

**2014 COVERDELL FORENSIC SCIENCE IMPROVEMENT
FORMULA GRANT
OVERALL BUDGET SUMMARY**

CATEGORY	FEDERAL FUNDS REQUEST
A. Personnel	
B. Benefits	
C. Equipment	
D. Travel	
E. Supplies and Operating Expenses	
F. Facilities/Rental Expenses	
G. Contractor/Consultant Expenses	
H. Other	2,328.35
TOTAL	2,328.35

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY A and B – PERSONNEL and PERSONNEL BENEFITS**

Directions:

1. List each position in Column A by name and title/position and select whether the position is new or existing.
2. List the percent of the employee's time that will be funded by grant funds in Column B.
3. In Column C, list the total annual salary.
4. List the total amount of benefits in Column D.
5. To calculate the Total Federal Funds Requested for Salary in Column E, multiply (B) x (C) = (E).
6. To calculate the Total Federal Funds Requested for Benefits, multiply (B) x (D) = (F).
7. Total all columns in the Total row at the bottom of the chart.
8. **Narrative:** Provide a detailed explanation of the personnel that will be assigned to the project. The narrative should describe the responsibilities of each of the positions. Use additional pages if necessary. **ATTACH A JOB DESCRIPTION FOR EACH NEW POSITION THAT FUNDING IS REQUESTED.**

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee and Position or Title and New or Existing	Percent of Time Funded By Grant Funds	Annual Salary	Total Amount of Benefits	Total Federal Funds Requested for Salary (Column B x Column C)	Total Federal Funds Requested for Benefits (Column B x Column D)
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
TOTAL					

BUDGET JUSTIFICATION NARRATIVE:

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY C – EQUIPMENT**

Directions:

1. List non-expendable items that are to be purchased. Expendable items should be included in the Supplies Category (See the Chart of Accounts in the Appendix for items to be included under equipment.)
2. **Narrative:** Provide an explanation of the equipment to be purchased. Explain how the equipment is necessary to the success of the project.
3. Use additional pages if necessary.

Equipment	Quantity	Unit Price	Federal Funds Request
TOTAL			

BUDGET JUSTIFICATION NARRATIVE:

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY D – TRAVEL**

Directions:

1. Travel must be project related. Specify travel expenses of project personnel by purpose, such as travel to training, interjurisdictional travel, etc. (See the Chart of Accounts in the Appendix for items to be included under travel.)
2. **Narrative:** Provide an explanation of the travel being requested. Identify the personnel who will be using travel and the purpose of the travel. Explain how the travel is necessary to the success of the project.
3. Use additional pages if necessary.

Name of Conference	Date and Location	Number Analysts Attending	Air Fare Costs	Per Diem	Lodging	Total Federal Funds Requested
TOTAL						

BUDGET JUSTIFICATION NARRATIVE:

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY E – SUPPLIES and OPERATING EXPENSES**

Directions:

1. General supplies include any materials that are expended or consumed during the project period. List items by type, such as paper, folders, etc. Show the basis for computation. Operating costs are expenses that are required to implement the project, such as telephone, utilities, photocopying, printing, and maintenance (See the Chart of Accounts in the Appendix for items to be included under supplies and operating expenses.)
2. **Narrative:** Provide an explanation of the supplies to be purchased. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

Item	Quantity	Unit Price	Federal Funds Request
TOTAL			

BUDGET JUSTIFICATION NARRATIVE:

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY F – FACILITIES / EQUIPMENT RENTAL**

Directions:

1. For this category, identify the facilities and/or equipment to be used and the annual rate for rental of facilities and/or equipment (See the Chart of Accounts in the Appendix for items to be included under rental.)
2. **Narrative:** Provide a detailed explanation of the category. Explain how the rental of facilities and/or equipment is necessary to the success of the project. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

Facilities	Annual Rate	Federal Funds Request
TOTAL		

BUDGET JUSTIFICATION NARRATIVE:

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY G – CONSULTANTS AND CONTRACTORS**

Directions:

1. For each consultant, enter the name, if known, the service to be provided, the hourly or daily fee or rate. Consultant fees in excess of \$450 per day require additional justification and prior approval from the Federal Grants Division Director, District Attorneys Council (See the Chart of Accounts in the Appendix for items to be included under consultants and contractors.)
2. **Narrative:** Provide a detailed explanation of the category. Explain how the consultant is necessary to the success of the project. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

Service or Product	Fee or Rate	Federal Funds Request
TOTAL		

BUDGET JUSTIFICATION NARRATIVE:

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY H – OTHER**

Directions:

1. Specifically identify the funds being requested in this category (See the Chart of Accounts in the Appendix for items to be included under other.)
2. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

Item Description	Federal Funds Request
Yearly Accreditation Fee	2000.00
Desk Audit	328.35
TOTAL	2,328.35

BUDGET JUSTIFICATION NARRATIVE:

In order to maintain our ISO/IEC 17025:2005 accreditation in latent print examination, we must pay a yearly fee of \$2000.00 to Forensic Quality Services. Our audit during this grant period will be a desk audit, as opposed to an on-site. The fee for a desk audit is \$500.00, so we will be using the remainder of our grant funds towards this fee.