

Budget Narrative Form – [Insert Program Name]

SALARIES/WAGES

Position Title and Name	Annual Salary	Time	Months	DHMH Amount Requested	Total Amount

TOTAL DHMH SALARIES/WAGES AMOUNT REQUESTED \$ _____

Summary Justification:

FRINGE BENEFITS

Fringe Benefit	Percentage of Salary	DHMH Amount Requested	Total Amount
Retirement			
FICA			
Insurance			
Workers Compensation			

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Retirement			
FICA			
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Fringe Benefit	Percentage of Salary	DHMH Amount Requested	Total Amount
Retirement			
FICA			
Insurance			
Workers Compensation			

TOTAL DHMH FRINGE BENEFITS AMOUNT REQUESTED \$ _____

CONSULTANT COSTS

1. Name of Consultant: _____
 Organizational Affiliation (if applicable): _____
 Nature of Services to Be Rendered: _____
 Relevance of Service to the Project: _____
 Number of Days of Consultation (basis for fee): _____
 Expected Rate of Compensation: _____
 Method of Accountability: _____

2. Name of Consultant: _____
 Organizational Affiliation (if applicable): _____
 Nature of Services to Be Rendered: _____
 Relevance of Service to the Project: _____
 Number of Days of Consultation (basis for fee): _____
 Expected Rate of Compensation: _____
 Method of Accountability: _____

3. Name of Consultant: _____
 Organizational Affiliation (if applicable): _____
 Nature of Services to Be Rendered: _____
 Relevance of Service to the Project: _____
 Number of Days of Consultation (basis for fee): _____
 Expected Rate of Compensation: _____
 Method of Accountability: _____

Name of Consultant	Organizational Affiliation	Expected Rate of Compensation	DHMH Amount Requested	Total Amount

TOTAL DHMH CONSULTANT COSTS REQUESTED \$ _____

EQUIPMENT

Item Requested	Number Needed	Unit Cost	DHMH Amount Requested	Total Amount

TOTAL DHMH EQUIPMENT REQUESTED \$ _____

Summary Justification:

SUPPLIES

Item Requested	Number Needed	DHMH Amount Requested	Total Amount

TOTAL DHMH SUPPLIES REQUESTED \$ _____

Summary Justification:

TRAVEL-In-State Only

Number of Trips	Number of People	Number of Total Miles	Cost per Mile	DHMH Amount Requested	Total Amount

TOTAL DHMH TRAVEL REQUESTED \$ _____

Summary Justification:

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OTHER

Item Requested	Number Needed	DHMH Amount Requested	Total Amount

TOTAL DHMH OTHER REQUESTED \$ _____

Summary Justification:

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CONTRACTUAL COSTS

1. Name of Contractor: _____
 Method of Selection: _____
 Period of Performance: _____
 Scope of Work: _____
 Method of Accountability: _____
 Itemized Budget and Justification: _____

2. Name of Contractor: _____
 Method of Selection: _____
 Period of Performance: _____
 Scope of Work: _____
 Method of Accountability: _____
 Itemized Budget and Justification: _____

3. Name of Contractor: _____
 Method of Selection: _____
 Period of Performance: _____
 Scope of Work: _____
 Method of Accountability: _____
 Itemized Budget and Justification: _____

Contractual Items	Name of Organization	DHMH Amount Requested	Total Amount

TOTAL DHMH CONTRACTUAL COSTS REQUESTED \$ _____

DHMH COSTS REQUESTED

DHMH SALARIES/WAGES REQUESTED \$ _____

DHMH FRINGE BENEFITS REQUESTED \$ _____

DHMH CONSULTANT COSTS REQUESTED \$ _____

DHMH EQUIPMENT REQUESTED \$ _____

DHMH SUPPLIES REQUESTED \$ _____

DHMH TRAVEL REQUESTED \$ _____

DHMH OTHER REQUESTED \$ _____

DHMH CONTRACTUAL COSTS REQUESTED \$ _____

TOTAL DHMH DIRECT COSTS REQUESTED \$ _____

TOTAL DHMH INDIRECT COSTS REQUESTED \$ _____

TOTAL DHMH DIRECT AND INDIRECT COSTS REQUESTED \$ _____