

U.S. REPATRIATION PROGRAM ANNUAL BUDGET AND BUDGET NARRATIVE

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SECTION I: STATE AND AGENCY NAME	
1. State Name	2. Agency Name
SECTION II: ANNUAL BUDGET PERIOD	
3. Federal Fiscal Year (MM/DD/YYYY to MM/DD/YYYY) _____ to _____	
SECTION III: BUDGET AND BUDGET NARRATIVE	
4. Personnel	
Total Personnel Costs	\$
Justification	
5. Fringe Benefits	
Total Fringe Benefits Costs	\$
Justification	

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6. Travel	
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Total Travel Costs	\$
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Justification

7. Equipment	
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Total Equipment Costs	\$
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Justification

8. Supplies	
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Total Supplies Costs	\$
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Justification

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9. Contractual	
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Total Contractual Costs	\$
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Justification	
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10. Other	
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Total Other Costs	\$
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Justification	
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11. Direct Charges	
Total Direct Charges Costs	\$
12. Indirect Charges	
Total Indirect Charges Costs	\$
13. TOTAL	
Total Direct and Indirect	\$

GENERAL INFORMATION

Purpose: This form is to provide a budget and budget narrative for planned activities for each annual workplan regarding planning, training, and exercises for repatriation.

Who Should Complete this Form: An official authorized by the state.

When to Submit: Submit with initial application and subsequent annual workplans.

Where to Submit: Submit to OHSEPR-Grants@acf.hhs.gov.

SPECIFIC INSTRUCTIONS

SECTION I: STATE AND AGENCY NAME

Item 1. State Name. Provide the name of the state.

Item 2. Agency Name. Provide the full name of the state agency and relevant office.

SECTION II: BUDGET PERIOD

Item 3. Annual Budget Period (MM/DD/YYYY to MM/DD/YYYY). Enter the beginning and end dates for the budget period for this narrative (e.g., federal fiscal year).

SECTION III: BUDGET AND BUDGET NARRATIVE

All budget categories below align with [SF-424A, Budget Information for Non-Construction Programs](#). See [SF-424A Instructions](#) for definitions. Additionally, see the Planning, Training, and Exercises Information Memorandum (OHSEPR-IM-2023-01) for descriptions of activities and allowable costs. All budget costs must be related to the annual workplan (Form PTE-2).

Item 4. Personnel.

Total Personnel Costs. Provide the total amount of personnel costs.

Justification. Describe how the costs are derived. Indicate how the costs support specific annual workplan activities (e.g., 0.5 FTE to support Activity #1 – Plan Revision and Activity #3 – Tabletop Exercise Planning).

Item 5. Fringe Benefits.

Total Fringe Benefits Costs. Provide the total amount of fringe benefits costs.

Justification. For the personnel identified in Item 4, provide the total fringe rate and the calculations for total fringe costs.

Item 6. Travel.

Total Travel Costs. Provide the total amount of travel costs.

Justification. Describe how the costs are derived. Indicate how the costs support specific annual workplan activities (e.g., 1 night hotel for 10 individuals at \$200 each = \$2,000 to support Activity #2 – Full Scale Exercise).

Item 7. Equipment.

Total Equipment Costs. Provide the total amount of equipment costs.

Justification. Describe how the costs are derived. Indicate how the costs support specific annual workplan activities (e.g., two (2) Equipment X rental cost at \$5,500/each = \$11,000 to support Activity #4 – Full Scale Exercise).

Item 8. Supplies.

Total Supplies Costs. Provide the total amount of supplies costs.

Justification. Describe how the costs are derived. Indicate how the costs support specific annual workplan activities (e.g., four (4) projectors at \$400/each = \$1,600 to support Activity #1 – Training and Activity #3 – Tabletop Exercise Planning).

Item 9. Contractual.

Total Contractual Costs. Provide the total amount of contractual costs.

Justification. Describe how the costs are derived. Indicate how the costs support specific annual workplan activities (e.g., planning support contract at \$100,000 to support Activity #1 – Plan Revision and Activity #3 – Tabletop Exercise Planning).

Item 10. Other.

Total Other Costs. Provide the total amount of other costs.

Justification. Describe how the costs are derived. Indicate how the costs support specific annual workplan activities (e.g., two (2) state personnel attending conference with fee of \$500/each = \$1,000 to support Activity #1 – Training).

Item 11. Direct Charges. The sum of Total Costs for Items 4 through 10.

Item 12. Indirect Charges. Enter the amount of indirect cost in accordance with HHS-approved indirect cost rate agreement or the de minimis rate of 10%.

Item 13. TOTAL. The sum of Items 11 and 12.