**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. 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 Capacity Strengthening and Sensitization 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. **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.