## **INSTRUCTIONS FOR Part C**

## **BUDGET FORMS**

## **cater for your program USE**

## **General Instructions**

This budget form is for the name of solicitation grant program. Pay attention to applicable program specific instructions given in the solicitation.

## **BUDGET OVERVIEW**

**Budget Overview (REQUIRED)**

All applicants must provide an overview to support the budget that is presented as part of this solicitation.

## **Budget Summary**

**Budget Summary (REQUIRED)**

All applicants must provide a breakdown by the applicable budget categories shown in lines 1-8.

Lines 1-7: Please show the total amount requested for each applicable budget category.

Line 8: This budget will be $ ($ grant and $ matching funds). If no matching funds, please delete Line 8.

## **Budget Narrative**

**Budget Narrative (REQUIRED)**

**Please pay attention to applicable program specific instructions and allowable expenditures.** (please develop according to requirements of the program)

1. Provide an itemized budget breakdown for each budget category listed in the budget summary pages.
2. Provide the rate and base on which fringe benefits are calculated.
3. Provide other explanations or comments you deem necessary.
4. This budget should total $

**Budget Narrative – Matching Funds (REQUIRED) Delete if no matching funds required**

1. Provide an itemized budget breakdown for each budget category listed in the budget summary pages.
2. Provide the rate and base on which fringe benefits are calculated.
3. Provide other explanations or comments you deem necessary.
4. This budget should total $10,000.00

**Form 1**

**Budget Overview**

Provide a brief and concise narrative on the following:

**a. How the items within the budget support the goals of the program;**

1. **How the requested funds will be allocated for accomplishing tasks and activities described in the application;**
2. **How the major costs indicated on the Budget Summary will be reasonable and necessary in relation to the number of participants to be served, to the scope of the project, and its anticipated outcomes;**
3. **How the positions and salaries will be reasonable and necessary, consistent with the demographic area, and adhere to the applicant agency’s policies and procedures on salary determination, and (modify if funds cannot be used for salary)**
4. **How will the $ in matching funds be used to support this program. Delete if no matching funds required**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | FORM 2 **Mississippi Department of Education**  **BUDGET summary PAGE**  **Name of GRANT** | | | | | FY \_\_\_\_\_\_\_\_\_\_\_\_  Projected Budget Summary |
| Fund Number: |
| Name of Institution/Organization: | | | | Please read all instructions before completing form. | | |
| **BUDGET SUMMARY – Form 2 Name of GRANT** | | | | | | |
| **Budget Categories** | | **Project Year \_\_\_\_\_** | **Matching Funds ($) Delete column if no matching funds** | | **Total Budgeted** | |
| 1. Personnel (Non-Administrative) | |  |  | |  | |
| 2. Fringe Benefits | |  |  | |  | |
| 3. Travel | |  |  | |  | |
| 4. Equipment | |  |  | |  | |
| 5. Supplies | |  |  | |  | |
| 6. Contractual | |  |  | |  | |
| 7. Other (Specify) | |  |  | |  | |
| 8. Total Cost (lines 1-7) | |  |  | |  | |

FORM 3

BUDGET NARRATIVE

School Year \_\_\_\_\_\_\_\_\_\_\_\_

Use the Budget Narrative form to provide a complete budget narrative **for the project**. On this page, please provide a **brief** but **detailed** budget narrative that explains: (1) the basis for estimating the costs of professional personnel salaries, administrative costs, benefits, project staff travel, materials and supplies, consultants, and any projected expenditures and (2) how the major cost items relate to the proposed activities and how these activities will help students achieve higher standards. This information should include a **detailed** description of the costs included, sufficient to document the **necessity and reasonableness** of **all** costs, and a **clear and concise description** of the computations used to arrive at the total amounts indicated. This page may be reproduced as needed.

Entity Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| CATEGORY/Activity | **AMOUNT** | **GENERAL DESCRIPTION** |
| 1. Personnel  (Non-Administrative) |  |  |
| 2. Fringe Benefits |  |  |
| 3. Travel |  |  |
| 4. Equipment |  |  |
| 5. Supplies |  |  |
| 6. Contractual |  |  |
| 7. Other (Specify) |  |  |
| GRANT TOTAL |  |  |

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FORM 4 (Delete page if no matching funds required)

BUDGET NARRATIVE – Matching Funds

School Year \_\_\_\_\_\_\_\_\_\_\_\_

Use the Budget Narrative – **Matching Funds** form to provide a complete budget narrative **for the project**. On this page, please provide a **brief** but **detailed** budget narrative that explains how **matching funds** will be used: (1) the basis for estimating the costs of professional personnel salaries, administrative costs, benefits, project staff travel, materials and supplies, consultants, and any projected expenditures and (2) how the major cost items relate to the proposed activities and how these activities will help students achieve higher standards. This information should include a **detailed** description of the costs included, sufficient to document the **necessity and reasonableness** of **all** costs, and a **clear and concise description** of the computations used to arrive at the total amounts indicated. This page may be reproduced as needed.

Entity Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| CATEGORY/Activity | **AMOUNT** | **GENERAL DESCRIPTION - Matching Funds** |
| 1. Personnel  (Non-Administrative) |  |  |
| 2. Fringe Benefits |  |  |
| 3. Travel |  |  |
| 4. Equipment |  |  |
| 5. Supplies |  |  |
| 6. Contractual |  |  |
| 7. Other (Specify) |  |  |
| GRANT TOTAL |  |  |

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