California Department of Education

Request for Applications: Achieving Success in Positive Interactions, Relationships, and Environments Grant

February 22, 2024

# Budget Narrative

Applicant: [Insert Applicant/Lead Agency Name]

Each cost item is to be listed separately within the appropriate object code. Please use this template as a guide to add additional cost items per object code, as needed. Please identify each cost item to include the name and/or title, cost amount, and description of detail required.

## Year 1: Spring, 2024 through June 30, 2024

### 1000 Certificated Personnel

**[Insert Title Position], [Insert Name of Person]**

**Salary: $ [Insert Salary Amount]**

[Insert a brief description of the project director’s roles/responsibilities.]

$ [Insert Annual Salary] divided by 12 months = $ [Insert Calculated Monthly Salary]

$ [Insert Calculated Monthly Salary] multiplied by [Insert full time equivalent (FTE)] multiplied by [Insert Number of Months] = $ [Budgeted Salary Amount]

**[Insert Title of Position], [Insert Name of Person]**

**Salary: $ [Insert Salary Amount]**

[Insert a brief description of the position’s roles/responsibilities.]

$ [Insert Annual Salary] divided by 12 months = $ [Insert Calculated Monthly Salary]

$ [Insert Calculated Monthly Salary] multiplied by [Insert Full Time Equivalent (FTE)] multiplied by [Insert Number of Months] = $ [Budgeted Salary Amount]

**Total 1000 Certificated Personnel $ [Insert Total Amount]**

### 2000 Classified Personnel

**[Insert Title of Position], [Insert Name of Person]**

**Salary: $ [Insert Salary Amount]**

[Insert a brief description of the position’s roles/responsibilities.]

[Insert Annual Salary] divided by 12 months = [Insert Calculated Monthly Salary]

[Insert Calculated Monthly Salary] multiplied by [Insert Full Time Equivalent (FTE)] multiplied by [Insert Number of Months] = [Insert Calculated Budgeted Salary Amount]

-OR-

$ [Insert Hourly Rate] multiplied by [Insert Number of Hours] = $ [Insert Calculated Budgeted Salary Amount]

**Total 2000 Classified Personnel $ [Insert Total Amount]**

### 3000 Benefits

**[Insert Name of Certificated Employee]**

**Benefits: $ [Insert Benefits Amount]**

[Insert a brief description of the benefits covered by this contract.]

$ [Insert Budgeted Salary Amount] multiplied by [Insert Benefit Percent] % = $ [Insert Calculated Budgeted Benefit Amount]

**[Insert Name of Classified Employee]**

**Benefits: $ [Insert Benefits Amount]**

[Insert a brief description of the benefits covered by this contract.]

$ [Insert Budgeted Salary Amount] multiplied by [Insert Benefit Percent] % = $ [Insert Calculated Budgeted Benefit Amount]

**Total 3000 Benefits $ [Insert Total Amount]**

### 4000 Supplies and Services

**[Insert Name of supplies and/or materials]**

**Cost: $ [Insert Cost Amount]**

[Insert a brief description of the supplies and materials to be purchased.]

[Insert a breakdown of supplies and material costs with unit rates.]

**Total 4000 Supplies and Services $ [Insert Total Amount]**

### 5000 Services and Other Operating Expenditures

**[Insert Name of service and/or operating expenditure]**

**Cost: $ [Insert Cost Amount]**

[Insert a line item for each: postage, phone/fax, printing/copying, and all over services and operating expenditures, as needed.]

[Insert a brief description of each service and/or other operating expenditure.]

[Insert a breakdown of each service and/or operating expenditure with unit rates.]

**Total 5000 Services and Other Operating Expenditures** **$ [Insert Total Amount]**

### 5100 Sub-agreement for Services\*

*Please note that funds for the ASPIRE grant program are awarded to COEs to perform their duties in the RFA and may not be subcontracted in whole to another agency to perform*

**[Insert Name of Sub-agreement Service]**

**Cost: $ [Insert Sub-agreement Service Amount]**

[Insert a brief description of each sub-agreement]

[Insert a breakdown of sub-agreement costs by sub-agreement with unit rates.]

**\***Indirect charges for each sub-agreement allowed on the first $25,000.

**Total 5100 Sub-agreement Service** **$ [Insert Total Amount]**

### 5200 Travel

**Trip: [Insert Trip Name]**

**Cost: $ [Insert Trip Total Amount]**

[Insert a brief description of each instance of travel, including lodging, mileage, and per diem. All travel to be paid at state rates. Delineate between contractor staff and subcontractor staff travel.]

[Insert travel calculations for each travel instance, such as: Number of Staff multiplied by Number of Nights multiplied by Lodging Amount per night; Number of Staff multiplied by Mileage multiplied by Mileage Rate; Number of Staff multiplied by Meal Cost or other Per Diem; Etc.]

**Total 5200 Travel** **$ [Insert Total Amount]**

**Total Direct Costs** **$ [Insert Total Amount]**

**7000 Indirect Cost\* – [Insert Indirect Cost Rate]** **$ [Insert Total Amount]**

\*Indirect charges for each sub-agreement allowed on the first $25,000.

