



# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

## BUDGET DETAILS GUIDE

### Purpose

This document serves as a guide for completing the budget details page of the grant application in SAGE.

NJ DEP  
<https://dep.nj.gov/wlm/>  
Updated: March 4, 2025

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## SALARY:

The purpose of this section is to disclose the salary details for all employees of the grantee organization who will work on the grant. Please include the following:

### Total Budget Amount:

### Budget Justification (Add more rows as necessary):

#### Hourly Employees:

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

#### Budget Justification

#### Budget

Staff time has been allocated to work with local partners to manage the overall project. Staff will provide leadership to the overall project and provide overall grand management. Please see the table below.

Position	Hourly Pay	Total Hours	Amount
Primary Coordinator	\$35/hr	4,999.48057	\$174,981.82
Field Assistant	\$25/hr	500	\$12,500

\$187,481.82

#### Salary Employees:

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

Staff time has been allocated to work with local partners to manage the overall project. Staff will provide leadership to the overall project and provide overall grand management. Please see the table below.

Position	Annual Salary	% of time on Grant	Amount/Year	# of Years	Total
Program Manager	\$94,563	2%	\$1,891.26	3	\$5,673.78
Program Director	\$103,300	2%	\$2,066.00	3	\$6,198.00
Project Manager	\$78,977	6.19%	\$4,088.68	3	\$14,666.03

\$26,537.81

**INSTRUCTIONS:**

**Total Budget Amount:** This is the total dollar amount allocated to salary. This should be the total for all employees based on the budget justification.

**Budget Justification:**

**Hourly:** Position/Title (Title of employee), Employee name (Name of employee that will be performing the work), Total Hours (Total Number of hours the employee will work for the duration the grant), Hourly Rate (Hourly rate paid to employee), Amount (Total dollar amount to be paid to employee), Comments (Include any additional comments that might be relevant)

**Salary:** Position/Title (Title of employee), Employee name (Name of employee that will be performing the work), Annual Salary (Annual salary of employee), Percentage of time/year working on the grant (Percentage of time per year the employee will work on the grant. \*If the percentage is different for each year, indicate the percentage amount for each year the employee will be involved with the grant), Number of Years of the Grant, Amount (Total dollar amount based on annual salary x percentage of time/year x number of years), Comments (Include any additional comments that might be relevant)

**FRINGE:**

The purpose of this section is to disclose the fringe benefits rate for employees of the organization who will work on the grant. Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

NAME/TITLE	PROJECT SALARY	FRINGE RATE	AMOUNT

Name/Title	Project Salary	Fringe Rate	Amount
Jim Bob	\$34,147.00	63%	\$21,512.61
Sally Mae	\$750.00	7%	\$51.45
John Doe	\$373.00	32%	\$119.36
Jane Smith	\$2,878.00	32%	\$920.96

\$22,604.00

**INSTRUCTIONS:**

**Total Budget Amount:** This is the total dollar amount allocated to fringe for all employees based on the budget justification.

**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.

## CONTRACTOR/SUBCONTRACTOR:

The purpose of this section is to disclose any contractors or subcontractors (3<sup>rd</sup> party that is not part of the grantee organization) which the grantee will hire to perform part, or all, of the work throughout the life of the grant. Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

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

Subcontractor 1 - \$20,000 will be utilized to contract and initiate a design and plan for a stormwater management and watershed plan project.

Subcontractor TBD - \$130,000 will be utilized for full design, specifications, permitting and construction of the project

\$150,000.00

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

### INSTRUCTIONS:

***Total Budget Amount:** This is the total dollar amount allocated to all contractors/subcontractors based on the budget justification.*

***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)***

## SUPPLIES:

The purpose of this section is to disclose any supplies that the grantee will need to purchase throughout the life of the grant. Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

SUPPLY TYPE	AMOUNT	PURPOSE

Supply Type	Amount per Piece	# of Pieces	Total
2" Caliper native trees	\$200 each	100	\$20,000
500 gallon cisterns and hardware for water catchment	\$500 each	4	\$2,000
55 gallon rain barrels and hardware	\$50 each	20	\$1,000
1 gallon native perennials	\$4.50 each	1,000	\$4,950
Compost, mulch, stone, tools			\$2,000
Total: \$29,950			
All supplies for installation by the contractor are included in the above contractor costs.			

