|  |
| --- |
| **Project Title** |
| **Project Leader and Affiliation:** |
| **Requested Grant Amount:** |

All expenses described in this budget narrative must be associated with expenses that will be covered by the **2023 Livestock Enteric Methane Emission Reduction - Research Program (LEMER-RP)**.

For sections A through I, 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, and G, ensuring justifications address all of the specified criteria.

**A. SALARY AND WAGES**

In the table below, list the employees whose time and effort can be specifically identified and easily and accurately traced to project activities. For each employee, provide:

* The individual's name, if known.
* Their title (e.g., graduate student researcher) and role in the project, if applicable (e.g., principal investigator, project manager, etc.).
* Their level of effort on the project. For hourly employees, provide the number of hours to be worked. For salaried employees, provide the percent full-time equivalent (% FTE).
* The total amount of funds requested for the individual.
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Level of Effort**  (# of hours or % FTE) | **Cost** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **Salary and Wages Subtotal** | | |  |
| **Total CDFA Request** | | |  |
| **Total Matching Funds** | | |  |

**Salary and Wages Justification:** For each individual listed in the table above, provide a brief summary of their duties and identify the project activities from the Work Plan that they will be responsible for completing.

**Employee 1:**

**Employee 2:**

**Employee 3:**

**Employee 4:**

**B. FRINGE BENEFITS**

In the table below, provide the fringe benefit rate for each employee that will be paid with LEMER-RP funds. Fringe benefits expense is calculated as a percentage of an individual’s salary or wages and should be determined according to the organization's established fringe benefits policy. For each employee, provide:

* The individual's name, if known.
* Their title (e.g., graduate student researcher) and role in the project, if applicable (e.g., principal investigator, project manager, etc.).
* The fringe benefit rate.
* The total amount of funds requested for the individual.
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Fringe Benefit Rate**  (% of salary or wages) | **Cost** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **Fringe Benefits Subtotal** | | |  |
| **Total CDFA Request** | | |  |
| **Total Matching Funds** | | |  |

|  |
| --- |
| *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**

In the table below, provide a description of all travel in support of project activities. Project participants must use the lowest reasonable commercial airfares. Allowable travel costs may not exceed the applicant’s established travel policy. In the absence of an established policy, applicants should utilize the Federal Travel Regulation, issued by 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).
* The type of travel expense incurred (e.g., hotel, airfare, mileage, etc.). Add additional rows as needed.
* The unit of measure for each expense (e.g., nights, roundtrip flights, miles, etc.).
* The number of units for each expense (e.g., 1 night, 1 roundtrip flight, 250 miles, etc.).
* The cost per unit for each expense (e.g., $95 per night, $500 per roundtrip flight, $0.535 per mile, etc.).
* The number of individuals claiming each expense.
* The total funds requested.
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Trip Destination** | **Type of Expense** | **Unit of**  **Measure** | **#**  **of Units** | **Cost** **per** **Unit** | **#**  **Claiming**  **Expense** | **Cost** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Travel Subtotal** | | | | | | |  |
| **Total CDFA Request** | | | | | | |  |
| **Total Matching Funds** | | | | | | |  |

**Travel Justification:**  For each trip listed in the table above, provide the approximate dates of travel and an explanation of how the trip will achieve the objectives and outcomes of the project. Multiple trips for the same purpose may be grouped together rather than providing a separate, duplicative justification for each. All trips must tie back to the project’s objectives and activities outlined in the work plan.

**Trip 1**

**Trip 2**

**Trip 3**

|  |
| --- |
| *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**

In the table below, describe any special purpose equipment to be purchased with LEMER-RP funds. Special purpose equipment refers to tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $5,000 per unit and is used only for research, medical, scientific, or other technical activities. For each unit of project related scientific research equipment, provide:

* The name of the item and manufacturer.
* When the scientific research equipment will be purchased (grant year).
* The total amount of funds requested per item (must exceed $5,000).
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Description** | **Acquire When?** | **Cost** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| **Scientific Research Equipment Subtotal** | | |  |
| **Total CDFA Request** | | |  |
| **Total Matching Funds** | | |  |

**Special Purpose Equipment Justification:** For each piece of scientific research equipment listed in the table above, provide a description of how it will be used to achieve the objectives and outcomes of the project.

