

# Budget Detail Worksheet

Organization Name and State: \_\_\_\_\_

ORI # (FBI ID Number) (if applicable): \_\_\_\_\_

## A. Personnel

List each requested position by title, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant's organization.

Name/Title	Computation	Cost
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Total: \$ \_\_\_\_\_

## B. Fringe Benefits

Fringe benefits should be based on actual known costs or on an established formula. Fringe benefits are for the personnel listed in budget category (A), and **only** for the percentage of time devoted to the grant project.

Name/Title	Computation	Cost
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Total: \$ \_\_\_\_\_



**C. Travel**

Itemize requested travel expenses of project personnel by purpose (e.g., site visits, advisory group meetings). Show the basis of computation, including separate listing of travel costs, lodging and meals. Identify the location of travel if known.

Purpose of Travel	Location	Item	Computation	Cost
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**Total:** \$ \_\_\_\_\_

*Subtotal:* \$ \_\_\_\_\_

**D. Equipment**

List requested nonexpendable equipment. Nonexpendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the “Supplies” category or in the “Other” category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high-cost items and those subject to rapid technical advances. Rented or leased equipment should be listed in the “Contractual” category.

Item	Computation	Cost
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**Total:** \$ \_\_\_\_\_



**E. Supplies**

List requested items by type (office supplies, postage, and expendable equipment items costing less than \$5,000, such as books, hand-held recorders, etc.) and show the basis for computation. Generally, supplies may include any materials that are expendable or consumed during the course of the project.

**Supply Items**

**Computation**

**Cost**

**Total: \$** \_\_\_\_\_



**F. Consultants / Contracts**

*Consultant Fees:* For each requested consultant enter the name, if known; service to be provided; hourly or daily fee (8-hour day); and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification. (Please contact the COPS Office for further guidance.)

Name of Consultant	Service Provided	Computation	Cost
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*Subtotal:* \$ \_\_\_\_\_

*Consultant Expenses:* List all requested expenses to be paid from the grant to each individual consultant in addition to his/her fees (e.g., travel, meals, lodging).

Item	Location	Computation	Cost
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*Subtotal:* \$ \_\_\_\_\_

*Contracts:* Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole-source contracts in excess of \$100,000. (Please contact the COPS Office for further guidance.)

Item	Cost
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*Subtotal:* \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_



**G. Indirect Costs**

If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached.

Description	Computation	Cost
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Total: \$ \_\_\_\_\_

**H. Other Costs**

List other requested items that will support project goals and objectives.

Description	Computation	Cost
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Total: \$ \_\_\_\_\_



**Budget Summary**

When you have completed the Budget Detail Worksheet, transfer the totals for each category to the spaces below.

<b>Budget Category</b>	<b>Amount</b>
A. Personnel	\$ _____
B. Fringe Benefits	\$ _____
C. Travel	\$ _____
D. Equipment	\$ _____
E. Supplies	\$ _____
F. Consultants/Contracts	\$ _____
G. Indirect Costs	\$ _____
H. Other Costs	\$ _____
<b>Total Project Costs</b>	<b>\$ _____</b>