\$29,950.00

## INSTRUCTIONS:

**Total Amount:** This is the total dollar amount that will be spent on supplies for the duration of the grant based on the budget justification.

**Budget Justification:**

**Supply Type** (Type of supply that will be procured, how many and the individual cost. *Please note that food purchases are not allowable expenses*), **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)

## MONITORING:

The purpose of this section is to disclose any monitoring expenses that the grantee will incur. **If monitoring will be done by a subcontractor include the cost in the subcontractor category.** If a monitoring plan (QAPP) is part of the proposal, indicate the expected cost of the monitoring program. Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

MONITORING TYPE	AMOUNT	PURPOSE

Monitoring Type	Amount	Purpose
CTD sensor	\$550.00	
Monitoring Station Kit	\$475.00	
Station Installation Supplies	\$200.00	
Reserve for future/ replacement	\$500.00	

Monitoring:

\$1,725.00

### INSTRUCTIONS:

**Total Budget Amount:** This is the total dollar amount that will be spent on monitoring for the duration of the grant based on the budget justification.

**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)

## TRAINING:

The purpose of this section is to disclose any training that the grantee will provide or will attend for the purpose of completing the grant. Please Include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

TRAINING TYPE	AMOUNT	COST BREAKDOWN

### INSTRUCTIONS:

***Total Budget Amount:** This is the total dollar amount that will be spent on training for the duration of the grant based on the budget justification. This can be an approximation if the information is not yet available.*

***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)*



## TRAVEL:

The purpose of this section is to disclose any travel\* that will be required for the completion of the grant. Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

TYPE OF TRAVEL	MILEAGE RATE	AMOUNT	PURPOSE

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

- This rate is to be used during the duration of the funded projects, no exceptions

Type of Travel	Mileage Rate	Amount	Purpose
Car	\$0.47/mile	2,750 mi over 3 yrs	Travel for meetings, field work including stream assessment and monitoring

\$975.00

### INSTRUCTIONS:

***Total Budget Amount:*** This is the total dollar amount that will be spent on travel for the duration of the grant based on the budget justification. This can be an approximation if the information is not yet available.

***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)*

## AUDIT:

The purpose of this section is to disclose any audit costs for the project that might take place throughout the life of the grant. Please include the following:

### Budget Justification:

AUDITING ORGANIZATION	AMOUNT

Auditing Organization  
Audit Org 1

Amount  
Audit cost incurred by Audit Org 1 for one year (we anticipate expenditures to exceed \$100,000 in the second year. \$9,000 represents the best estimate of costs that will be incurred by Audit Org 1 to perform this audit.

\$9,000.00

### INSTRUCTIONS:

#### 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)*

## INDIRECT:

The purpose of this section is to disclose any indirect costs associated with the completion of the project. **Indirect costs are not required as part of the grant.** Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

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.**

There are some direct costs that are not eligible to be used in the indirect cost calculation. Total Direct Costs, minus any ineligible costs, make up the Modified Total Direct Cost. Please refer to the chart below to determine whether a direct cost would be included in the MTDC:

Yes (include in MTDC)	No (not allowed as part of MTDC)
Direct Salaries and Wages	Tuition Remission
Fringe	Scholarships and Fellowships
Equipment Rental Fees (for example boat rental fees)	Facility Rental Costs
Materials (consumable items, for example: testing kits and sample bags)	Equipment Purchases (larger, more permanent purchased items)
Supplies (smaller items that may or may not be permanent)	Capital Expenditures
Services	Charges for Patient Care
Travel	Participant Support Costs
The first \$25,000 of each subcontract	The portion of each subcontract over \$25,000

**\*If a NICRA rate has not been negotiated, a rate of 10% may be used**

Indirect costs computed as 10% of the Modified Total Direct Costs (MTDC). MTDC only includes the first \$25,000 of the engineering design costs and the first \$25,000 of the porous asphalt contractor costs. This budget category will contribute to SCMUA indirect costs such as administrative assistance, office space, electrical, internet, and phone use, etc.

