Attachment D

**Commonwealth of Massachusetts**

**Executive Office of Public Safety and Security**

**Office of Grants and Research**

**Availability of Grant Funds (AGF)**

**2020 Competitive Senator Charles E. Shannon, Jr. Community Safety Initiative**

**Local Action Research Partners**

***Budget Narrative (Attachment D)***

**Applicant Name:**

**Research Organization Name:**

**A.** **Personnel** - Costs associated with full or part-time regular salaried employees working on the grant. Please include current copies of personnel resumes or job descriptions (if position is vacant) as attachments.

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| **Position** | | **Computation** | **State Request** | |
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| **Total Personnel Costs** | | |  | |
| **Narrative** |  | | |

**Applicant Name:**

**Research Organization Name:**

**B. Fringe Benefits -** Employer Fringe benefits requested to be paid by this grant, can be based on either: 1) actual known municipality paid costs for each benefit category, or 2) an established formula applied to the base salary numbers shown above broken out by the benefit category. Fringe benefits are for the personnel listed in budget category A and only for the percentage of time devoted to the project. You may also include employer paid payroll taxes here as a separate cost.

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| **Position** | **Computation** | **State Request** |
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| **Total Fringe Costs** | |  |
| **Narrative** |  | |

**Applicant Name:**

**Research Organization Name:**

**C. Consultants** - Consultant or contractor fees. The maximum rate for consultants is $650 for an eight hour day or $81.25 per hour (excluding travel and subsistence costs). Any request for compensation over $650 per day requires prior written approval by EOPSS. Contracts – a competitive process based on the municipality’s procurement policy should be followed when procuring contracted services. Contract salary, fringe benefit, indirect, travel, and other costs should follow instructions within direct salary, fringe benefit, indirect, travel and other costs. *Note: Contractors must submit an additional Budget Narrative indicating expected expenditures.*

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| **Consultant Name; Services Provided** | | **Computation** | **State Request** |
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| **Total Consultants Costs** | | |  |
| **Narrative** |  | | |

**Applicant Name:**

**Research Organization Name:**

**D. Travel** - Travel directly related to the purpose of the grant. In-state travel costs associated with the grant shall include mileage rates not in excess of $0.45 per mile, as well as the actual costs of tolls and parking.

No grant funds may be spent for out-of-state conference fees, out of state travel, or out of state lodging without approval from OGR.

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| **Travel** | **Computation** | **State Request** |
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| **Total Travel Costs** | |  |
| **Narrative** |  | |

**Applicant Name:**

**Research Organization Name:**

**E. Equipment** - Describe the make and cost of all equipment purchased, including communication equipment, for program use.

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| **Equipment** | | **Computation** | **State Request** |
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| **Total Equipment Costs** | | |  |
| **Narrative** |  | | |

**Applicant Name:**

**Research Organization Name:**

**F. Supplies -** General supplies required for project or office (pens, pencils, postage, training materials, copying paper, and other expendable items such as books, ink, etc.)

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| **Supplies** | | **Computation** | **State Request** |
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| **Total Supplies Costs** | | |  |
| **Narrative** |  | | |

**Applicant Name:**

**Research Organization Name:**

**G. Other Expenses –** Any other costs not listed in previous budget categories. Expenses listed in this category may include additional direct costs relevant to proposed program such as direct and/or support service costs, rent, phone, accounting/human resource services and utilities. Administrative costs are limited to 10% of the overall award.

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| **Other Costs** | **Computation** | **State Request** |
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| **Total Other Costs** | |  |
| **Narrative** |  | |
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| **Total Award Request** |  |