## City Colleges of ChicagoBudget NarrativeGrantor and Grant Title

## Project Name:

**CFDA#**

**Funding Opportunity Number:**

Note that the SF-424, SF-424A, and Budget Narrative must include the entire federal grant amount requested (not just one year). Do not show leveraged resources on the SF-424 and SF-424A. You should describe leveraged resources in the Budget Narrative. Applicants should list the same requested federal grant amount on the SF-424, SF-424A, and Budget Narrative. If minor inconsistencies are found between the budget amounts specified on the SF-424, SF-424A, and the Budget Narrative, ETA will consider the SF-424 the official funding amount requested. However, if the amount specified on the SF-424 would render the application nonresponsive, the Grant Officer will use his or her discretion to determine whether the intended funding request (and match if applicable) is within the responsive range.

# A. **Personnel**: List all staff positions by title (both current and proposed) including the roles and responsibilities. For each position give the annual salary, the percentage of time devoted to the project, and the amount of each position’s salary funded by the grant.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Position Title** | **CCC College** | **#**  | **Name** | **Annual Salary** | **% Time to Project** | **Years Funded** | **Total Cost** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| **Total Personnel** |  |

## JUSTIFICATION:

1.

# **B. Fringe Benefits**: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, FICA, retirement, etc.

|  | **Component** | **Rate** | **Total Wages** | **Cost** |
| --- | --- | --- | --- | --- |
| 1 | Medical |  |  |  |
| 2 | Dental and Vision |  |  |  |
| 3 | Life Insurance |  |  |  |
| 4 | Worker’s Compensation |  |  |  |
| 5 | Unemployment Compensation |  |  |  |
| 6 | Medicare |  |  |  |
| 7 | SURS (State University Retirement System) Employer Cost |  |  |  |
|  | **Total Fringe** |  |  |  |

 **JUSTIFICATION:**

C. Travel: For grantee staff only, specify the purpose, number of staff traveling, mileage, per diem, estimated number of in-state and out-of-state trips, and other estimated costs for each type of travel.

|  | **Purpose of Travel** | **Number Travelling** | **Item** | **Rate** | **Cost** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| **Total Travel** |  |

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

# **D. Equipment:** Identify each item of equipment you expect to purchase that has an estimated acquisition cost of $5,000 or more per unit (or if your capitalization level is less than $5,000, use your capitalization level) and a useful lifetime of more than one year (see 2 CFR 200.1 for the definition of Equipment). List the item, quantity, and the unit cost per item. Items with a unit cost of less than $5,000 are supplies, not “equipment.” In general, we do not permit the purchase of equipment during the last funded year of the grant.

|  | **Item(s)** | **CCC College** | **Years Funded** | **#** | **Rate** | **Cost** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| **Total Equipment**  |  |

JUSTIFICATION:

1.

# **E. Supplies:** Identify the cost of supplies (e.g., general office supplies, desk/chairs, laptops/printers, other specialty items) in the detailed budget per category. Except for general office supplies, list the item, quantity, and the unit cost per item. Supplies include all tangible personal property other than “equipment” (see 2 CFR 200.1 for the definition of Supplies).

|  | **Item(s)** | **CCC College** | **Years Funded** | **Cost** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
|  | **Total Supplies** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

**All costs were based on retail values at the time the application was written.**

# F. Contract: Under the Contractual line item, delineate contracts and subawards separately. Contracts are defined according to 2 CFR 200.1 as a legal instrument by which a non-federal entity purchases property or services needed to carry out the project or program under a federal award. A subaward, defined by 2 CFR 200.1 means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. For each proposed contract and subaward, specify the purpose and activities to be provided, and the estimated cost.

|  | Name | CCC College | Years Funded | Cost |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
|  | **Total Contract** |  |

**JUSTIFICATION:** **Explain the need for each contractual agreement and how they relate to the overall project.**

# **G. Construction:** Not allowed.

# **H. Other**: Provide clear and specific detail, including costs, for each item so that we are able to determine whether the costs are necessary, reasonable, and allocable. List items, such as stipends or incentives, not covered elsewhere

|  | Item | CCC College | Year Funded | Cost |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| **Total Other** |  |

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot, etc.). Explain the use of each item requested.

**All costs are the value placed on the service at the time of this grant application.**

# **J. Indirect cost rate:** If you include an amount for indirect costs (through a Negotiated Indirect Cost Rate Agreement or De Minimis) on the SF-424A budget form, then include one of the following: a) If you have a Negotiated Indirect Cost Rate Agreement (NICRA), provide an explanation of how the indirect costs are calculated. This explanation should include which portion of each line item, along with the associated costs, are included in your cost allocation base. Also, provide a current version of the NICRA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Item** | **CCC College** | **Year Funded** | **Cost** |
| 1 | Indirect Cost Rate: 53.00% - 31.46% (Fringe) = 21.54%  | All | 1-4 |  |
| **Total Indirect**  |  |

**JUSTIFICATION:** Current version of NICRA attached.

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# TOTAL DIRECT CHARGES: $

# INDIRECT CHARGES: $

# TOTAL REQUESTED: $

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