**Item 1:**

**Item 2:**

**Item 3:**

**Item 4:**

**Item 5:**

**Item 6:**

**E. SUPPLIES**

In the table below, list the materials, supplies, and fabricated parts costing less than $5,000 per unit to be purchased and describe how they will support the purpose and goal of the proposal. For each project related supply, provide:

* The type of supply (do not include general use office supplies).
* The cost per unit.
* The number of units to be purchased.
* When the supply will be purchased (grant year).
* The total amount of funds requested for the supply.
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **Number**  **of Units** | **Acquire When?** | **Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Supplies Subtotal** | | | | |  |
| **Total CDFA Request** | | | | |  |
| **Total Matching Funds** | | | | |  |

**Supplies Justification:** For each supply listed in the table above, provide a description of how it is necessary for the completion of the project’s objectives and outcomes. All supplies must be tied to specific project activities; do not include general use office supplies.

**Supply 1:**

**Supply 2:**

**Supply 3:**

**F. CONTRACTUAL**

In the table below, provide an overview of all project related contractual costs. 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 project objectives the contractual services will support.
* The fee structure of the contractor (e.g., Salary and Wages, Fees for Professional Services, Flat-Rate).
* The total amount of funds requested for the contractor.
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Contractor Name/Organization** | **Project Objectives** | **Fee Structure** | **Cost** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| **Contractual Subtotal** | | | |  |
| **Total CDFA Request** | | | |  |
| **Total Matching Funds** | | | |  |

**Contractual Justification**

For each contractor listed in the table above:

* Provide a description of the project activities the contractor will accomplish to meet the objectives and outcomes of the project.
  + If the contractor’s salary/hourly wages or fee for professional services exceeds the [General Schedule](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2017/general-schedule/) Grade 15 Step 10 (GS-15 Step 10) for the locality in which work will occur, provide a justification for the expense.
  + If the contractor will utilize a flat-rate structure, provide a justification for the flat-rate fee and describe the steps taken to determine the rate is reasonable and consistent with fees in the marketplace for similar services.
* Complete the appropriate budget subsections for each contractor, including a justification for each cost. Copy additional rows if needed. This section should not be completed for flat-rate contracts.

**Contractor 1:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Level of Effort**  (# of hours or % FTE) | **Cost** |
| 1 |  |  |  |
| 2 |  |  |  |
| **Salary and Wages / Fees for Professional Services Subtotal** | | |  |
| **Total CDFA Request** | | |  |
| **Total Matching Funds** | | |  |

***Salary and Wages/Fees for Professional Services Justification:***

***Employee 1:***

***Employee 2:***

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

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Fringe Benefit Rate**  (% of salary or wages) | **Cost** |
| 1 |  |  |  |
| 2 |  |  |  |
| **Fringe Benefits Subtotal** | | |  |
| **Total CDFA Request** | | |  |
| **Total Matching Funds** | | |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Trip Destination** | **Type of Expense** | **Unit of**  **Measure** | **#**  **of Units** | **Cost** **per** **Unit** | **#**  **Claiming**  **Expense** | **Cost** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| **Travel Subtotal** | | | | | | |  |
| **Total CDFA Request** | | | | | | |  |
| **Total Matching Funds** | | | | | | |  |

***Travel Justification:***

***Trip 1:***

***Trip 2:***

***Contractor 1: D. Scientific Research Equipment***

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Description** | **Acquire When?** | **Cost** |
| 1 |  |  |  |
| 2 |  |  |  |
| **Scientific Research Equipment Subtotal** | | |  |
| **Total CDFA Request** | | |  |
| **Total Matching Funds** | | |  |

***Scientific Research Equipment Justification:***

***Item 1:***

***Item 2:***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **#**  **of Units** | **Acquire When?** | **Cost** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| **Supplies Subtotal** | | | | |  |
| **Total CDFA Request** | | | | |  |
| **Total Matching Funds** | | | | |  |

***Supplies Justification:***

***Supply 1:***

***Supply 2:***

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Contractor Name/Organization** | **Project Objectives** | **Fee Structure** | **Cost** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| **Contractual Subtotal** | | | |  |
| **Total CDFA Request** | | | |  |
| **Total Matching Funds** | | | |  |

