Attachment 2

**FY2019 Funding Opportunity to Address NAS by Expanding Treatment and Recovery Services for Pregnant and Parenting Women with Opioid Use Disorders**

**(Short Title: NAS)**

Budget Detail Worksheet & Summary

Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Budget Detail Worksheet is provided for your use in the preparation of the budget and budget narrative. All required information, including budget narrative, must be provided. Any budget categories not applicable to your budget should be indicated as such in the narrative.

***Please Note: Grant dollars may not be used for indirect costs or the purchase of real property; however, repairs and renovations are an allowable expense****.*

**Assurance of Non-Supplantation of Funds**

By checking this box □, the applicant assures that grant funds shall not replace or supplant funding of an existing program.

1. **Personnel** **–** List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. (NOTE: Use whole numbers as the percentage of time, an example is 75.5% should be shown as 75.50).

|  |  |  |
| --- | --- | --- |
| Name | Position | Computation |
|  |  | Salary | Basis | Percentage of Time | Cost |
|  |  |  | Year |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*Add more lines as needed*

**PERSONNEL NARRATIVE**

|  |
| --- |
|  |

1. **Fringe Benefits** – Fringe benefits should be based on actual known costs or an approved negotiated rate. If not based on an approved negotiated rate, list the composition of the fringe benefit package. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the grant project. Fringe benefits on overtime hours are limited to FICA, Workman’s Compensation and Unemployment Compensation. (*NOTE: Use decimal numbers for the fringe benefit rates, an example is 7.65% should be shown as .0765)*.

**FRINGE BENEFITS**

|  |  |  |
| --- | --- | --- |
| Description | Computation | Cost |
| Base | Rate |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*Add more lines as needed*

**FRINGE BENEFITS NARRATIVE**

|  |
| --- |
|  |

1. **Travel** – Itemize travel expenses for personnel by purpose (e.g., training, meetings, etc.). Describe the purpose of each travel expenditure in reference to the grant project goals and objectives. Show the basis of computation (e.g., six people to 3-day training at $X airfare, $X lodging, $X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate “location to be determined.” (*NOTE: Travel expenses for consultants should be included in the “Contractual/Consultant” category*).

**TRAVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose of Travel | Location | Computation | Cost |
|  |  | Item | Cost Rate | Basis for Rate | Quantity | Number of People | Number of Trips | Cost |  |
| Lodging |  | Night |  |  |  |  |
| Meals |  | Day |  |  |  |  |
| Mileage |  | Mile |  |  |  |  |
| Transportation: |  | Roundtrip |  |  |  |  |
|  |
| Local Travel |  |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |
| Subtotal |  |  |

*\*Add more lines as needed*

**TRAVEL NARRATIVE**

|  |
| --- |
|  |

1. **Equipment** – List non-expendable items that are purchased (NOTE: Organization’s own capitalization policy for classification of equipment should be used). Expendable items should be included in the “Supplies” category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technological advances. Rented or leased equipment costs should be listed in the “Contractual” category. Explain how the equipment is necessary for the success of the grant project, and describe the procurement method to be used.

**EQUIPMENT**

|  |  |  |
| --- | --- | --- |
| Item | Computation | Cost |
| Quantity | Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*Add more lines as needed*

**EQUIPMENT NARRATIVE**

|  |
| --- |
|  |

1. **Supplies** – List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than $5000) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the grant project.

**SUPPLIES**

|  |  |  |
| --- | --- | --- |
| Supply Items | Computation | Cost |
| Quantity/Duration | Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*Add more lines as needed*

**SUPPLIES NARRATIVE**

|  |
| --- |
|  |

1. **Repairs/Renovations** – Provide a description of the repairs or renovations and an estimate of the costs.

**REPAIRS/RENOVATIONS**

|  |  |  |
| --- | --- | --- |
| Purpose | Description of Work | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*Add more lines as needed*

**REPAIRS/RENOVATIONS NARRATIVE**

|  |
| --- |
|  |

1. **Consultants/Contracts**

***Consultant Fees:*** For each consultant, enter the name, if known, services to be provided, hourly or daily fee (8-hour day), and estimated time. For consultant fees in excess of $450 per day or $56.25 per hour provide, you must provide additional justification in the narrative section. For all consultants, please include a letter of support or agreement describing the proposed services, itemized costs, etc.

**CONSULTANT FEES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Consultant | Service Provided | Computation | Cost |
| Fee | Basis | Quantity |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*Add more lines as needed*

**CONSULTANT FEES NARRATIVE**

|  |
| --- |
|  |

***Consultant Expenses:*** List all expenses to be paid with grant dollars to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.). This includes travel expenses for anyone who is not an employee of the applicant agency, such as participants, volunteers, partners, etc.

**CONSULTANT EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose of Travel | Location | Computation | Cost |
|  |  | Item | Cost Rate | Basis for Rate | Quantity | Number of People | Number of Trips | Cost |  |
| Lodging |  | Night |  |  |  |  |
| Meals |  | Day |  |  |  |  |
| Mileage |  | Mile |  |  |  |  |
| Transportation: |  | Roundtrip |  |  |  |  |
|  |
| Local Travel |  |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |
| Subtotal |  |  |

*\*Add more lines as needed*

**CONSULTANT EXPENSES NARRATIVE**

|  |
| --- |
|  |

***Contracts:*** Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Please provide additional justification in the narrative for sole source contracts in excess of $100,000. A sole source contract may not be awarded to a commercial organization that is ineligible to receive a direct award.

**CONTRACTS**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*\*Add more lines as needed*

**CONTRACTS NARRATIVE**

|  |
| --- |
|  |

1. **Other Costs –** List items (e.g., rent, reproduction, telephone, janitorial, or security services) by major type and the basis of the computation. For example,provide the square footage and the cost per square foot for rent or provide a monthly rental cost and how many months to rent. The basis field is a text field to describe the quantity such as square footage, months, etc.

**OTHER COSTS**

|  |  |  |
| --- | --- | --- |
| Description | Computation | Cost |
| Quantity | Basis | Cost | Length of Time |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*Add more lines as needed*

**OTHER COSTS NARRATIVE**

|  |
| --- |
|  |

**BUDGET SUMMARY**

|  |  |  |
| --- | --- | --- |
| Budget Category | Request | Match (In-Kind or Cash)\* |
| 1. Personnel
 |  |  |
| 1. Fringe Benefits
 |  |  |
| 1. Travel
 |  |  |
| 1. Equipment
 |  |  |
| 1. Supplies
 |  |  |
| 1. Repairs/Renovations
 |  |  |
| 1. Consultants/Contracts
 |  |  |
| 1. Other Costs
 |  |  |
| **Total Request** |  |  |

\*Please note that while there is not a cost sharing/match requirement for this funding, please include any match (in-kind or cash) as that information is helpful in ascertaining sustainability.