**Contract Total for Year 1** **$ [Insert Total Year 1 Amount]**

## Year 2: July 1, 2024 through June 30, 2025

### 1000 Certificated Personnel

**[Insert Title Position], [Insert Name of Person]**

**Salary: $ [Insert Salary Amount]**

[Insert a brief description of the project director’s roles/responsibilities.]

$ [Insert Annual Salary] divided by 12 months = $ [Insert Calculated Monthly Salary]

$ [Insert Calculated Monthly Salary] multiplied by [Insert full time equivalent (FTE)] multiplied by [Insert Number of Months] = $ [Budgeted Salary Amount]

**[Insert Title of Position], [Insert Name of Person]**

**Salary: $ [Insert Salary Amount]**

[Insert a brief description of the position’s roles/responsibilities.]

$ [Insert Annual Salary] divided by 12 months = $ [Insert Calculated Monthly Salary]

$ [Insert Calculated Monthly Salary] multiplied by [Insert Full Time Equivalent (FTE)] multiplied by [Insert Number of Months] = $ [Budgeted Salary Amount]

**Total 1000 Certificated Personnel $ [Insert Total Amount]**

### 2000 Classified Personnel

**[Insert Title of Position], [Insert Name of Person]**

**Salary: $ [Insert Salary Amount]**

[Insert a brief description of the position’s roles/responsibilities.]

[Insert Annual Salary] divided by 12 months = [Insert Calculated Monthly Salary]

[Insert Calculated Monthly Salary] multiplied by [Insert Full Time Equivalent (FTE)] multiplied by [Insert Number of Months] = [Insert Calculated Budgeted Salary Amount]

-OR-

$ [Insert Hourly Rate] multiplied by [Insert Number of Hours] = $ [Insert Calculated Budgeted Salary Amount]

**Total 2000 Classified Personnel $ [Insert Total Amount]**

### 3000 Benefits

**[Insert Name of Certificated Employee]**

**Benefits: $ [Insert Benefits Amount]**

[Insert a brief description of the benefits covered by this contract.]

$ [Insert Budgeted Salary Amount] multiplied by [Insert Benefit Percent] % = $ [Insert Calculated Budgeted Benefit Amount]

**[Insert Name of Classified Employee]**

**Benefits: $ [Insert Benefits Amount]**

[Insert a brief description of the benefits covered by this contract.]

$ [Insert Budgeted Salary Amount] multiplied by [Insert Benefit Percent] % = $ [Insert Calculated Budgeted Benefit Amount]

**Total 3000 Benefits $ [Insert Total Amount]**

### 4000 Supplies and Services

**[Insert Name of supplies and/or materials]**

**Cost: $ [Insert Cost Amount]**

[Insert a brief description of the supplies and materials to be purchased.]

[Insert a breakdown of supplies and material costs with unit rates.]

**Total 4000 Supplies and Services $ [Insert Total Amount]**

### 5000 Services and Other Operating Expenditures

**[Insert Name of service and/or operating expenditure]**

**Cost: $ [Insert Cost Amount]**

[Insert a line item for each: postage, phone/fax, printing/copying, and all over services and operating expenditures, as needed.]

[Insert a brief description of each service and/or other operating expenditure.]

[Insert a breakdown of each service and/or operating expenditure with unit rates.]

**Total 5000 Services and Other Operating Expenditures $ [Insert Total Amount]**

### 5100 Sub-agreement for Services\*

*Please note that funds for the ASPIRE grant program are awarded to COEs to perform their duties in the RFA and may not be subcontracted in whole to another agency to perform.*

**[Insert Name of Sub-agreement Service]**

**Cost: $ [Insert Sub-agreement Service Amount]**

[Insert a brief description of each sub-agreement.]

[Insert a breakdown of sub-agreement costs by sub-agreement with unit rates.]

**\***Indirect charges for each sub-agreement allowed on the first $25,000.

**Total 5100 Sub-agreement Service** **$ [Insert Total Amount]**

### 5200 Travel

**Trip: [Insert Trip Name]**

**Cost: $ [Insert Trip Total Amount]**

[Insert a brief description of each instance of travel, including lodging, mileage, and per diem. All travel to be paid at state rates. Delineate between contractor staff and subcontractor staff travel.]

[Insert travel calculations for each travel instance, such as: Number of Staff multiplied by Number of Nights multiplied by Lodging Amount per night; Number of Staff multiplied by Mileage multiplied by Mileage Rate; Number of Staff multiplied by Meal Cost or other Per Diem; Etc.]

**Total 5200 Travel** **$ [Insert Total Amount]**

**Total Direct Costs** **$ [Insert Total Amount]**

**7000 Indirect Cost\* – [Insert Indirect Cost Rate]** **$ [Insert Total Amount]**

\*Indirect charges for each sub-agreement allowed on the first $25,000.

**Contract Total for Year 2** **$ [Insert Total Year 2 Amount]**