**ATTACHMENT - 3**

**BUDGET NARRATIVE**

[YOUR ORGANIZATION’S LEGAL NAME]

[PROPOSAL TITLE]

Budget Narrative

November 1, 2018

**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. Other Direct Costs
 |  |
| **Total Direct Costs**  |  |
| 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 purpose of each position budgeted.*

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 noting 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 organizations 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 undertook. Please indicate the basis for selection of subcontractor/consultant. For consultants, please submit a completed Contractor’s Biographical Data Form AID-1420*

1. **Other Direct Costs**

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

**Indirect Costs (if applicable)**

*Please provide a brief description of the applicability of your US Government NICRA.*

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

NON-NICRA ORGANIZATIONS – what is the language for organizations that do not have NICRA but might have an established and audited overhead rate that they charge?