**Budget Narrative Template**

**[Organization Name]**

**[Project Title]**

**Summary**

[Organization name] is submitting a budget in the amount of **$[total funding amount]** for [number of] months to implement activities in support of the project title noted above for the period [start date – end date]. In addition to the total amount requesting from S/GWI, cost share amounting to [total amount cost share] will also support this project, acquired from [cost share source i.e. implementer funding, other donors, etc.] Below is the breakdown and explanation to:

|  |  |
| --- | --- |
| **Category** | **Total S/GWI Cost** |
| PERSONNEL | **$** |
| FRINGE BENEFITS | **$** |
| TRAVEL | **$** |
| EQUIPMENT | **$** |
| SUPPLIES | **$** |
| CONTRACTUAL | **$** |
| CONSTRUCTION | **$ 0.00** |
| OTHER DIRECT COSTS | **$** |
| TOTAL DIRECT COSTS | **$** |
| INDIRECT COSTS (X%) | **$** |
| **TOTAL COSTS** | **$** |

**BUDGET NARRATIVE INSTRUCTIONS:** The budget narrative should briefly explain each line item to sufficiently justify each identified cost. It should include a justification for how the costs in each category are derived.

**PERSONNEL**

Identify each position and indicate how it will support the project. If not provided in the Budget, indicate the numerical justification for the total cost.

*For example: Project Manager – This individual is responsible for the overall management of the project. He/she insures compliance with all the terms and conditions of the agreement including implementation, program and financial reporting. $40,000/year x 10% of time = $4,000.*

**FRINGE BENEFITS:**

Outline various fringe benefits such as pension plans, health benefits, or other benefits offered to employees for which S/GWI will be charged under the agreement.

Note: If an established NICRA includes a rate for Fringe Benefits, please ensure that you utilize and/or adjust the rate appropriately. If the Fringe Benefit rate is not included in the NICRA/your organization does not have a NICRA, please provide a copy of the company policy and/or rates (as a percentage) that are being charged per category of benefits.

**TRAVEL**:

All Headquarters and/or project employees’ travel must be identified via mode of travel, departure and arrival city, purpose, unit of measurement, and duration of trip. Also include a description of the purpose of the travel and how the travel relates to the project. Please note that the movement of project participants and supplies is a separate transportation line item.

*For example: 2 in-country trips via air transportation will be conducted to implement workshops and training sessions. Roundtrip airfare from Kinshasa to Goma for 2 employees is anticipated. Each trip will include 3 days of per diem per employee.*

*In-country Airfare – 2 trips x 2 employees x $200 = $800*

*Lodging – 2 trips x 2 employees x 3 days x $100/day = $1,200*

*Per diem – 2 trips x 2 employees x 3 days x $57 = $684*

**EQUIPMENT:**

Include a detailed listing of all non-expendable equipment anticipated to be purchased for program activities including justification.

**SUPPLIES:**

Specifically describe general categories of supplies and their direct use for the project. General Office supplies include the following items: pens; pencils; notebooks; printer paper; ink cartridges etc.

*For example: Due to the opening of a new project office to support Sector “X” activities, project supplies include the following items: 2 laptop computers, 3 desktop computers, 2 printers etc.*

*2 laptop computers x $600 = $1,200*

*3 desktop computers x $800 = $2,400*

*2 printers x $300 = $600*

**CONTRACTUAL:**

Describe each contractual or consultant cost and outline the necessity of each for the project.

*For example: ABC Organization will serve as a partner to assist with implementing Sector “X” activities; $9,000 Detailed Budget is attached. XYZ Organization will provide IT consulting services via a contract; $4,000 Detailed Budget is attached.*

Identify consultants separately from other permanent staff. If possible, include anticipated position title(s), the proposed daily rate to be paid as compensation, and the number of consultant days that are anticipated.

**CONSTRUCTION:**

N/A for all projects. Construction costs are unallowable under S/GWI funds.

**OTHER DIRECT COSTS:**

Describe other direct cost and outline the necessity of each for the project.

*For example: The following direct project expenses are related to the implementation of all project activity and are proportionate based on actual use.*

*Rent of Office space - 12 months x $300 = $3,600*

*Utilities - 12 months x $100 = $1,200*

*Printing/Photocopying costs – 12 months x $110 = $1320*

*Communication (phone, fax, internet) = 12 months x $125 = $1,500*

**INDIRECT COSTS:**

Show the amount of indirect costs and the base amount on which it is determined. A copy of the current Negotiated Indirect Cost Rate Agreement must be submitted for recipient and sub-recipient(s). S/GWI does not recognize indirect costs unless they have been determined by an audit and formally approved by the U.S. Government cognizant agency.