***Contractual Justification:***

***Contractor 1:***

***Contractor 2:***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **Number**  **of Units** | **Acquire When?** | **Cost** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| **Other Subtotal** | | | | |  |
| **Total CDFA Request** | | | | |  |
| **Total Matching Funds** | | | | |  |

***Other Justification:***

***Expense 1:***

***Expense 2:***

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

|  |  |  |
| --- | --- | --- |
| **Total Contractual Direct Costs** | **Indirect Cost Rate** | **Cost** |
|  |  |  |
| **Subtotal** | |  |
| **Total CDFA Request** | |  |
| **Total Matching Funds** | |  |

**Contractor 2:**

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

**Contractor 3:**

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

**Contractor 4:**

(Copy tables above for Contractor 4 sections 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*](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=313c76bda61d220f0d91e48c3906d090&mc=true&n=sp2.1.200.d&r=SUBPART&ty=HTML)*, as applicable. If the contractors are not already selected, the organization will follow the same requirements.* |

**G. OTHER**

In the table below, list any expenses not covered in the previous budget categories. Expenses in this section may include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection. For each project related expense listed under other, provide:

* A description of the type of expense.
* The cost per unit.
* The number of units to be purchased.
* When the expense will be incurred (grant year).
* The total amount of funds requested.
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **Number**  **of Units** | **Acquire When?** | **Cost** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other Subtotal** | | | | |  |
| **Total CDFA Request** | | | | |  |
| **Total Matching Funds** | | | | |  |

**Other Justification:** For each expense listed above, provide a description of the purpose and why it is necessary for the completion of the project’s objectives and outcomes. Please note that non-travel related meal costs must include an adequate justification to support that these expenses are not entertainment costs.

**Expense 1:**

**Expense 2:**

**Expense 3:**

**H. INDIRECT COSTS**

In the absence of a pre-existing mutually agreed upon policy between CDFA and the applicant organization, the indirect cost rate must not exceed ten percent of total direct costs. 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.
* The total amount of funds requested.
* Entity is responsible for covering the task costs (e.g., CDFA, recipient, other entity).

|  |  |  |
| --- | --- | --- |
| **Total Direct Costs** | **Indirect Cost Rate** | **Cost** |
|  |  |  |
| **Subtotal** | |  |
| **Total CDFA Request** | |  |
| **Total Matching Funds** | |  |

1. **Matching or In-Kind Contributions**

Please provide the source of the contributions, a description of the contribution, identify the type of contribution by typing (YES) in the appropriate columns, and indicate the value or amount of the contribution. Each item listed in this section must have a letter of commitment submitted via attachment 5 in the application portal.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Source Description** | **Contribution Description** | **Matching** | **In-Kind** | **Funds/ Value** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| **Subtotal** | | | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Category** |  | **Requested LEMER-RP Funds** |  | **Matching (Cash)** | **In-kind Contributions** | **Other State/Federal** | **Other** | **Total Matching Funds** |
| A. Salary and Wages |  |  |  |  |  |  |  |  |
| B. Fringe Benefits |  |  |  |  |  |  |  |  |
| C. Travel |  |  |  |  |  |  |  |  |
| D. Special Purpose Equipment |  |  |  |  |  |  |  |  |
| E. Supplies |  |  |  |  |  |  |  |  |
| F. Contractual |  |  |  |  |  |  |  |  |
| G. Other |  |  |  |  |  |  |  |  |
| H. Indirect Cost |  |  |  |  |  |  |  |  |
| I. Matching or In-Kind Contributions |  |  |  |  |  |  |  |  |
| **Requested LEMER-RP Funds** |  |  |  |  |  |  |  |  |
| **Matching (Cash) Funds** |  |  |  |  |  |  |  |  |
| **In-Kind Contributions** |  |  |  |  |  |  |  |  |
| **Other State/Federal Funds** |  |  |  |  |  |  |  |  |
| **Other Funds** |  |  |  |  |  |  |  |  |
| **Total Matching Funds** |  |  |  |  |  |  |  |  |