**G. BUDGET NARRATIVE**

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| Organization Name: |  | | | | |
| Project Name: |  | | | | |
| Income: The status of revenues (*related to the proposed program and period*) should be further clarified by indicating source; date when request was submitted; date when decision will be known, if applicable and the status of the request. | | | | | |
| INCOME | | | | | |
| Income source | | Date submitted | Amount | Decision date | Pending, Declined or Approved |
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| EXPENSES | | | | | |
| 1. Salaries and wages Please give title, salary or hourly wage for each position as it relates to the project. Include full-time or number of hours worked per week. | |  | | | |
| 2. Payroll taxes and benefits Please list all items including employer’s portion of FICA, workers compensation, state unemployment and employer’s cost for benefits such as hospitalization. | |  | | | |
| 3. Contract services/professional fees Identify consultants and anticipated costs individually. Describe purpose of the consultant/contract services. | |  | | | |
| 4. Supplies, printing, postages Explain how estimates and anticipated usage was calculated. | |  | | | |
| 5. Rent/Utilities Explain how costs were calculated. | |  | | | |
| 6. Travel/related expenses Identify travelers, numbers, dates of trips, destinations, forms of transportation and accommodation. Indicate how estimates were calculated. | |  | | | |
| 7. Other Please list specifics and explain how estimates were calculated. | |  | | | |

PLEASE NOTE: When completing this form, please be sure to complete all line items. If a particular item is not applicable to your budget, mark the item N/A.