

2024 Section 5310 Budget Narrative Worksheet

Purpose

The Budget Detail Worksheet will be used to assist applicants in the preparation of the budget and budget narrative to ensure that only costs that are allowable be charged to the federal award. Applicants will also identify current funding sources and local/in-kind match contributions for the project below.

Applicants must complete and submit a detailed budget narrative that reflects the amounts included in the Project Budget table of the application. The budget narrative must provide justification, in detail, for the total amount needed to implement the project your organization is proposing.

All funds requested must support participants directly served by this project. Projects that receive Section 5310 funding will be required to provide sufficient documentation (established through billing invoices and/or quarterly progress reports) to establish direct benefit to seniors and persons with disabilities.

For each line item listed with a dollar figure provide a brief narrative detailing: (a) how the item relates to the proposed service and (b) the method used to determine the cost. The budget narrative should reflect the budget table in the application and provide information regarding the basis of estimation for each line item, including reference to sources used to substantiate the cost estimate (e.g., organization's policy, payroll document, and vendor quotes, etc.).

Applicants must submit supporting documentation specific to the project type i.e., budget spreadsheet, quotes, estimates etc.

Funding Sources

Please identify all funding sources that will contribute to this project including any current funding sources, upcoming funding sources, and requested funding sources. Please include local match

Funding Source	Agreement # (if applicable)	Total Amount	Total Remaining (if applicable)	Term Dates

Budget Narrative: provide a summary of current funding for this project and amount requested in this application.

Local/In-kind Match Contribution

Identify the type of local match and/or in-kind contribution that your organization will use to support the grant. Please adjust the categories as needed.

Source Description	Amount

Budget Narrative: provide a clear computation of local match and in-kind contributions (i.e. fundraising, volunteer hours – rates, hours, total and/or mileage reimbursement – miles, rate, total). Please note that you will be required to submit proof of local match.

Note: Mileage reimbursement will be based off annual federal IRS rates.

Traditional Project Budget

A. Vehicle Purchase

List information about the vehicle including size, fuel type, and make/model. Information on base prices for ADA minivans can be found on the Washington State Department of Enterprise Services Contract Automobile Request System (CARS) [website](#). Please also include specifications on rear or side entry, as well as the type of securement devices the vehicle will need.

Number of Vehicles	
Vehicle Size	
Fuel Type	
Make/Model	
Entry (Rear or Side)	
Securement Devices (Manual or Electric)	

Please include the total projected cost for the vehicle purchase project below.

Base price of vehicle(s)	
Securement Devices	
Total Project Cost	

Note: STA Will facilitate the procurement of ADA vehicles on behalf of the subrecipient to ensure that all federal requirements are met.

B. Acquisition

Please provide a detailed description of the competitive process undertaken for the acquisition on transportation services, along with a timeline of milestones. Please edit the tables as needed.

Description of competitive process:

Milestone	Timeline

Provide a list of expenses for the acquisition of transportation services including expense categories and costs. Please edit the table as needed.

Category	Cost

Note: Applicants choosing to acquire transportation services that are eligible to be a capital expense must be obtained by using a competitive process and follow federal requirements.

C. ADA Improvements

Please provide a list of expenses for ADA improvements including expense categories and costs. Please edit the table as needed.

Category	Cost

Note: Subrecipients will be required to comply with federal requirements such as NEPA, Buy America, Prompt Pay, DBE, etc. Please attach any quotes for ADA improvements to this budget narrative worksheet.

Other/ Mobility Management Project Budget

A. Personnel

List each position by title and name of employee, if available. Show the annual salary rate (including rate increases and cost of living adjustments), the percentage of time to be devoted to the project, and full time equivalent/hours worked. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Year 1

Position	Rate	Hours	COLA	FTE	Total

Year 2

Position	Rate	Hours	COLA	FTE	Total

Total Personnel Expenses	
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Budget Narrative: Provide a narrative budget justification for each of the positions identified and how they will contribute to the project.