TMDC=Salary (\$167,999.60) + Fringe (\$75,599.83) + Contractor first 25k (\$25,000 + \$25,000) + Supplies (\$59,685.43) + Travel (\$1,000) = \$354,284.86

\$35,428.49

Indirect:

**INSTRUCTIONS:**

*Total Amount: This is the total dollar amount of the Indirect Costs based on the budget justification.*

**Budget Justification:**

*Indirect rate/NICRA (The rate used to calculate indirect costs), Description and amount of MTDC, Amount (Indirect cost dollar amount)*

*Indirect costs are defined as costs that are associated with employees that are being paid salary expenses as part of the agreement, that cannot be directly attributed to the work of the agreement. Some possible indirect expenses are general overhead costs such as electricity and other building costs associated with that employee's work location, among others.*

***If a NICRA\* rate was negotiated, please attach a copy of the current approved NICRA document, which was issued from the awarding federal agency, for review. If organizations 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.***

***\*NICRA stands for Negotiated Indirect Cost Rate Agreement and is a rate that is negotiated between the grantee and a cognizant federal agency, for use in all federal agreements.***

## OTHER:

The purpose of this section is to disclose any other categories that do not fit in the above sections.  
Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

TYPE OF CATEGORY	AMOUNT	COST BREAKDOWN	PURPOSE

\*Permitting fees should be included in this category

### INSTRUCTIONS:

*Total Amount: This is the total dollar amount of the Other Categories combined based on the budget justification.*

*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)*

## GRANTEE MATCH:

The purpose of this section is to disclose any matching funds that will be utilized to complete the project. **A letter of Resource Commitment must be included in the Proposal.** Please include the following:

**Total Budget Amount:**

**Budget Justification (Add more rows as necessary):**

**In Kind Match (This is volunteer time ONLY):**

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

In-Kind Match:

Volunteer name/ # of Volunteers	Services Provided	# of hours	Hourly Rate	Amount
50 students	Students will participate in stormwater basin retrofit retrofit design and implementation.	2 hours per student	\$15.00/hr	\$1,500.00

\$1,500.00

**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

Contractor/Subcontractor:

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

INSTRUCTIONS:

***Total Budget Amount:*** This is the total dollar amount of matching funds, including in kind and cash match based on the budget justification.

***Budget Justification:***

***In Kind Match:*** Employee/Volunteer/Organization Name (Name of volunteer or employee or organization providing the match), Services Provided (What work will be undertaken), Number of Hours (Total number of hours devoted to the grant), Hourly Rate (Hourly rate used for compensation), Amount (Amount of match based on number of hours and the hourly rate), Comments (Include any additional comments that might be relevant)

***Cash Match:*** Match that is NOT in-kind that will be provided for this grant.

***Hourly Employees:*** Employee/Volunteer/Organization Name (Name of volunteer or employee or organization providing the match), Services Provided (What work will be undertaken), Number of Hours (Total number of hours devoted to the grant), Hourly Rate (Hourly rate used for compensation), Amount (Amount of match based on number of hours and the hourly rate), Comments (Include any additional comments that might be relevant). \*If an employee is providing a match, supporting documentation must be provided

***Cash/Supplies:*** Individual/Organization name (Name of the individual or organization providing the match), 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)

***Salaried Employees:*** Position/Title (Title of employee), Employee name (Name of employee that will be performing the work), Annual Salary (Annual salary of employee), Percentage of time/year working on the grant (Percentage of time per year the employee will work on the grant. \*If the percentage is different for each year, indicate the amount for each year the employee will be involved with the grant), Amount (Total dollar amount based on annual salary x percentage of time x number of years), Comments (Include any additional comments that might be relevant)

***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)

## OTHER FUNDING:

The purpose of this section is to disclose any other sources of funding that will be used for the project. Please include the following:

**Total Amount:**

**Budget Justification (Add more rows as necessary):**

FUNDING DESCRIPTION	AMOUNT	PURPOSE

\*Funds leveraged from other grants should be included in this category

### INSTRUCTIONS:

*Total Amount: This is the total dollar amount of the Other Funding category combined based on the budget justification.*

*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)*