

**[NOFO Title]**

**[NOFO Number] Budget Template**

OMB Approval Number: 0920-1132

Expiration Date: XX/XX/XXXX

**Recipient Name:** [Yellow Input Field]

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

**Submission Date:** [Yellow Input Field]

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	\$ -	\$ -	\$ -
<b>Direct Costs</b>	\$ -	\$ -	\$ -
<b>Indirect Costs</b>			\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -
<b>Target</b>			\$ -
<b>Balance</b>	\$ -	\$ -	\$ -

Indirect Cost Justification



<b>Contracts</b>	<b>Total \$</b>	-
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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	\$ -	
<b>Total Direct Costs</b>	<b>\$ -</b>	
<b>Indirect Costs</b>		
<b>TOTAL FOR CONTRACT</b>	<b>\$ -</b>	

<b>Consultants</b>	<b>Total \$</b>	-
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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		
<b>BASE COMPENSATION SUBTOTAL</b>	\$ -	
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>
<b>EXPENSES SUBTOTAL</b>	\$ -	
<b>TOTAL FOR CONSULTANT</b>	\$ -	









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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<b>Total</b>			\$ -			\$ -	\$ -	