Note: Personnel costs are only allowable for direct management and administration of the grant award, i.e., service delivery and preparation of mandatory post-award reports.

TOTAL _____

B. Fringe Benefits

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the budget category and only for the percentage of time devoted to the project (based on approved time records/sheets). Please adjust fringe categories as needed.

Fringe Category	Rate
Payroll Taxes	X%
401(k)	X%
Retirement	X%
FICA	X%
Insurance	X%
Social Security	X%
Workman's Comp	X%
Total	

Year 1

Position	Total Wages	Fringe %	Total
Year 1 Total			

Year 2

Position	Total Wages	Fringe %	Total
Year 2 Total			
Total Fringe Benefits Expenses			

Budget Narrative: Provide a narrative budget justification for each of the fringe benefits identified. If certain fringe benefits are based on hours worked or an annual rate, please clearly identify this computation and adjust the tables as needed.

TOTAL _____

A. Mileage/Travel

Itemize mileage and travel expenses of project personnel by purpose (e.g., staff/volunteer mileage reimbursement, employee training, community meeting etc.). Show the basis of computation (e.g., two employees to 3-day (specify) training at \$X airfare, \$X lodging, \$X subsistence). Identify the location of travel and purpose (to include specific conference agendas, fees, relevance), if known.

Purpose	Rate	Miles	Total

Total Mileage/Travel Expenses	
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Budget Narrative: Provide a narrative budget justification for each of the travel items identified with a description about how this will benefit the project.

TOTAL _____

B. Equipment

List equipment and supplies (including rolling stock) items that are to be purchased. Equipment items are those that cost more than \$5,000 and have a useful life of more than 1 year.

Item	Rate	Quantity	Total

Total Equipment Expenses	
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Budget Narrative: Provide a narrative budget justification for each of the budget items identified. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used and attach price quotes for vehicle specifications.

TOTAL _____

A. Supplies

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project and cost less than \$5,000 per item. Please adjust the table as needed.

Description	Computation	Total

Total Supplies Expenses	
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Budget Narrative: Provide a narrative budget justification for each of the supply items identified and how they benefit the project. Please include clear computations for supply expenses.

TOTAL _____

B. Other Costs

List items (e.g., rent, communications, training, etc.) by major type and the basis of the computation.

Description	Computation	Total

Total Other Expenses	
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Budget Narrative: Provide a narrative budget justification for each of the Other items identified.

TOTAL _____

Indirect Costs

List indirect costs by type (federally approved indirect cost plan or de minimis indirect cost rate). For example, provide the cost allocation plan or indirect cost plan rate that has been approved, in writing, by a federal agency and multiply that by the total direct costs of your project. If using a federally

approved rate, *please attach the written approval to this worksheet*. You may also use a de minimis rate (typically 10%) if your agency has never used a federally approved rate.

Rate Type	Total

Total Indirect Expenses	
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Budget Narrative: Provide a narrative budget justification for each of the indirect items identified.

TOTAL _____

Budget Summary

When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs. If using an indirect cost rate, compute the total direct costs times the approved indirect cost rate. Lastly, compute the total project costs and indicate the amount of Federal funds requested and the amount of non-Federal funds (local/in-kind match) that will support the project.

Budget Category

Traditional/Capital Projects	
<u>Line Item</u>	<u>Total</u>
<u>Vehicle Purchase</u>	
<u>ADA Improvements</u>	
<u>Total Project Cost</u>	
<u>Federal Request Amount</u>	
<u>Non-Federal Amount</u>	

Budget Category

Other/Mobility Management Projects	
<u>Line Item</u>	<u>Total</u>
<u>Personnel</u>	
<u>Fringe Benefits</u>	
<u>Milage/Travel</u>	
<u>Equipment</u>	
<u>Supplies</u>	
<u>Other</u>	
<u>IF APPLICABLE 10% De minimis</u>	
<u>Total Project Cost</u>	

Federal Requested Amount \$
 Local Match Amount \$