|  |  |
| --- | --- |
|  | |
| **Grant #** |  |
| **1.** Your Agency Name and Address: | |
|  | |
| **2.** Agency Contact (Grant Project Director): |  |
| **3.** Phone Number: |  |
| **4.**  E-mail Address: |  |
| **5.** Grant Start Date and End Date: |  |
| **6.** Federal Tax Identification Number (87-?????): |  |
| **7.** Provide your AgencyUEI (Unique Entity Identifier) # here: |  |
| **8.** Application Budget Summary: | |
| Personnel: | **$0** |
| Fringe Benefits: | **$0** |
| Supplies/Operating: | **$0** |
| Travel/Training: | **$0** |
| Equipment | **$0** |
| **Total Grant Funds:** | **$0** |
| Signatures constitute acceptance of all grant conditions and certified assurances. | |
| **9.** \*Print Name and Title of Official Authorized to Sign | **10.** \*Signature of Official Authorized to Sign |
|  |  |
| **For Grantor use ONLY** | |
|  |  |

**APPLICATION NARRATIVE**

-Attach additional pages if needed-

**BUDGET TABLES**

**Complete the Budget Tables page by including cost and quantity of items to be purchased.  Within each budget category, you must provide a brief narrative description of the items and explain how they will benefit your grant project.**

**PERSONNEL**

**Do not request grant funding for an employee who is already on the payroll unless the original position held by that person will be filled by a new employee.** *Salaries may not exceed those normally paid* for comparable positions in the unit of government associated with the project. The hourly rate for personnel salaries can be determined on the basis of 8 hours per day, 40 hours per week, 173.33 hours per month, or 2,088 hours per year. Paid vacation and sick leave are allowable expenditures but *must not exceed the time that is normally allowed by the unit of government* associated with the project. All leave earned must be used or paid during the period of the grant.

**– Attach additional pages for personnel information if needed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Title** | **FTE/PTE** | **# Hours** | **Hourly Rate** | **Total Salary** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Salary Subtotal | | | | | $ |

**EMPLOYER’S SHARE OF FRINGE BENEFITS**

Fringe benefits are to be based on the employer’s share only. Enter the percentage of monthly rate for each fringe benefit, the total wage amount, the number of months, if applicable, and the total amount of the employer’s share of benefits. Fringe benefit base wage amounts for part-time employees must be prorated according to the percentage of total time spent with each employer. “FICA,” “Pension,” “Health Insurance,” “Workers Compensation,” and “Unemployment Compensation” are matters that should be reviewed by the applicant’s fiscal or personnel officer before completing this part of the application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits** | **% or Monthly Rate** | **Eligible Wage Amount or Number of Months** | **Total Fringe Benefits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Fringe Subtotal | | | $ |

|  |
| --- |
| **Personnel Narrative** |

|  |  |
| --- | --- |
| **PERSONNEL SALARIES AND FRINGE BENEFITS** | |
| **Total Personnel Costs** | **$** |

**EQUIPMENT**

Equipmentis tangible, nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. A recipient may use its own definition of equipment provided that such definition would at least include all equipment defined above. All procurement transactions, whether negotiated or competitively bid and without regard to dollar value, shall be conducted in a manner so as to provide a maximum open and free competition. A competitive sealed bid process must be conducted. Sole source contracts must be approved by the grantor prior to being awarded.

|  |
| --- |
| **Equipment Narrative:** |

|  |  |
| --- | --- |
| **EQUIPMENT** | |
| **Total Equipment Costs** | **$** |

**SUPPLIES AND OPERATION**

Supplies include general office supplies, cleaning, maintenance costs, training materials, books and subscriptions, research forms, postage stamps, operating expenses, and other expendable materials for the life of the project. All supply purchases covered by this grant must be necessary for the project to achieve its goals and objectives. All procurement transactions, whether negotiated or competitively bid and without regard to dollar value, shall be conducted in a manner so as to provide a maximum open and free competition. Purchases between $1,000 and $5,000: Quotes should be obtained (by phone, fax, or letter) from at least two vendors. Awards must be made to vendor submitting the lowest quote meeting the minimum specifications and required delivery date. Purchases exceeding $5,000: A competitive sealed bid process must be conducted. Sole source contracts must be approved by the grantor prior to being awarded.

|  |
| --- |
| **Supplies and Operation Narrative:** |

|  |  |
| --- | --- |
| **SUPPLIES AND OPERATION** | |
| **Total Supplies and Operation Costs** | **$** |

**CONTRACT SERVICES**

Persons with specialized skills who are not on the payroll are considered consultants. **When a consultant is known, a resume listing the consultant’s qualifications and contract must accompany the application.** However, if the position is vacant and the project receives funding, this information must be forwarded to the grantor when a contract with the consultant is signed. All procurement transactions, whether negotiated or competitively bid without regard to dollar value, shall be conducted in a manner so as to provide maximum open and free competition. Describe the procedure to be used in acquiring the consultant (i.e., small purchase procedures, competitively sealed bids, non-competitive negotiation, etc.).  **Fee justification must be provided in the budget narrative.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contractor Name** | **Services to be Provided** | **# Hours** | **Hourly Rate** | **Total Cost** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Contract Narrative:** |

**TRAVEL AND TRAINING**

Briefly describe the Travel/Training costs you will pay for with the funds.  Include your travel destination, travel purpose, cost of lodging, per diem, ground transport, airfare, etc.  Travel costs (including per diem) must follow governmental rates unless your agency’s travel rates are more restrictive.  See <https://www.gsa.gov/> for more information.

|  |
| --- |
| **Travel and Training Narrative:** |

|  |  |
| --- | --- |
| **TRAVEL AND TRAINING** | |
| **Total Travel and Training Costs** | **$** |
| **TOTAL GRANT BUDGET** | **$** |