



Attachment 3

Budget Narrative

[YOUR ORGANIZATION'S LEGAL NAME]
[APPLICATION TITLE]
Budget Narrative
[SUBMISSION DATE]

Summary Budget by Line Item

A complete estimate of the cost breakdown for each activity budget component follows in this section. A summary of the budget details are as follows:

| <u>Line Item</u> | <u>Amount (USD)</u> |
|--|---------------------|
| A. Salary/Wages | |
| B. Fringe Benefits (If Applicable) | |
| C. Travel/ Local Transportation | |
| D. Training/Workshop/Events | |
| E. Consultants | |
| F. Other Direct Costs | |
| Total Direct Costs | |
| G. Indirect Costs | |
| Total (Direct & Indirect Costs) | |

The overall structure of the detailed budget is in accordance with the RFA requirements and with [YOUR ORGANIZATION'S] standard practices. The budget structure and assumptions are described herein.

Budget Assumptions

[YOUR ORGANIZATION'S LEGAL NAME]
RFA NUMBER
APPLICATION TITLE

Currency Exchange: All local costs have been converted at the rate of [NUMBER] [CURRENCY] per 1 US Dollar (USD). This exchange rate comes from [SOURCE].

A. Salary/Wages

All salaries for personnel were negotiated in accordance with [YOUR ORGANIZATION'S] guidelines and [COUNTRY] labor laws.

Please include the description and purpose of each position budgeted.

| Position | Purpose | Level of Effort During Life of Award |
|----------|---------|--------------------------------------|
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| | | |

B. Fringe Benefits

Please individually list each fringe benefit received by staff, the basis for the budgeted amount, and note whether it is based on local labor law or organizational policy.

C. Travel/Local Transportation

International and domestic travel costs have been budgeted to support program activities as needed. Please find a breakdown of travel related to technical support and program activities below.

- **International Travel**

Please include a brief description of your organization's practice and policies for international and local travel procurement.

International trips to [COUNTRY] are proposed for technical assistance, program quality management and activity management throughout the life of the activity. These trips include:

[PLEASE COMPLETE THE TABLE BELOW FOR ALL TRAVEL THAT IS PROJECT RELATED]

| Position | Destination | Purpose |
|----------|-------------|---------|
| | | |

[YOUR ORGANIZATION'S LEGAL NAME]
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| | | |
|--|--|--|
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- **Per Diem for International Travel**

Please include a brief description of your organization’s per diem policy and how it is applied to this application.

- **Local Transportation/ In Country Travel**

[YOUR ORGANIZATION] has proposed in country travel costs for various activity staff throughout the life of the activity for technical and financial/management oversight and supervision. This includes:

| Position | Destination | Purpose |
|----------|-------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

D. Training/Workshop/Events

[YOUR ORGANIZATION] has proposed the following trainings/workshops/events throughout the life of the project.

Please include description regarding the training/workshops/events planned during the project phase. List all local, regional and international workshop/trainings/events. Provide detailed description of the training/workshop/event costs.

E. Consultant(s)

Please provide the list of each consultancy along with a brief description of the activities to be undertaken. Please indicate the basis for selection of consultant. Save the Children may request a completed Contractor’s Biographical Data Form (AID-1420) in support of the proposed rate when reviewing the budget.

| Name | Rate | LOE | Purpose | Basis for Selection |
|------|------|-----|---------|---------------------|
| | | | | |
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| | | | | |
| | | | | |

F. Other Direct Costs

[YOUR ORGANIZATION’S LEGAL NAME]
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Please list each cost with a brief description of the methodology used to determine the appropriate quantity and per unit cost. .

G. Indirect Costs (if applicable)

Please provide a brief description of how your US Government negotiated indirect cost recovery rate (NICRA) is applied to your proposed direct expenses.

If your organization does not have a NICRA, the budget could include overhead expenses as direct costs, using your organization's cost allocation policy. Please submit this policy in support of your expenses. Alternatively, if your organization has never received a NICRA, the budget could include a de-minimus indirect cost rate, provided that all requirements set forth in 2 CFR 200.414(f) are met.

Please see [YOUR ORGANIZATION] most current NICRA included as an annex to this cost application.