

Legend:

Static Field
Calculated Field
To be Completed by Applicant

**SSBCI INVESTING IN AMERICA SBOP APPLICATION
Detailed Budget and Narrative Justification**

Applicant	xxxxxxxxxx
Agreement/Amendment Number or Federal Award Identification Number (FAIN)	xxxxxxx
Date Submitted	xxxxxx xx, 2024

BUDGET SUMMARY

BUDGET CATEGORY							TOTAL PROJECT BUDGET		
	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds	TOTAL Federal Request	TOTAL Non-Federal Match	TOTAL PROJECT BUDGET
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Total Direct Costs (sum of A to G)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. Indirect Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECT COSTS (sum of H and I)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

A. Personnel

Line Item #	Position Title/Function	Number of Personnel	Annual Salary/Wage	% Level of Effort	COST	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	xxxxxx	1.00	\$100,000	50.0%	\$50,000	\$0	\$0	\$0	\$0	\$0	\$0
2					\$0						
3					\$0						
4					\$0						
5					\$0						
6					\$0						
7					\$0						
8					\$0						
9					\$0						
10					\$0						
11					\$0						
12					\$0						
13					\$0						
14					\$0						
15					\$0						
TOTAL					\$50,000	\$0	\$0	\$0	\$0	\$0	\$0

Personnel Narrative

1	
2	
3	
4	
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13	
14	
15	

B1. Fringe Components

Our organization's fringe rate is comprised of:

Fringe Component	Rate (%)
xxxxxx	0.00%
	0.00%
	0.00%
	0.00%
	0.00%
	0.00%
	0.00%
	0.00%
	0.00%
	0.00%
TOTAL	0.00%

Fringe Benefits Narrative

xxxxxxx

B. Fringe Benefits

Line #	Position	Number of Personnel	Fringe Benefit Base	Total Fringe Rate (%)	COST	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	xxxxxx	1	\$50,000	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2		0	\$0	0.00%	\$0						
3		0	\$0	0.00%	\$0						
4		0	\$0	0.00%	\$0						
5		0	\$0	0.00%	\$0						
6		0	\$0	0.00%	\$0						
7		0	\$0	0.00%	\$0						
8		0	\$0	0.00%	\$0						
9		0	\$0	0.00%	\$0						
10		0	\$0	0.00%	\$0						
11		0	\$0	0.00%	\$0						
12		0	\$0	0.00%	\$0						
13		0	\$0	0.00%	\$0						
14		0	\$0	0.00%	\$0						
15		0	\$0	0.00%	\$0						
TOTAL					\$0	\$0	\$0	\$0	\$0	\$0	\$0

C. Travel

Line Item #	Purpose of Travel	Number of Persons	COST	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	xxxx	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2									
3									
4									
5									
6									
7									
8									
9									
10									
			\$0	\$0	\$0	\$0	\$0	\$0	\$0

Travel Narrative

1	
2	
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D. Equipment

Line Item #	Item Description	Quantity	Estimated Unit Cost	Percentage Charged to the Project (%)	COST	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	xxxxx	0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2					\$0						
3					\$0						
TOTAL					\$0	\$0	\$0	\$0	\$0	\$0	\$0

Equipment Narrative

1	
2	
3	

E. Supplies

Line Item #	Item Description	COST	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	xxxxxxx	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	xxxxxxx	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3								
4								
5								
6								
7								
8								
9								
10								
		\$0	\$0	\$0	\$0	\$0	\$0	\$0

Supplies Narrative

1	xxxx
2	xxxx
3	
4	
5	
6	
7	
8	
9	
10	

F. Contractual

Line Item #	Name of Contractor or Subrecipient	Indicate whether Contractor or Subrecipient	COST	YEAR 1 Federal Reques	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request2	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	xxxxx	xxxxxxx	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2									
3									
4									
5									
TOTAL			\$0	\$0	\$0	\$0	\$0	\$0	\$0

Contractual Narrative

1	xxxx
2	
3	
4	
5	

G. Other

Line Item #	Description	COST	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	xxxxx	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2								
3								
4								
5								
		\$0	\$0	\$0	\$0	\$0	\$0	\$0

Other Narrative

1	xxxx
2	
3	
4	
5	

I. Indirect Cost (IDC)

Line Item #	Budget Category	Indirect Cost Rate (%)	Distribution Base	INDIRECT COST	YEAR 1 Federal Request	YEAR 1 Non-Federal Matching Funds	YEAR 2 Federal Request	YEAR 2 Non-Federal Matching Funds	YEAR 3 Federal Request	YEAR 3 Non-Federal Matching Funds
1	Personnel			\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	Fringe Benefits			\$0						
3	Travel			\$0						
4	Equipment			\$0						
5	Supplies			\$0						
6	Contractual			\$0						
7	Other			\$0						
TOTAL				\$0	\$0	\$0	\$0	\$0	\$0	\$0

Indirect Cost Narrative

1	xxxx
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