**Attachment D**

**BUDGET NARRATIVE**

The Budget Narrative must include an explanation for each of the budget line items. For each line item, include a brief explanation of how the budget amount was derived. Information should contain sufficient detail to provide the review panel with an understanding of how the requested budget amounts were determined.

**Attachment E**

|  |  |
| --- | --- |
| **ITEMIZED BUDGET** | |
| Item Description | Amount |
| Staff Salaries (Total must be from Total on Staffing - Plan Attachment H) | $ |
| Fringe (include rate here: \_\_\_\_\_\_ %) | $ |
| Travel | $ |
| Phone | $ |
| Equipment | $ |
| Supplies | $ |
| Printing | $ |
| Other (Please Specify) | $ |
| Other (Please Specify) | $ |
| Other (Please Specify) | $ |
| Total Direct Costs | $ |
| Indirect Costs (may not exceed 15% of grant funds requested) | $ |
| Grand Total of Direct and Indirect Costs | $ |

**Attachment F**

|  |  |  |
| --- | --- | --- |
| **LIST OF PARTNERS AND AFFILIATIONS** | | |
| Name of Organization | Nature of Affiliation | Years Affiliated |
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**Attachment G**

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| **LIST OF OTHER FUNDING SOURCES** | | | |
| Organization Granting Funds | Name of Grant | Amount of Grant Funds Awarded | Used for this RFA? |
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**Attachment H**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STAFFING PLAN** | | | | | |
| Name | Position Title | Filled/Vacant | Annual Salary | % of Effort on this Grant | Amount to be paid via this Grant |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
|  |  |  | $ | % | $ |
| Total Salaries (Amount must be included in Itemized Budget - Attachment E) | | | | | $ |