

# NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION (NHPRC) - BUDGET FORM & INSTRUCTIONS

Project Director: \_\_\_\_\_

Organization: \_\_\_\_\_

Requested Grant Period From: (MM/DD/YYYY) \_\_\_\_\_ Thru: (MM/DD/YYYY) \_\_\_\_\_

If this is a revised budget, indicate NHPRC grant number: \_\_\_\_\_ New End Date (MM/DD/YYYY) \_\_\_\_\_

*The method of cost computation should clearly indicate how the total charge for each budget item was determined. If more space is required for any budget Category, please follow the budget format on a separate sheet of paper. Click **HERE** to see the detailed instructions.*

## 1. Salaries and Wages

Provide the names and title of the principal project personnel. For support staff, include the title of each position and indicate in the number column the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary for work done outside the academic year.

| Name/Title or Position | No | Method of Cost Computation | Year 1      |            | Year 2      |            | Year 3      |            | Total       |            | Grand Total |
|------------------------|----|----------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
|                        |    |                            | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
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|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
|                        |    |                            |             |            |             |            |             |            |             |            |             |
| <b>Subtotal</b>        |    |                            |             |            |             |            |             |            |             |            |             |

**2. Fringe Benefits**

If more than one rate is used, list each rate and salary base.

| Rate (% OF)     | Salary Base | Year 1      |            | Year 2      |            | Year 3      |            | Total       |            |             |
|-----------------|-------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
|                 |             | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | Grand Total |
|                 |             |             |            |             |            |             |            |             |            |             |
|                 |             |             |            |             |            |             |            |             |            |             |
|                 |             |             |            |             |            |             |            |             |            |             |
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|                 |             |             |            |             |            |             |            |             |            |             |
|                 |             |             |            |             |            |             |            |             |            |             |
| <b>Subtotal</b> |             |             |            |             |            |             |            |             |            |             |

**3. Consultant Fees**

Include payments for professional and technical consultants and honoraria.

| Name or type of consultant | No of Days on Project | Daily Rate of Compensation | Year 1      |            | Year 2      |            | Year 3      |            | Total      |            |             |
|----------------------------|-----------------------|----------------------------|-------------|------------|-------------|------------|-------------|------------|------------|------------|-------------|
|                            |                       |                            | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Fund | Cost Share | Grand Total |
|                            |                       |                            |             |            |             |            |             |            |            |            |             |
|                            |                       |                            |             |            |             |            |             |            |            |            |             |
|                            |                       |                            |             |            |             |            |             |            |            |            |             |
|                            |                       |                            |             |            |             |            |             |            |            |            |             |
|                            |                       |                            |             |            |             |            |             |            |            |            |             |
|                            |                       |                            |             |            |             |            |             |            |            |            |             |
|                            |                       |                            |             |            |             |            |             |            |            |            |             |
| <b>Subtotal</b>            |                       |                            |             |            |             |            |             |            |            |            |             |

**4. Travel**

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to conference, institutes, etc., these costs may be summarized on one line by indicating the point of origin as "various", ALL foreign travel must be listed separately.

| From/To and Purpose | # | * | Subsistence & Transportation Costs | Year 1      |            | Year 2      |            | Year 3      |            | Total      |            |             |
|---------------------|---|---|------------------------------------|-------------|------------|-------------|------------|-------------|------------|------------|------------|-------------|
|                     |   |   |                                    | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Fund | Cost Share | Grand Total |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
|                     |   |   |                                    |             |            |             |            |             |            |            |            |             |
| <b>Subtotal</b>     |   |   |                                    |             |            |             |            |             |            |            |            |             |

# - Number of persons \* - Total travel days

**5. Supplies and Materials**

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year)

| Item            | Basis/Method of Cost Computation | Year 1      |            | Year 2      |            | Year 3      |            | Total       |            |             |
|-----------------|----------------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
|                 |                                  | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | Grand Total |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
| <b>Subtotal</b> |                                  |             |            |             |            |             |            |             |            |             |

**6. Services**

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other service related to project objectives – not included under other budget categories. For subcontracts, provide an itemization of subcontract costs as an attachment.

| Item            | Basis/Method of Cost Computation | Year 1      |            | Year 2      |            | Year 3      |            | Total       |            |             |
|-----------------|----------------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
|                 |                                  | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | Grand Total |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
| <b>Subtotal</b> |                                  |             |            |             |            |             |            |             |            |             |

**7. Other Costs**

Include participant stipends and room and board, equipment purchases, and other items not previously listed. Please note that “miscellaneous” and “contingency” are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

| Item            | Basis/Method of Cost Computation | Year 1      |            | Year 2      |            | Year 3      |            | Total       |            |             |
|-----------------|----------------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
|                 |                                  | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | Grand Total |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
|                 |                                  |             |            |             |            |             |            |             |            |             |
| <b>Subtotal</b> |                                  |             |            |             |            |             |            |             |            |             |

