Project Budget Narrative Justification Guidance

Use this Budget Narrative Justification template to justify the budget for the proposed full project period (up to 24 months). The **budget should include all costs that will be supported by all funding sources**, including the CARE Fund Grant, Non-State Match Funds, and all Other Funds. All costs submitted in the Project Budget tables in the Budget section of the online application must be justified and match the totals in the narrative justification.

Project Budget = CARE Fund Grant + Non-State Match Funds + Other Funds.

Refer to the funding opportunity announcement regarding any matching funds requirements.  
  
A budget narrative justification for the proposed project is required to be uploaded as part of the application.

In the budget narrative justification, after itemizing all items for each budget category, enter the total cost for that category in the corresponding table by funding source. Budget costs need not be evenly distributed across the project funding sources. Enter $0 if no funds are provided from a particular funding source.

BUDGET NARRATIVE JUSTIFICATION

Template

**DIRECT COSTS**:

**A. PERSONNEL (Salaries and Wages)**

Itemize and justify salaries and wages. List the name, role, and number of person-months devoted to this project for all personnel on the project (Salaries). See NIH's [Person Months](https://grants.nih.gov/faqs#/person-months.htm?anchor=50733) definition, usage and how to calculate.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Personnel Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |

**B. FRINGE BENEFITS**

Justify the total fringe benefits requested based on your institution’s policy and rate.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Fringe Benefits Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |

**C. TRAVEL**

Justify proposed travel. Include the destination, number of people travelling and dates or duration of your stay for anticipated travel. Clearly state how the travel is directly related to your proposed project. Refer to your institution’s policy for guidance.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Travel Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |

**D. EQUIPMENT**

Equipment is defined as an item of property that has an acquisition cost of $5,000 or more and an expected service life of more than one year. Itemize and list the estimated cost of each item, including shipping and any maintenance costs and agreements. Allowable items are ordinarily limited to research equipment not already available for the conduct of the work.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |

**E. SUPPLIES**  
Itemize and justify requested research materials, consumable office supplies and tangible equipment with a cost less than $5000.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Supplies Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |

**F. CONTRACTUAL**

Itemize each subaward (pass through to a sub-recipient), consulting service contract, or any other contractual cost or other specialized services proposed for the project and provide detailed justification for each. Contractual costs are payments to contractors for goods or services for a routine service and may include, but are not limited to, support services, such as lab testing of biological materials or data processing, equipment repair, etc.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Contractual Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |

**G. OTHER DIRECT COSTS**

Itemize and provide justification for other costs that do not fit in the categories above. Examples include, but are not limited to, publication costs, Automatic Data Processing (ADP)/Computer Services not paid through a contractual arrangement, etc.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Other Direct Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |

**INDIRECT COSTS**

Justify any proposed indirect costs, based on:

A) The negotiated rate with your cognizant federal authority and include the indirect cost type, cost basis, and the federally negotiated rate. If requesting indirect costs using more than one rate or cost base, then list them as separate indirect costs.

B) If there is no federally negotiated cost rate agreement, indicate the proposed indirect cost, which will be determined prior to executing an award agreement.

[Enter narrative here…]

Enter the totals by source(s) of funding (months 1–24):

|  |  |  |  |
| --- | --- | --- | --- |
| Indirect Costs Total | CARE Fund Grant | Non-State Match | All Other Funds |
|  |  |  |  |