

[NOFO Title]

[NOFO Number] Budget Template

OMB Approval Number: 0920-1132

Expiration Date: XX/XX/XXXX

Recipient Name: [Yellow Cell]

Program Year: [Select the Program Year...]

Submission Date: [Yellow Cell]

The following navigation bar is available on all worksheets
Click a tab to jump to the corresponding sheet:

Instructions:

You may use this template to prepare a complete and accurate budget narrative.

This workbook contains formulas that will automatically add up allocated costs onto the "Summary" sheet.

Allocate costs to one or more funding categories based on NOFO requirements.

Notes on Data Entry:

All light yellow cells are available for user input.

Conditional formatting may highlight cells red if values are missing, not valid, or violate program rules.

[Additional instructions can be provided here for convenient reference to NOFO specific requirements]

Year [Select Year] Budget Summary - [Recipient Name]

Object Class	[Category A]	[Category B]	Grand Total
Salary and Wages	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -
Contractual Costs	\$ -	\$ -	\$ -
Consultant Costs	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -
Direct Costs	\$ -	\$ -	\$ -
Indirect Costs			\$ -
TOTAL	\$ -	\$ -	\$ -
Target			\$ -
Balance	\$ -	\$ -	\$ -

Indirect Cost Justification

Personnel Salary and Fringe **Salary Total \$** - **Fringe Total \$** -

Personnel Cost					
	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages
					\$ -
	Fringe	Fringe (%)	Fringe (\$ if not %	Fringe	Total Planned
				\$ -	\$ -
Justification					
Allocations					
Funding Category	% Allocated	\$ Allocated to Salary and Wages	\$ Allocated to Fringe	Total Allocated	
[Category A]		\$ -	\$ -	\$ -	
[Category B]		\$ -	\$ -	\$ -	

Contracts	Total \$	-
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Basic Information		
Contractor Title		
Method of Selection		
Justification for Sole Source Selection		
Period of Performance		
Scope of Work		
Method of Accountability		
Allocations		
Funding Category	% Allocated	\$ Allocated
[Category A]		\$ -
[Category B]		\$ -

Itemized Costs		Justification
Salary and Wages		
Fringe Benefits		
Consultant Costs	\$ -	
Equipment	\$ -	
Supplies		
Travel		
Deliverable Cost	<enter description>	
Other	<enter description>	\$ -
Other	<enter description>	\$ -
Other	<enter description>	\$ -
Subcontract Costs	\$ -	
Total Direct Costs	\$ -	
Indirect Costs		
TOTAL FOR CONTRACT	\$ -	

Consultants	Total \$	-
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Basic Information		
Consultant Title		
Organizational Affiliation		
Nature of Services to Be Rendered		
Relevance of Service to the Project		
Method of Accountability		
Allocations		
Funding Category	% Allocated	\$ Allocated
[Category A]	0%	\$ -
[Category B]	0%	\$ -

Itemized Costs		Justification
Number of Days of Consultation		
Expected Daily Rate of Compensation		
BASE COMPENSATION SUBTOTAL	\$ -	
Travel	\$ -	
Per Diem (total for all days consultation)	\$ -	
Supplies	\$ -	
Deliverable Cost	<enter description> \$ -	
Other	<enter description> \$ -	
Other	<enter description> \$ -	
Other	<enter description> \$ -	
Other	<enter description> \$ -	
Other	<enter description> \$ -	
Other	<enter description> \$ -	
EXPENSES SUBTOTAL	\$ -	
TOTAL FOR CONSULTANT	\$ -	

Other								Total \$
Item Requested	Number Needed	Unit Cost	Amount Planned	% Allocated [Category A]	% Allocated [Category B]	\$ Allocated [Category A]	\$ Allocated [Category B]	Justification
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Total			\$ -			\$ -	\$ -	