[NOFO Title]
[NOFO Number] Budget Template
OMB Approval Number: 0920-1132
Expiration Date: XX/XX/XXXX

Recipient Name:

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

Submission Date:

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
[redacted]					$ -
	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 $ -

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 $ -

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>	$ -	
EXPENSES SUBTOTAL		**$ -**	
TOTAL FOR CONSULTANT		**$ -**	

Equipment

Total $ -

Equipment costs are for items with a Unit Cost over $5,000.
Most Applicants will not have Equipment costs.

Item Requested	Number Needed	Unit Cost	Total Amount Planned	Allocations: % Allocated [Category A]	Allocations: % Allocated [Category B]	Allocations: $ Allocated [Category A]	Allocations: $ Allocated [Category B]	Justification
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
			$ -			$ -	$ -	
Totals			$ -			$ -	$ -	

Supplies

Total $ -

Item Requested	Type (if appropriate)	Number Needed	Unit Cost	Amount Planned	% Allocated [Category A]	% Allocated [Category B]	$ Allocated [Category A]	$ Allocated [Category B]	Justification
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
				$ -			$ -	$ -	
Totals				$ -			$ -	$ -	

Travel

Total $ -

Description and Number of People	Cost of Mileage or Airfare	Cost of Per Diem or Lodging	Cost of Ground Transport	Other Costs	Amount Planned	% Allocated [Category A]	% Allocated [Category B]	$ Allocated [Category A]	$ Allocated [Category B]	Justification
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
					$ -			$ -	$ -	
Total					$ -			$ -	$ -	

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