KEY PARTNER BUDGET

***A Key Partner Budget Form for each Key Partner must be included as an attachment to the Project Narrative.***

**Organization Name:**

**Key Contact:**

**Email:**

**Phone:**

# Budget and Justification

*The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred. Add additional rows to a table as needed.*

*Refer to RFA Section 4.6, the Program Specific Terms and Conditions, and the AMS General Terms and Conditions* *for more information on allowable and unallowable expenses.*

*Define what percentage of funds will be used for agreement administration, coordination, technical assistance, and capacity building. Describe how this breakdown meets the region’s needs.*

## Budget Summary

| Expense category | Federal funds |
| --- | --- |
| **Personnel** |  |
| **Fringe benefits** |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual/subawards** |  |
| **Other (specify)** |  |
| **Direct costs subtotal** |  |
| **Indirect costs** |  |
| **Total budget (direct + indirect)** |  |

## Personnel

*List each person* ***at the Key Partner organization*** *who has a substantive role in the project and the amount of the request. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name, title | Justification for requesting funds | Level of effort*(# of hours OR % FTE)* | Annual salary requested |
|  |  |  | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |
|  |  |  | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |
|  |  |  | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |

Personnel subtotals: $

## Fringe Benefits

*Provide the fringe benefit rates for each of the salaried employees listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization. If the fringe is higher than 35% you must provide a justification.*

|  |  |  |
| --- | --- | --- |
| Name, Title | Fringe Benefit Rate | Funds Requested |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Fringe benefits subtotal: $**

## Travel

*Explain the purpose for each Trip Request for key Partner personnel. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulations, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*https://www.gsa.gov/*](https://www.gsa.gov/)*.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Trip details *(Destination, Timing, Justification)* | Expense type *(airfare, car rental, etc.)* | Unit of measure *(days, miles, etc.)* | # of units | Cost/unit | # of travelers | Funds requested |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |

**Travel subtotal: $**

By checking this box, I affirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with 2 CFR § 200.475 or 48 CFR subpart 31.2, as applicable.

## Equipment

*Describe any special purpose equipment to be purchased or rented by the Key Partner under the Cooperative Agreement. ‘‘Special purpose equipment’’ is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $5,000 per unit and is used only for research, medical, scientific, or other technical activities. Purchases over $5,000 must be approved and the purchased equipment monitored by AMS, as required by 2 CFR § 200.313.* *Rental of "general purpose equipment’’ must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See RFA Section 4.6.1 and the Program Specific Terms and Conditions for more information on equipment.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item # | Description and funds justification | Rental or purchase? | Date acquired? | Funds requested |
| 1 |  |  |  | $ |
| 2 |  |  |  | $ |
| 3 |  |  |  | $ |

**Equipment subtotal: $**

## Supplies

*List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description and funds justification | Cost/unit | # of units | Date acquired? | Funds requested |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Supplies subtotal: $**

## Contractual

*The Contractual section includes the costs of Collaborators and any other contractual, consultant, and subaward agreements that are part of the completion of the project. A subaward is an award provided by the non –federal entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Contractual/consultant costs are expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant or subaward, each must be described separately.*

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Name/organization and funds justification | Hourly/flat rate | Funds requested |
| Contract  Subaward |  |  | $ |
| Contract  Subaward |  |  | $ |
| Contract  Subaward |  |  | $ |

**Contractual subtotal: $**

By checking this box, I affirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in 2 CFR §§ 200.317 through 200.327, as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that my organization will follow the same requirements.

## Other

*Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description and funds justification | Cost/unit | # Units/pieces purchased | Date acquired? | Funds requested |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Other subtotal: $**

## Indirect

*Indirect costs (also known as “facilities and administrative costs”—defined at 2 CFR § 200.1* *are those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. For the indirect cost formula and additional information, refer to Section 4.6.3 of the RFA.*

|  |  |
| --- | --- |
| Indirect cost rate requested (%) | Funds requested |
|  | $ |

## Program Income

*Program income is gross income—earned by a recipient or subrecipient under a federal award—directly generated by the project-supported activity or earned only because of the cooperative agreement during the period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds); registration fees for conferences, etc.*

| Income source | Description of how income is reinvested | Funds expected |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Program income total: $**

# Equal Opportunity Statement

*USDA is an equal opportunity provider, employer, and lender.*

# Paperwork Burden Statement

*According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0581-0240. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reading and utilizing this document to prepare an application, reviewing which items are allowable, and understanding the terms and conditions of the grant award.*

**Upon completion, save this form as a PDF and attach it to the application package within Grants.gov using the "Project Narrative Attachment Form" on the application package. Ensure that Partner Budget Forms for each Key Partner are included as attachments.**