**ATTACHMENT - 3**

**BUDGET NARRATIVE**

[YOUR ORGANIZATION’S LEGAL NAME]

[PROPOSAL 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:

|  |  |
| --- | --- |
| Line Item | Amount (USD) |
| 1. Salary/Wages
 |  |
| 1. Fringe Benefits
 |  |
| 1. Travel/ Local Transportation
 |  |
| 1. Subcontract/Consultant
 |  |
| 1. Training/Workshop/Event
 |  |
| 1. Study Costs
 |  |
| 1. Other Direct Costs
 |  |
| **Total Direct Costs**  |  |
| 1. 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**

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

1. **Salary/Wages**
* **International Staff**

All salaries for international field-based personnel were negotiated in accordance with [YOUR ORGANIZATION’S] guidelines.

*Please include the description and the role that each person budgeted will play in the project.*

These positions/functions include:

* **National Staff**

All national staff salaries are in accordance with local practices in and the guidelines of [YOUR ORGANIZATION].

*Please include the description and purpose of each position budgeted.*

1. **Fringe Benefits**

 These positions/functions include:

* **International Staff benefit**

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

* **National staff benefit**

*Please individually list each fringe benefit received by staff noting whether it is based on local labor law or organizational policy.*

1. **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 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* **Per Diem for International Travel**

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

* **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:

1. **Subcontract/Consultant**

*Please provide the list of each contract/consultancy along with a brief description of the activities to be undertaken in this project. Please indicate the basis for selection of subcontractor/consultant. Please note that Save the Children may ask for signed 1420 Biodata forms to verify consultant rates.*

1. **Training/Workshop/Events**

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

*Please include a description regarding the training/workshops/events planned during the project phase. For the Validation workshop, please note that PRO-WASH will cover all costs related to the workshop venue, including conference room rental, audio-visual costs, lunch, breaks, and water during the workshop. The recipient should budget for any materials, supplies, lodging, facilitation, and travel costs. Please provide detailed descriptions of the training/workshop/event costs covered by the recipient.*

1. **Study Costs**

[YOUR ORGANIZATION] has proposed the following study costs throughout the life of the project.

*Please provide a detailed description regarding the study costs planned during the project phase. These costs include laboratory and sample testing, IRB approvals, and any other direct costs needed to implement the study (please note that any consultancy agreements such as with a data collection firm should be included in the consultancy line item). If additional rows are needed, please insert them in the budget and provide a detailed description of the unit costs and their purpose to the aim of the study in the budget narrative. Please note that PRO-WASH will not cover any conference registration or journal publication related fees.*

1. **Other Direct Costs**

*Please provide a brief description of the methodology used to determine the appropriate cost and provide a detailed breakdown.*

1. **Indirect Costs (if applicable)**

*Please provide a brief description of your US Government approved Negotiated Indirect Cost Rate (NICRA), if applicable.*

*For organizations that do not have a US Government approved NICRA, please see the below options for including indirect costs:*

*De Minimis (nonprofits only): Organizations that have never received a NICRA may elect to use the de minimis indirect cost rate. For more information please see 2 CFR 200.414 (Indirect Costs) and 2 CFR 200.68 (Modified Total Direct Costs).*

 *Entities without an approved NICRA can direct charge all costs based on a documented cost allocation methodology, which must be submitted to Save the Children as part of this application.*

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