**The Budget Template includes two components: Budget Narrative (funding amount requested) and Cost Share.**

|  |  |
| --- | --- |
| **Applicant’s Organization’s Name and Federal Tax ID** |  |
| **Total Amount of HSP Demonstration Funds Requested** *(must match Amount of Funds Requested in Application Overview)* |  |
| **Total Cost Share** |  |
| **Total Project Budget** |  |

**Budget Narrative**

**All expenses described in this budget narrative must be allowable costs covered by the Healthy Soils Program (HSP) during the project term. Do not include any costs/activities covered by cost sharing.**

**For sections A through H, complete the tables provided below applicable to your proposed project 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. Add additional pages as necessary, not to exceed a total of six pages.**

|  |
| --- |
| **A. SALARY AND WAGES** |

**In the table below, list the employees employed by the applicant organization 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., professor, post-doctoral 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.**

**IMPORTANT: All individuals listed under section A. Salary and Wages must be listed in the Work Plan attachment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Level of Effort**  **(# of hours or % FTE)** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Salary and Wages Subtotal** | | |  |

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

**Employee 1:**

**Employee 2:**

|  |
| --- |
| **B. FRINGE BENEFITS** |

**In the table below, provide the fringe benefit rate for each employee list above. Fringe benefits expenses are 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. professor, post-doctoral 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **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.*** |

|  |
| --- |
| **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 those established by the applicant organization’s established policies or** [**California State Human Resources (CalHR)**](http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx)**. 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.**

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

**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 activities outlined on the Work Plan attachment.**

**Trip 1:**

**Trip 2:**

**Trip 3:**

|  |
| --- |
| ***HSP TRAVEL POLICY: The applicant confirms that the organization will adhere to the travel costs established by the applicant organization’s established policies or*** [***CalHR***](http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx)***. when completing the above-mentioned trips, including the maximum per diem and subsistence rates prescribed in those regulations.*** |

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

**In the table below, describe any special purpose equipment to be purchased with HSP 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, scientific, or other technical activities. For each unit of project related special purpose equipment, provide:**

* **The name of the item and manufacturer.**
* **When the special purpose equipment will be purchased (project year).**
* **The total amount of funds requested per item (must exceed $5,000).**

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

**Special Purpose Equipment Justification: For each piece of special purpose 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:**

|  |
| --- |
| **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 (project year).**
* **The total amount of funds requested for the supply.**

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

**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. Compensation for individual contractor/consultant fees must be reasonable and consistent with fees in the marketplace for the same or similar services.**

**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.**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Contractor Name/Organization** | **Work Plan Activities** | **Fee Structure** | **Funds Requested** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **Contractual Subtotal** | | | |  |

**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 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)** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Salary and Wages / Fees for Professional Services Subtotal** | | |  |

***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)** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Fringe Benefits Subtotal** | | |  |

***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:***

***Trip 2:***

***Contractor 1: D. Special Purpose Equipment***

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

***Special Purpose Equipment Justification:***

***Item 1:***

***Item 2:***

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

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

***Supplies Justification:***

***Supply 1:***

***Supply 2:***

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Contractor Name/Organization** | **Work Plan Activities** | **Fee Structure** | **Funds Requested** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **Contractual Subtotal** | | | |  |

***Contractual Justification:***

***Contractor 1:***

***Contractor 2:***

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

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

***Other Justification:***

***Expense 1:***

***Expense 2:***

***Contractor 1: H. Indirect 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. It is generally unallowable to charge an indirect cost as a direct cost. Indirect costs must be treated in accordance with your organizations policies and procedures. In the absence of a policy, applicant’s indirect costs must not exceed ten percent.**

**In the table below, provide the indirect cost rate, the basis for the indirect cost (i.e., modified direct cost), and total funds requested.**

|  |  |
| --- | --- |
| **Indirect Cost Rate** | **Funds Requested** |
|  |  |

**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 the applicant organization’s established policies and reflect applicable state and local laws. 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 (project year).**
* **The total amount of funds requested.**

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

**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:**

|  |
| --- |
| **H. INDIRECT 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. It is generally unallowable to charge an indirect cost as a direct cost. Indirect costs must be treated in accordance with your organizations policies and procedures. In the absence of a policy, applicant’s indirect costs must not exceed ten percent.**

**In the table below, provide the indirect cost rate, the basis for the indirect cost (i.e., modified direct cost), and total funds requested.**

|  |  |
| --- | --- |
| **Indirect Cost Rate** | **Funds Requested** |
|  |  |

**Cost Share**

CERTIFY:

☐ By checking the box to the left, the applicant certifies that the total amount of cost share committed to the project has been secured for completion of project activities as applicable.

**Add additional rows as necessary, not to exceed a total of two pages.**

| **Amount** | **Type of Cost Share\*** *(Matching Funds or*  *In-Kind Contribution)* | **Source**  *(Include Contact Information)* | **Summary of Activities or Costs Covered with Matching Funds**  **or In-kind Contributions** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

\* *Matching funds refers to a dollar amount committed to your project from a source other than the Healthy Soils Program. An in-kind contribution is the estimated dollar value of any time, property, or supplies donated to your project.*