**Attachment 1B. Non Construction Budget**

**CONTRIBUTING PARTNERS** Please list partner names and proposed contributions, including in-kind service and/or cash value (example: 300 volunteer hours of shoreline restoration-In- kind value $5,000).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contributing Partner** | **Partner category***(Fed/State/County/NGO**/ Business)* | **Project Need Addressed**  | **Cash** | **In-kind** | **Total Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| *FWS NFHP Request*  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**BUDGET JUSTIFICATION & NARRATIVE:**

Provide a detailed description for categories where FWS funds are requested such that contracting office has sufficient information to do a cost benefit analysis.

|  |  |
| --- | --- |
| 1. **PERSONNEL/ADMINISTRATIVE**

*Cost of salaries & wages, not including fringe benefits, paid to Recipient employees working directly on agreement.* [*Indicate Key Personnel with an asterisk (\*).*](http://www.gsa.gov/portal/category/21287) *Provide additional detail in Narrative Box.* |  |
| **Name & Title or Position Title** | **Salary or Wage** | **Months or Hours** | **Matching Funds**(if applicable) | **FWS****Funds** |
| ***Example:*** *James Smith, Executive Director* | *$50 per hour* | *400 hours* | *$5,000.00* | *$15,000.00* |
|  |  |  |  |  |  |
| **A) TOTAL PERSONNEL COSTS:** |  |  |  |
| *Narrative:* |

|  |
| --- |
| **B) FRINGE BENEFITS** The cost of fringe benefits, such as health insurance, vacation, FICA, etc., paid to Recipientemployees working under a FWS-applicant agreement that would be put in place. List employees or positions below, and their fringe benefit rates as percentages of their salaries. List what are included as fringe benefits in the Narrative Box. |
| **Name & Title/Position** | **Salary/Wage Base**(FWS Amountsbudgeted in Section A above) | **Fringe Benefit Rate (%)** | **Matching Funds**(if applicable) | **FWS****Funds** |
| ***Example:*** *James Smith, Executive Director* | *$20,000.00* | *30%* | *$,6000.00* | *$6,000.00* |
| **B) TOTAL FRINGE BENEFIT COSTS1:** |  |  |
| *Narrative:* |
| **C) TRAVEL** LODGING & PER DIEM - The cost of lodging & meals while travelling under agreement activities. Provide description and purpose of the travel in the Narrative Box. Current Federal rates may be found online at: [http://www.gsa.gov/portal/category/21287.](http://www.gsa.gov/portal/category/21287) |
| **Proposed Travel Lodging & Per Diem** | **No. of People** | **No. of Days** | **Cost Per****Person Per Day** | **Matching Funds**(if applicable) | **FWS****Funds** |
| ***To: From:*** |  |  |  |  |  |  |
| MILEAGE REIMBURSEMENT - The cost of reimbursement for estimated mileage traveled foragreement activities. Give details and the purpose of the travel in the Narrative Box. Current Federal mileage reimbursement rates may be found online at: [www.GSA.gov.](http://www.GSA.gov/) |
| **Proposed Travel Mileage Reimbursement** | **No. of Miles** | **No. of Trips** | **Cost Per Mile** | **Matching Funds**(if applicable) | **FWS****Funds** |
| **To: From:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *OTHER TRAVEL COSTS - The costs of airfare, bus fare, car rental, etc., required for agreement activities. Explain the details and the purpose of the costs in the Narrative Box.* |
| **Proposed Other Travel Reimbursement** | **Type** | **Cost** | **No.** | **Matching Funds**(if applicable) | **FWS****Fund****s** |
| **To: From:** |  |  |  |  |  |  |
| **C) TOTAL TRAVEL COSTS:** |  |  |
| *Narrative:* |

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| **D) SUPPLIES/EQUIPMENT**The cost of materials and supplies, equipment used directly on this project, such as safety glasses, work gloves, office supplies, etc. Explain the details and purpose in the Narrative boxbelow. |
| **Item** | **Quantity** | **Cost per Unit** | **Matching Funds**(if applicable) | **FWS****Funds** |
|  |  |  |  |  |
| **D) SUPPLIES COST TOTAL:** |  |  |
| *Narrative:* |
| **E) CONTRACTUAL/** (SF-424A Object Class Category 6f. Contractual)The cost of contracted services and/or sub-recipient agreements. Provide names and explain the details and purpose of the costs in the Narrative box below. |
| **Contractor Name, Type, etc.** | **Cost** | **Matching Funds**(if applicable) | **FWS****Funds** |
|  |  |  |  |
| **E) CONSTRUCTION/CONTRACTUAL COST TOTAL:** |  |  |
| *Narrative:* |
| **F) OTHER/MISCELLANEOUS**Costs that don't fit any other above category, such as duplicating and printing, postage and freight, rented equipment, etc. Explain the details and purpose in the Narrative box below. |
| **Item** | **Cost** | **Matching Funds**(if applicable) | **FWS****Funds** |
|  |  |  |  |
| **F) OTHER COSTS TOTAL:** |  |  |
| *Narrative:* |
| **G) TOTAL DIRECT CHARGES** (Sum of 6a.-6h.)The total of all direct costs applicable to this project. |
| **Direct Costs** | **Matching Funds**(if applicable) | **FWS****Funds** |
| **G) TOTAL DIRECT COSTS:**(Sum of 6a.-6f.) |  |  |

|  |
| --- |
| **H) INDIRECT COSTS**  |
| Base amount for this Grant: (Total Direct Costs) |  |
| Rate to be used on this Grant (%): |  |
| **Indirect Costs** | **Matching Funds**(if applicable) | **FWS****Funds** |
| **H) TOTAL INDIRECT COSTS:** |  |  |
| *Narrative:* |

|  |
| --- |
| **I) TOTALS**The sum total of Direct and Indirect Costs (Sum of 6g. & 6h.) applicable to this agreement. |
| **Total Project Costs** | **Matching Funds**(if applicable) | **FWS****Funds** |
| **I) TOTAL COSTS:** |  |  |