

The information that follows will be required for submission of a Seed Grant Application. Once interested applicants submit a Letter of Intent, they will be emailed an excel file containing the same information held within this PDF. Applicants will upload the excel file along with their narrative application.



## CONTRACT BUDGET TEMPLATE INSTRUCTIONS

### INSTRUCTIONS

The Contractor should complete all relevant sections on the *Contract Budget tab*, including the fringe benefit % and the indirect rate % if applicable. Applicants can leave blank any sections they are not seeking funding to support (i.e., if there is no contractual work or travel, leave those sections blank). Details for each section of the *Contract Budget tab* (I. - VII.) are provided below. Once information is entered on the *Contract Budget tab*, it will populate the *Budget Narrative tab* in columns B and C. The contractor will then need to enter, in column D of the *Budget Narrative tab*, the justification for the expenses listed on the *Contract Budget tab*.

### CONTRACT BUDGET TAB

#### I. CONTRACT INFORMATION

The Contractor should enter the contractor name, project name, and date submitted. All other cells are populated by Safe States. Please note, the total budget amount listed should align not exceed your budget proposed. This cell will turn red if the total budget amount requested by the contractor/vendor exceeds the total allowable budget amount.

#### II. DIRECT LABOR

Use this section to indicate direct labor costs. If labor is associated with a specific task/deliverable/objective, please indicate the task/deliverable/objective and personnel responsible. Direct labor can be calculated in the following ways:

- 1) Labor hours and hourly rate.** If calculating direct labor costs using labor hours and hourly rate, use the dropdown menu in cell F14 to choose "Labor Hours," and the dropdown menu in cell G14 to choose "Hourly Rate." Input the labor hours and hourly rates associated with each person identified within the personnel section. You only need to use the "Duration" column when reporting Salary and % FTE as described in #2 below.
- 2) Salary and percentage of FTE.** If calculating direct labor costs using salary and percentage of FTE, use the dropdown menu in cell F14 to choose "% FTE," and the dropdown menu in cell G14 to choose "Salary." You must change the cell format for all cells under "% FTE" to percentage OR input FTE as a decimal. After changing the cell format, input the percentage of FTE and the gross annual compensation (under "Salary") associated with the personnel required to complete the work. Finally, you must indicate the contract duration in months. This will ensure that direct labor costs are calculating based on the actual duration of the project.
- 3) Fixed price.** If calculating direct labor costs using fixed price, use the dropdown menu in cell G14 to choose "Fixed Price." Describe the task to be completed and total amount associated with each.

Indicate the organizational fringe rate percentage, if applicable, in cell G26. Within the budget justification section, indicate the benefits included within the fringe rate.

#### III. CONSULTANTS/CONTRACTORS (e.g. a temp agency, subcontract, etc.)

Use this section to indicate any subcontractors or contractors you will be using as a part of your proposed activities. Contractors should be named as a part of the budget submission if known at the time of submission. Contractor names must be submitted to Safe States in advance of hiring contractors if they are not named in the original budget proposal. All sub-contractors must not be on the federal GSA Excluded Parties Listing System (EPLS) which can be found here: <https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>. A justification for the contractor should be provided on *Budget Narrative tab*.

#### IV. MATERIALS/SUPPLIES

Use this section to indicate requested materials and supplies related to the project. Identify the item, the cost per unit, and number of units being requested.

#### V. TRAVEL

Use this section to indicate travel expenses required for this project. Identify each travel expense and associated cost. Please note that requested travel should meet federal guidelines related to travel expenses, which can be found here starting on page 4: <https://www.cdc.gov/hiv/pdf/funding/announcements/ps15-1509/ps15-1509-budget-preparation-guidelines.pdf>. If the applicant has a travel policy that differs from federal travel guidelines, please include a copy with your proposal.

#### VI. OTHER EXPENSES

Use this section to indicate other expenses required for this project. This may include conference call expenses, meeting room rental/AV, registration fees, subscription fees, etc. Identify the item and total cost being requested.

