 1:** Description and justification. (Objective(s) X)

**Expense 2:** Description and justification. (Objective(s) X)

**Expense 3:** Description and justification. (Objective(s) X)

**Expense 4:** Description and justification. (Objective(s) X)

# H. Indirect Costs

## Indirect Table:

The indirect cost rate must not exceed 8 percent of: category A. Personnel plus category B. Fringe Benefits.

Indirect costs are any costs that are incurred for common or joint objectives that cannot be readily identified with an individual project, program, or organizational activity. These costs generally include facilities operation and maintenance costs (such as rent, internet, electric, gas, etc.), depreciation, and administrative expenses.

In the table below, provide:

* The total of applicant A. Personnel + B. Fringe Benefits.
* The indirect cost rate to be charged (8 percent maximum).
* The total indirect funds requested.

| **Total Personnel and Fringe Benefits** | **Indirect Cost Rate** | **Funds Requested** |
| --- | --- | --- |
| A. Personnel + B. Fringe Benefits | 8% maximum |  |

# I. Program Income

Program income is gross income earned by a recipient or subrecipient under a grant that is directly generated by the grant-supported activity (or earned only because of the grant agreement) during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed, the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds), registration fees for conferences, etc.

In the table below, provide:

* A description of the source/nature of the program income.
* A detailed explanation of how program income will be reinvested into the project. Note, program income is subject to the same guidelines and restrictions as SCBGP grant funds; therefore, program income must be reinvested into the project to further enhance the project objectives and must be expended on allowable project costs that enhance the competitiveness of specialty crops.
* The total estimated program income.

| **Source/Nature of****Program Income** | **How will Program Income be Reinvested into the Project to Enhance Specialty Crops?** | **Estimated****Program Income** |
| --- | --- | --- |
|  |  |  |