|  |  |
| --- | --- |
| **Total Amount of SCMP Funds Requested** |  |

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the Specialty Crop Multi-State Program (SCMP). Do not include any costs/activities that will be covered by cost sharing.

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 sections A, C, D, E, F, G, and I ensuring justifications address all of the specified criteria.

# A. PERSONNEL

## Personnel Table:

List the employees of the applicant organization whose time and effort will be covered by SCMP funds.

For each employee, provide:

* The individual's name. If not yet identified, enter “To Be Determined.”
* 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 Work Plan.**

| **#** | **Name, Title** | **Level of Effort**  (# of hours or % FTE) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 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 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

**Fringe Benefits Table:**

Fringe benefits are calculated as a percentage of an individual’s 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.”
* 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 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Fringe Benefits 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:

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

California Assembly Bill 1887 prohibits the use of state-funded or state-sponsored travel to any state that has enacted discriminatory laws or practices. The California Attorney General will maintain a current list of states that are subject to the travel prohibition on its website: <https://oag.ca.gov/ab1887>. Costs associated with travel to the states affected by this restriction are unallowable.

For each project related trip, provide:

* The trip destination (city and state). (Do not list a county or general area.)
* The type of travel expense incurred (e.g., lodging, airfare, mileage, vehicle rental, fuel, etc.).
* The unit of measure for each expense (e.g., nights, roundtrip flights, miles, days, gallons, etc.).
* The number of units for each expense (e.g., 1 night, 1 roundtrip flight, 25 miles, 2 days, 5 gallons, etc.).
* The cost per unit for each expense (e.g., $95 per night, $500 per roundtrip flight, $0.56 per mile, etc.).
* The number of individuals claiming each expense.
* The total funds requested.

| **#** | **Trip Destination** | **Type of**  **Expense** | **Unit of**  **Measure** | **Number**  **of Units** | **Cost**  **per**  **Unit** | **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, and a justification for how the trip will achieve the objectives and outcomes of the project. All trips must correlate with the activities outlined in the Work Plan. List the project objective number(s) associated with each trip at the end of the justification. Multiple trips 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).

|  |
| --- |
| *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. SPECIAL PURPOSE EQUIPMENT

## Special Purpose Equipment Table:

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

For each individual unit of special purpose equipment, provide:

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

| **#** | **Item Name** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Equipment Subtotal** |  |

## Special Purpose Equipment Justification:

For each piece of special purpose 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 Work Plan associated with each piece of special purpose equipment at the end of the justification.

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

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

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

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

# E. SUPPLIES

## Supplies Table:

List the materials, supplies, and fabricated parts to be purchased with SCMP 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.
* 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, Years 2-3).
* The total funds requested for the supply (must be less than $5,000 per unit).

| **#** | **Item Type** | **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. List the project objective number(s) from the 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 SCMP 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., Hourly Rate (Salary and Wages or Fees for Professional Services), Flat-Rate).
* The total funds requested for the contractor.

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

| **#** | **Contractor Name/Organization** | **Fee Structure**  (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)](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/) for the locality in which work will occur.
* If the contractor will utilize a flat rate structure, 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 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: Organization/Consultant Name**

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

***Contractor 1: A. Personnel / Fees for Professional Services***

| **#** | **Title, Name** | **Level of Effort**  (# of hours or % FTE) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 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***

| **#** | **Title, Name** | **Fringe Benefit Rate**  (% of salary or wages) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Fringe Benefits 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** | **Cost**  **per**  **Unit** | **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).

|  |
| --- |
| *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. Special Purpose Equipment***

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

***Special Purpose Equipment Justification:***

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

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

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

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

***Supply Justification:***

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

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

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

| **#** | **Contractor Name/Organization** | **Fee Structure** | **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) *as applicable. If the contractors are not already selected, the organization will follow the same requirements.* |

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

| **#** | **Item Description** | **Cost**  **per Unit** | **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 Direct Costs** | **Indirect Cost Rate**  (8% maximum) | **Total Indirect**  **Funds Requested** |
| --- | --- | --- |
|  |  |  |

**Contractor 2: Organization/Consultant Name**

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

**Contractor 3: Organization/Consultant Name**

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

**Contractor 4: Organization/Consultant Name**

(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) *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 SCMP 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, communications, rental expenses, 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 cost will be purchased (e.g., Year 1, Years 2-3).
* The total funds requested.

| **#** | **Expense Description** | **Cost**  **per Unit** | **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 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 total of indirect costs (including indirect for contractors and multi-state partners) must not exceed 8 percent of the total federal award. Indirect costs are any costs that are incurred for common or joint objectives that therefore cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses.

In the table below, provide:

* The total amount of applicant direct costs (any contractual direct costs should be calculated separately in section F. Contractual).
* The indirect cost rate to be charged (8% maximum).
* The total amount of indirect funds requested.

| **Total Direct Costs** | **Indirect Cost Rate**  (8% maximum) | **Total Indirect**  **Funds Requested** |
| --- | --- | --- |
|  |  |  |

# I. PROGRAM INCOME

**Program Income Table:**

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 and will be used to enhance 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** |
| --- | --- | --- |
|  |  |  |

# J. Risk Management

**Management Plan:**

Provide a brief narrative description of the plan to manage and report expenses, including risk management.