**[Insert name of your agency]**

**Public Health Workforce Marketing Toolkit**

April 1, 2023 – July 31, 2023

**Budget Narrative**

# DIRECT LABOR AND EXPENSES

**Personnel**  **Subtotal: $** XX,XXX.XX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Name and Position:** *List each staff member’s name and position (including any to be hired) on a separate line.* | **Job Functions:** *Include a short description of each staff member’s role in the project and key job functions.* | **Annual Salary** | **% Time** *(on project)* | **# Months** *(on project)* |
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**Fringe Benefits** **Subtotal: $** XX,XXX.XX

Fringe Benefits: XX% x Total Direct Staff Salaries

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| --- | --- | --- |
| **Fringe Benefit:** *Include an itemized list of individual fringe benefits allocated to each staff or categories of staff.*  | **% of Salary**  | **Amount Requested** |
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# OTHER DIRECT EXPENSES

**Contracts (Subaward and/or Contractor) Subtotal: $** XX,XXX.XX

*Include a short justification of each contractor or subaward in the budget. Specify the contractor’s name (if known), their rate (per hour, day, month, fixed), and quantity of services (in hours, days, months, or fixed) provided. Make sure to explain how each contractor advances the project’s goals and activities.*

**Materials/Supplies Subtotal: $** XX,XXX.XX

*Include a list of each supply item and materials to be purchased as well as their estimated unit costs, number of units to be purchased, and total amount. Please make sure to provide a justification for purchasing each supply item. IMPORTANT: For any telecommunications expenses or video surveillance equipment in the budget (including any reimbursement for cell phone/data for staff), please include the name of the manufacturer and/or service provider and details such as the model of equipment. See the budget guidance document for more information.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supply Item** | **Unit Cost** | **# of Units** | **Amount Requested** | **Description & Purpose** |
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**Travel Subtotal: $** XX,XXX.XX

*Provide details on all planned travel, including the number of trips/travelers and purpose of each trip as it relates to the project workplan. This should include a breakdown of specific costs making up the trip (i.e., destinations, number of miles traveled, per diem budgeted) as well as how you derived those costs (e.g., mileage reimbursement rate, federal per diem rate, etc.).*

**Other Expenses Subtotal: $** XX,XXX.XX

*Provide details on the specific direct expenses budgeted and how each relates to your project’s goals and activities. For any direct expenses shared across your organization’s funding sources, be sure to specify the percentage of costs attributed to this particular budget.*

**Indirect Costs** **Subtotal: $** XX,XXX.XX

The indirect cost rate is XX% and is computed on the following direct cost base of $ XX,XXX.XX

**Total Budget Requested: $XX,XXX.XX**

#

# Respond to the following two questions:

* Do you have a prior experience in Federal Contracting?

 [ ] Yes [ ] No

* Have you completed a Single Audit?

 [ ] Yes [ ] No