**8. Total Project Costs**

Add totals of items 1 to 7.

|                              | Year 1      |            | Year 2      |            | Year 3      |            | Total       |            | Grand Total |
|------------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
|                              | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share | NHPRC Funds | Cost Share |             |
| <b>Subtotals (Items 1-7)</b> |             |            |             |            |             |            |             |            |             |

**9. Indirect Costs**

If indirect costs are to be charged to this project, CHECK THE APPROPRIATE BOX BELOW and provide the Information requested. Refer to the budget instructions for explanations of these options.

**Note: NHPRC only accepts indirect costs as cost share See 2 CFR 2600.1**

- Current indirect cost rate(s) has/have been negotiated with Federal agency (complete items A and B).
- Indirect cost proposal has been submitted to a Federal agency, but not yet negotiated (indicate the name of the agency in Item A and show proposed rate(s) and base(s) and the amount(s) of indirect costs in item B).
- Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items (under item B, enter the proposed rate, the base against which the rate will be changed, and the computation of indirect costs per year).

**Item A.** Name of Federal agency: \_\_\_\_\_

Date of agreement: \_\_\_\_\_

| Item B. | Rate(s)                     |    | Base(s)  | Cost Sharing | Total    |
|---------|-----------------------------|----|----------|--------------|----------|
|         | _____%                      | of | \$ _____ | \$ _____     | \$ _____ |
|         | _____%                      | of | \$ _____ | \$ _____     | \$ _____ |
|         | _____%                      | of | \$ _____ | \$ _____     | \$ _____ |
|         | <b>TOTAL INDIRECT COSTS</b> |    |          | \$ _____     | \$ _____ |

**10. Total Costs (Cost Sharing and Project).** \_\_\_\_\_ \$ \_\_\_\_\_

**SUMMARY BUDGET**

| Budget Categories                | Year 1         | Year 2         | Year 3         | TOTAL COSTS<br>FOR<br>ENTIRE GRANT<br>PERIOD |
|----------------------------------|----------------|----------------|----------------|--|
|                                  | from:<br>thru: | from:<br>thru: | from:<br>thru: |  |
| 1.) Salaries & Wages             | \$             | \$             | \$             | = \$   |
| 2.) Fringe Benefits              | \$             | \$             | \$             | = \$   |
| 3.) Consultant fees              | \$             | \$             | \$             | = \$   |
| 4.) Travel                       | \$             | \$             | \$             | = \$   |
| 5.) Supplies & Materials         | \$             | \$             | \$             | = \$   |
| 6.) Services                     | \$             | \$             | \$             | = \$   |
| 7.) Other Costs                  | \$             | \$             | \$             | = \$   |
| 8.) Total project costs          | \$             | \$             | \$             | = \$   |
| 9.) Indirect Costs               | \$             | \$             | \$             | = \$   |
| 10.) Total direct/indirect costs | \$             | \$             | \$             | = \$   |

**PROJECT FUNDING FOR ENTIRE GRANT PERIOD**

1. Indicate the amount of outright and/or Federal matching funds that is requested from NHPRC.
2. Indicate the amount of cash contributions that will be made by the applicant and cash, and in-kind contributions made by third parties to support project expenses that appear in the budget. Cash gift that will be raised to release Federal matching funds should be included under "Third-party contributions". (Consult the program guidelines for information on cost sharing requirements.) When a project will generate income that will be used during the grant period to support expenses listed in the budget, indicate the amount of income that will be expended on budgeted project activities. Indicate funding received from other agencies.
3. Total Project Funding should equal Total Project Costs.

|                     | Outright | Federal Matching |   | TOTAL FUNDING |
|---------------------|----------|------------------|---|---------------|
| <b>1. REQUESTED</b> | \$       | \$               | = | \$            |

|                        | Applicant's contribution | Third-party contributions | Project Income | Other Federal agencies |   | TOTAL COST SHARING |
|------------------------|--------------------------|---------------------------|----------------|------------------------|---|--------------------|
| <b>2. COST SHARING</b> | \$                       | \$                        | \$             | \$                     | = | \$                 |

|  |
|--|
| <b>3. TOTAL PROJECT FUNDING (Total Funding + Total Cost sharing): = \$</b> |
|  |



**Submission of a revised budget**

When submitting a revised budget, the Institutional Grant Administrator or Individual Applicant should provide the information requested below. The signature of this person indicates approval of the budget submission and the agreement of the organization/individual to cost share project expenses at the level under "Project Funding."

Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT**

A Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 3095-0013. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), Room 4100, 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.