# Child Abuse and Neglect Prevention Board

# Request for Application FormBudget Narrative Template

**Use of form:** Use of this form is mandatory. If the requested information is not provided, the Prevention Board will be unable to process your application. Personal information you provide may be used for secondary purposes [Privacy Law, §15.04(1)(m), Wisconsin Statutes].

RFA: 433001-G24-0002243

Title: Family Resource Navigator Grant

Budget Narrative Form– required for narrative question 6: **Budget and Budget Narrative (15 points).**

The budget narrative must provide a justification on the basis of each proposed cost in the budget and how it is calculated.

**A. Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project. Describe the role and responsibilities of each position.

| **Position** | **Name** | **Annual Salary/Rate** | **Level of Effort** | **Cost** |
| --- | --- | --- | --- | --- |
| (1)  |  |  |  |  |
| (2)  |  |  |  |  |
| (3)  |  |  |  |  |
|  |  |  | **TOTAL** |  |

**JUSTIFICATION:**

**Inkind/Cash Match:**

**B. Fringe Benefits:** List all components of fringe benefits rate**.**

**JUSTIFICATION**

**Inkind/ Cash Match:**

**C. Travel:** Briefly describe the need and purpose for each travel in relation to achieving goals and objectives for the grant. Differentiate between staff and participant travel.

**JUSTIFICATION**

 **Inkind/ Cash Match:**

**D. Training:** Indicate the number of trainees/ attendees/ participants and the unit costs involved.

**JUSTIFICATION:**

**Inkind/ Cash Match:**

**E. Materials & Supplies:** For each line-item cost, include adequate justification and a detailed breakdown of your estimate. List the items by type of supplies (e.g., training materials, desktop computer, laptop, projector etc.), unit cost, quantity, and/or duration. If the applicant will be providing parent resource materials, include the estimated number of clients/ participants in the basis for the costs.

**JUSTIFICATION**

**Inkind/ Cash Match:**

**F. Consultant Fees:** Describe the services and deliverables to be provided by each consultant, contract, or subaward and provide the detailed budgets with the supporting narrative justification. Explain how the services and deliverables relate to the accomplishment of specific project objectives.

**JUSTIFICATION**

**Inkind/ Cash Match:**

**G. Space:** List monthly costs required to provide space for programs and services used specifically for this grant. Provide details on the monthly rental charge(s).

**JUSTIFICATION**

**Inkind/ Cash Match:**

**H. Other:** The Other category is for any expenses not covered in the previous budget categories (postage, utilities, concrete supports, telecommunication expenses, etc.). List items by type and show the basis for computation.

**JUSTIFICATION**

**Inkind/ Cash Match:**

**I. Indirect Cost:** Indirect costs may not exceed 10% of the total direct cost.

**JUSTIFICATION**

**Inkind/ Cash Match:**