**Resilient Food Systems Infrastructure Grant Program**

**AGR-RFSI-FY24**

Attachment B1: Budget Narrative for Infrastructure Grants

Applicant/Organization Name:

**Budget Narrative**

*All expenses described in this Budget Narrative must be associated with expenses that will be covered by the Resilient Food Systems Infrastructure Grant Program – Infrastructure Grants.*

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 RFSI Project.*

| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

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

*For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will*

*occur. Add more personnel by copying and pasting the existing list or deleting personnel that aren't necessary.*

**FOR EXAMPLE:**

Personnel 1: Description and justification

Personnel 2: Description and justification

**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** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- |
| 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. 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 Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*http://www.gsa.gov*](http://www.gsa.gov)*.*

| **#** | **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** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |

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

*For each trip listed in the above table, describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be*

*sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren't*

*necessary.*

**FOR EXAMPLE:**

Trip 1: (Approximate Date of Travel MM/YYYY), justification

Trip 2: (Approximate Date of Travel MM/YYYY), justification

Travel Justification:

By checking the box below, I confirm that my organization's established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.474) or [48 CFR subpart 31.2](https://www.ecfr.gov/current/title-48/chapter-1/subchapter-E/part-31#sp48.1.31.31_12) as applicable.

Equipment

*Describe any special purpose equipment to be purchased or rented under the award. ``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.*

*Rental of "general purpose equipment'' must also be described in this section. Purchase of general-purpose equipment is not allowable under this award.*

| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

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

*For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the*

*project. Add more equipment by copying and pasting the existing listing or delete equipment that isn't necessary.*

**FOR EXAMPLE:**

Equipment 1: Description and justification

Equipment 2: Description and justification

Equipment Justification:

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 and enhance the mid-supply chain and infrastructure efforts of this project.*

| **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

*Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project's objective(s)*

*and outcome(s).*

**FOR EXAMPLE:**

Supply 1: Description and justification

Supply 2: Description and justification

Supplies Justification:

CONSTRUCTION COSTS

*Describe costs including administrative and legal expenses, structures, relocation expenses and payments, architectural and engineering fees, project inspection fees, site work, demolition and removal, construction, and miscellaneous expenses related to modernizing or expanding a new or existing facility.*

| **#** | **Description** | **Acquire When?** | **Funds Requested** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

|  |  |
| --- | --- |
| **Construction Subtotal** |  |

*Describe the need for construction costs. For projects involving construction, include any design and construction documents. If you are selected*

*for funding, the grantee will be required to follow all applicable federal regulations regarding the construction activities.*

**FOR EXAMPLE:**

Line Item 1: Description and justification

Line Item 2: Description and justification

Construction 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** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

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

*Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a* [GS-15 step 10](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/GS.aspx) *Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses.*

**FOR EXAMPLE:**

Contractual 1: Description and justification

Contractual 2: Description and justification

Contractual Justification:

*By checking the box below, I confirm 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 Part 200.317 through.326*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#sg2.1.200_1316.sg3)*, as applicable. If the contractor(s)/consultant(s) are not already selected, 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. If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs.*

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

*Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project's objective(s) and*

*outcome(s).*

**FOR EXAMPLE:**

Other 1: Description and justification

Other 2: Description and justification

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. If an applicant has a NICRA, it is required to use this amount, and a copy of the NICRA must be submitted with the application. Otherwise, applicants may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC).*

| **Indirect Cost Rate** | **Funds Requested** | **Match Value** | **Match Type (Cash, In-Kind, N/A)** |
| --- | --- | --- | --- |
|  |  |  |  |

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

Indirect breakdown:

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

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