#### VII. INDIRECT COSTS

Use this section to indicate indirect cost expenses. The budget template is set up to calculate indirect costs in two ways:

- 1) Indirect Cost Rate.** Input your organization's indirect cost rate or G&A rate under the percentage cell (F61). The percentage will be multiplied by the total direct labor costs and fringe. Within the budget justification section, indicate when the indirect cost agreement became effective and when it will end.
- 3) Indirect Costs.** If your organization calculates indirect costs differently from above, input the dollar amount associated with your indirect costs. Within the budget justification section, indicate how your organization calculates its indirect costs.

### BUDGET NARRATIVE TAB

The majority of the information on the *Budget Narrative tab* will populate from the *Contract Budget tab*. The contractor will then need to enter in column D of the *Budget Narrative tab*, the justification for the expenses listed on the *Contract Budget tab*.



## CONTRACT BUDGET TEMPLATE

### I. CONTRACT INFORMATION

Contractor Name	<input type="text"/>	Safe States Lead Staff	<input type="text" value="Ina Robinson"/>
Project Name	<input type="text"/>	Period of Performance	<input type="text" value="5/1/2020 - 6/30/2021"/>
Safe States Project Code	<input type="text" value="NHTSA Seed Grant"/>	Payment Method	<input type="text" value="Cost Reimbursement"/>
Date Submitted	<input type="text"/>	Total Budget Amount	<input type="text" value="\$35,000"/>

### II. DIRECT LABOR

Project Task/Deliverable/Objective	Personnel	Duration (Months)	% FTE	Salary (\$)	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
SUBTOTAL DIRECT LABOR					\$ -
FRINGE BENEFITS (%)					\$ -
SUBTOTAL DIRECT LABOR + FRINGE					\$ -

### III. CONSULTANTS/CONTRACTORS (e.g. a temp agency, subcontract, etc.)

Consultant/Contractor Name	Rate	# of Hours	Total Cost
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
SUBTOTAL CONSULTANTS/CONTRACTORS			\$ -

### IV. MATERIALS/SUPPLIES

Item	Cost/Unit	# of Units	Total Cost
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
SUBTOTAL DIRECT MATERIALS			\$ -

### V. TRAVEL

Travel Expense	Total Cost
SUBTOTAL TRAVEL	\$ -

### VI. OTHER EXPENSES

Item	Total Cost
SUBTOTAL OTHER EXPENSES	\$ -

### VII. INDIRECT COSTS

G&A/Indirect Costs	Percentage %	Total Direct Expenses	Total Cost
Indirect Cost Rate/G&A		\$ -	\$ -
SUBTOTAL INDIRECT COSTS			\$ -
TOTAL REQUESTED BUDGET AMOUNT			\$ -



## BUDGET NARRATIVE

Instructions: Please use this section to provide details and explain the line items requested within the contract budget and why each is needed to accomplish the scope of work. Relevant experience and skills should be described for all personnel listed. Costs must prove to be reasonable, allowable, and allocable. If using a fixed price payment method, please identify payment schedule as it relates to the completion of each task within the justification section.

### II. DIRECT LABOR

Project Task/Deliverable/Objective	Personnel	Justification
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	

FRINGE BENEFITS (%)	Justification
0.0%	

### III. CONSULTANTS/CONTRACTORS (e.g. a temp agency, subcontract, etc.)

Consultant/Contractor Name	Justification
0	
0	
0	
0	
0	

### IV. MATERIALS/SUPPLIES

Item	Justification
0	
0	
0	
0	
0	

### V. TRAVEL

Travel Expense	Justification
0	
0	
0	
0	
0	

### VI. OTHER EXPENSES

Item	Justification
0	
0	
0	
0	
0	

### VII. INDIRECT COSTS

G&A/Indirect Costs	Percentage/Cost	Justification
Indirect Cost Rate/G&A	0%	