

Mecosta County Opioid Settlement Fund Proposal

(Project Period)

Budget Narrative

Note: Please delete the italicized instructions through before submitting this budget narrative template

DIRECT LABOR AND EXPENSES

Personnel

Subtotal: \$ _____

Staff Name and Position: <i>List each staff member's name and position (including any to be hired) on a separate line.</i>	Job Functions: <i>Include a short description of each staff member's role in the project and key job functions.</i>	Annual Salary or Rate	% Time or Hrs on Project	Amount requested

Fringe Benefits

Subtotal: \$ _____

Fringe Benefits: ____% x Total Direct Staff Salaries

OTHER DIRECT EXPENSES

Contracts (Subaward and/or Contractor)

Subtotal: \$ _____

Include a short justification of each contractor or subaward in the budget. Specify the contractor's name (if known), their rate (per hour, day, month, fixed), and quantity of services (in hours, days, months, or fixed) provided. Make sure to explain how each contractor advances the project's goals and activities.

Materials/Supplies**Subtotal: \$**_____

Include a list of each supply item and materials to be purchased. Please make sure to provide a justification for purchasing each supply item.

Equipment: Any equipment purchases with a per unit cost of over \$5,000 and a usable life of more than one year will be unallowable. This funding restriction does not apply to equipment that is being leased or rented—rather than purchased—during the project implementation period.

IMPORTANT: For any computers, laptops, cellphones, software, telecommunications expenses, or video surveillance equipment in the budget (including any reimbursement for staff), please include the name of the manufacturer and/or service provider and details such as the model of equipment.

Supply Item	Amount Requested	Description & Purpose

Travel**Subtotal: \$**_____

Provide a breakdown of specific costs associated with trips budgeted and how you derived those costs. Be sure to include:

- Mileage: Cost per mile (i.e., \$0.655/mile is the approved 2023 federal mileage reimbursement rate)
- Number of travelers or trips planned
- Purpose of all planned travel as it relates to the project

Other Expenses**Subtotal: \$**_____

Provide details on the specific direct expenses budgeted and how each relates to your project's goals and activities. For any direct expenses shared across your organization's funding sources, be sure to specify the percentage of costs attributed to this budget.

Incentives - If you wish to include incentives in your budget, provide a justification for how they support the project and specify the number, amount per incentive, and type (e.g., gift card to a specific store).

Food - If you wish to include food in your budget, please include a cost breakdown (number of participants x cost per snack/meal) in your budget narrative.

Indirect Costs

State the indirect cost rate and how it is applied.

Subtotal: \$_____

In-kind

Indicate any in-kind contributions to this project.

Total Budget Requested: \$_____

