**Farmers Market Sustainability Grant Program**

**AGR-Farmers Markets-FY25**

Attachment B: Budget Narrative

Farmers Market: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Narrative**

*All expenses described in this Budget Narrative must be associated with expenses that will be covered by the Farmers Market Sustainability Grant Program.*

Personnel

*List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities that relate to your Farmers Market Grant Project.*

| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Personnel Subtotal** |  |

**Personnel Justification:**

Fringe Benefits

*Provide the fringe benefit rates for each of the project’s salaried employees described in the Personnel section that will be paid with Grant funds. Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans.*

| **#** | **Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Fringe Subtotal** |  |

Fringe Justification:

Travel

*Explain the purpose for each Trip Request. 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.*

| **#** | **Trip Destination** | **Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)** | **Unit of Measure (days, nights, miles)** | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Travel Subtotal** |  |

Travel Justification:

Equipment

*Describe any special purpose equipment to be purchased or rented under the grant. Equipment is an acquisition cost that equals or exceeds $5,000 per unit.*

| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

|  |  |
| --- | --- |
| **Equipment Subtotal** |  |

Equipment Justification:

Supplies

*List the materials, supplies, and fabricated parts costing less than $5,000 per unit.*

| **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Supplies Subtotal** |  |

Supplies Justification:

Contractual/Consultant

*Contractual/consultant costs are the 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, each must be described separately. (Repeat this section for each contract/consultant.)*

Itemized Contractor(s)/Consultant(s)

*Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.*

| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Contractual/Consultant Subtotal** |  |

Contractual Justification:

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, events, communications, advertising, stipends, printing, etc.*

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Other Subtotal** |  |

Other Justification:

Indirect Costs

*Indirect costs are any costs that are incurred for common or joint objectives that therefore, cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses.*

| **Indirect Cost Rate** | **Funds Requested** |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Indirect Subtotal** |  |

Indirect breakdown:

| **TOTAL PROJECT Budget Summary** |
| --- |
| **Expense Category** | **Funds Requested** |
| **Personnel** |  |
| **Fringe Benefits** |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual** |  |
| **Other** |  |
| **Direct Costs Subtotal** |  |
| **Indirect Costs** |  |

|  |  |
| --- | --- |
| **Total Budget** |  |