Budget Details Guide – Appendix C

The Budget Justification on the Budget Details page should show how the amounts for each category was calculated.

Also, please review the financial report documentation guidance document.

Hourly Employees:

POSITION/TITLE	EMPLOYEE NAME (If known)	TOTAL HOURS	HOURLY RATE	AMOUNT	COMMENTS

Salary Employees:

POSITION/TITLE	EMPLOYEE NAME (If known)	ANNUAL SALARY	% OF TIME/YEAR WORKING ON GRANT*	Number of Years of Grant	AMOUNT	COMMENTS

Salary Category

NAME/TITLE	PROJECT SALARY	FRINGE RATE	AMOUNT

Budget Justification:

Name/Title (Name or Title of the employee), Project Salary (Salary amount used to calculate fringe benefits) Fringe Rate (Fringe rate for the position), Amount (total dollar amount based on the fringe rate of the employee)

If there are different rates for different positions, please list out each employee and their fringe rate.

Fringe Category

CONTRACTOR/SUBCONTRACTOR NAME (If known)	WORK PERFORMED	AMOUNT	COMMENTS

*Please note that Business Registration Certificates will be needed for all subcontractors

Budget Justification:
Contractor/Subcontractor Name: Company that will perform the work. If a contractor/subcontractor is not known, indicate TBD.
Work Performed (Description of work for each project), Amount (Estimated cost for the work), Comments (Include any additional comments that might be relevant)

Contractor/Subcontractor Category

SUPPLY TYPE	AMOUNT	PURPOSE

Budget Justification:

Supply Type (Type of supply that will be procured, how many and the individual cost), Amount (total dollar amount that will be spent on purchase. This can be an approximation if the information is not yet available), Purpose (Indicate how the supplies will be utilized for the grant. If it is part of a specific task/objective within the project, then please indicate which one)

Supplies Category

MONITORING TYPE	AMOUNT	PURPOSE

Budget Justification:

Monitoring Type (Activity associated with monitoring e.g., lab fees, supplies, unit costs, etc.), Amount (Total dollar amount that will be spent), Purpose (Indicate the purpose of the expense)

Monitoring Category

TRAINING TYPE	AMOUNT	COST BREAKDOWN

Budget Justification:
Training Type (Type of training e.g., conference, training, stakeholder meetings, etc.), Training Fee (Amount to be spent on training e.g., attendance fee, venue costs), Cost Breakdown (How the total amount was derived)
Note: Food purchases are NOT allowed for meetings, conferences, or trainings.

Training Category

TYPE OF TRAVEL	MILEAGE RATE	AMOUNT	PURPOSE

*The NJ DEP will reimburse travel at a rate of 0.47 cents per mile.

Budget Justification:
Type of travel (e.g., car rental, gas reimbursement, tolls, etc.), Mileage Rate (Mileage reimbursement rate used) Amount (Total dollar amount for each type of travel), Purpose (The purpose of the trip)

Travel Category

AUDITING ORGANIZATION	AMOUNT

Budget Justification:
Auditing Organization (Name of the organization performing the audit. If the organization is not known, indicate TBD), Amount (Cost of the audit process. If the amount is not yet known, enter an approximate amount)

Audit Category

INDIRECT RATE/NICRA	DESCRIPTION AND AMOUNT OF MTDC	AMOUNT

The indirect cost must be calculated using the Modified Total Direct cost (MTDC). Below is the formula that can be used to calculate indirect costs using MTDC:

The indirect rate x MTDC = The total indirect cost for the agreement.

- MTDC includes: salaries/wages, fringe, materials and supplies, services, travel, and up to the first $25,000 of each subcontract (specify what categories you use in the calculation)

- MTDC does NOT include: equipment, capital expenditures, rental costs, scholarships and fellowships, or the rest of each subcontract

Indirect Category

- If the Grantee has a federally-negotiated NICRA indirect cost rate, they should use that rate for all federally funded agreements. If they want to use a lower rate for a federally funded agreement or not include indirect costs in the budget, their fiscal office must provide specific written approval. They are, however, allowed to use either their NICRA rate or our baseline rate of 10% for state funded agreements.

- If the Grantee does NOT have a NICRA rate, our baseline rate of 10% of MTDC may be used.

Indirect Category

TYPE OF CATEGORY	AMOUNT	COST BREAKDOWN	PURPOSE

Budget Justification:
Type of Category (Description of the category), Amount (Total dollar amount for the category), Cost Breakdown (How the total amount was derived), Purpose (Indicate how the category will be used in the grant)

Other Category

Match is not required for the grant application
Match is not part of the scoring criteria

2 Types
- In-kind (Volunteer Time/Equipment donation only)
- Cash (all other match)

Match Categories

In Kind Match (This is volunteer time ONLY):

VOLUNTEER NAME/NUMBER OF VOLUNTEERS	SERVICES PROVIDED	# OF HOURS	HOURLY RATE	AMOUNT	COMMENTS

IN KIND Match Category

Cash Match:

Hourly Employees:

EMPLOYEE NAME/ORGANIZATION	SERVICES PROVIDED	# OF HOURS	HOURLY RATE	AMOUNT	COMMENTS

Salaried Employees:

POSITION/TITLE	EMPLOYEE NAME (If known)	ANNUAL SALARY	% OF TIME/YEAR WORKING ON GRANT*	AMOUNT	COMMENTS

Cash/Supplies:

INDIVIDUAL/ORGANIZATION NAME	SUPPLY TYPE	AMOUNT	PURPOSE

CASH Match Category

FUNDING DESCRIPTION	AMOUNT	PURPOSE

Budget Justification:
Funding Description (e.g., other grants, private donation, etc.), Amount (Total dollar amount for each funding), Purpose (Indicate what the funding will be utilized for)

Other Funding Category

Contact

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