

West Virginia Department of Agriculture

Specialty Crop Block Grant Program

Budget | Federal Fiscal Year 2016 Funding Cycle

Please round totals to the next whole dollar.

Funding amount requested must be a minimum of \$5,000; there is a maximum request of \$25,000.

Personnel

Persons employed by the grantee organization with SCBG funds should be listed here. Those employed elsewhere would be listed as subcontractors or consultants in the "Contractual" category. In order for secretarial and clerical salaries to be allowable, they must be listed as direct expenses in the budget narrative. Costs for general administrative or accounting or indirect costs are not allowable. **Costs associated with students in a university setting on the project should be listed in the "other" section.** **NOTE:** Match is **NOT** required for WV SCBGP applications. **This worksheet has formulas attached; please download as an Excel document and DO NOT modify. Type all details in the box provided. Add additional blank pages if necessary.**

Name/Title:	Level of Effort (# of hours OR % FTE); include salary per hour	Funds Requested	Match Funds Provided

Total Personnel Funds Requested	\$ -
Total Personnel Match Provided	\$ -

Personnel Justification

For each individual listed above, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel as needed.

Personnel 1:	
Personnel 2:	
Personnel 3:	

Fringe Benefits

Fringe benefits are compensation in addition to direct wages or salaries, such medical insurance. Fringe benefits are allowable provided they are for personnel listed personnel section. Fringe benefit expenses are not required even if personnel expenses will be charged to the grant.

Name/Title:	Fringe Benefit Rate Calculation:	Funds Requested	Match Funds Provided

Total Fringe Funds Requested	\$ -
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Total Fringe Match Provided

Travel

Travel expenses charged to the grant must be directly related to the project plan.

Trip Destination:	Type of Expense: (airfare, car rental, hotel, meals, mileage, etc.)	Unit of Measure: (days, nights, miles)	# of Units:	Cost Per Unit:	# of Travelers Claiming Expense	Funds Requested	Match Funds Provided

Total Travel Funds Requested
 Total Travel Match Provided

Travel Justification

For each trip listed above, describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips as needed.

Trip 1 (Approximate Date of Travel MM/YYYY):	
Trip 2 (Approximate Date of Travel MM/YYYY):	
Trip 3 (Approximate Date of Travel MM/YYYY):	

By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with 2 CFR 200.474 or 48 CFR subpart 31.2 as applicable.

Equipment

This category includes tangible, nonexpendable, property having a useful life of more than one year and an acquisition cost that equals or exceeds \$5,000 per unit. All tangible property that does not qualify as “Equipment” must be included under Supplies.

Item Description:	Purchase or Rental?	Acquire When?	Funds Requested	Match Funds Provided

Total Equipment Funds Requested
 Total Equipment Match Provided

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Equipment Justification

For each equipment item listed above, describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment as needed.

Equipment 1:	
Equipment 2:	
Equipment 3:	

Supplies

This category should include all tangible property that does not qualify as equipment, this may include office supplies, educational materials or lab supplies. Items such as long distance charges, postage, fax, and express mail should be listed under the Other category.

Item Description:	Per Unit Cost	# of Units	Acquire When?	Funds Requested	Match Funds Provided

Total Supplies Funds Requested	\$ -
Total Supplies Match Provided	\$ -

Supplies Justification

Describe the purpose of each supply listed in the table above and how it is necessary for the completion of the project's objective(s) and outcome(s).

Contractual

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services in the form of a procurement relationship. If there is more than one contractor or consultant, each must be listed separately.

If the contractor's hourly rates of pay exceed the salary of a GS-14 step 10 federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, or other expenses. Federal employee wage table can be viewed at <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.

Contractor:	Hourly Rate/Flat Rate:	Funds Requested	Match Funds Provided

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Contractual Justification

Describe the project activities each contractor or consultant will accomplish to meet the objectives and outcomes of the project. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area (for more information please go to <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/>), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses.

Contractor/Consultant 1:	
Contractor/Consultant 2:	
Contractor/Consultant 3:	

By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable state and local laws and regulations and conform to the federal laws and standards identified in 2 CFR Part 200.317 through.326, as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements.

Total Contractual Funds Requested	\$0
Total Contractual Match Provided	\$0

Other

Direct costs are all other direct costs not covered in any of the previous budget categories.

Item description:	Per-Unit Cost:	Number of Units Provided:	Acquire When:	Funds Requested	Match Funds Provided

Other Justification

Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project's objective(s) and outcome(s).

Total Other Funds Requested	\$ -
Total Other Match Provided	\$ -

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Total Funds Requested	\$ -
Total Match Provided	\$ -
Match Percent	0%

Program Income

Program income is gross income, earned by a recipient under a grant, directly generated by the grant-supported activity, or earned only because of the grant agreement, during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award; registration fees for conferences, etc.

Source of Income	Description of how you will reinvest the program income into the project to solely enhance the competitiveness of specialty crops.	Estimated Income