**Grantee Name: Period Covered:**

Please review the separate document ‘Instructions for Preparing the Detailed Line-Item Budget Worksheet’ prior to completing the DLIB worksheet and Budget Narrative.

1. **Personal Services Total Cost: $0.00**
2. Employee Name and/or Position Title

$0.00 (annual salary rate) **x** 0% (percent of time on grant) **=** **$0.00**

* Status of Employee (i.e. Full Time Employee or Part Time Employee)
* Grantee must include a description of the responsibilities and duties of each

position in relation to fulfilling the project goals and objectives.

1. Employee Name and/or Position Title

$0.00 (annual salary rate) **x** 0% (percent of time on grant) **=** **$0.00**

* Status of Employee (i.e. Full Time Employee or Part Time Employee)
* Grantee must include a description of the responsibilities and duties of each

position in relation to fulfilling the project goals and objectives.

1. Etc.
2. **Fringe Benefits Total Cost:**  **$0.00**
3. **Travel Total Cost: $0.00**

***Note:*** *A line for general travel mileage is acceptable. Travel related costs should be broken down*

*into each conference that is attended, meeting attended, etc., as follows:*

Name of Conference/Meeting/Basic Travel, etc.: # of staff and total **$0.00**

* Mileage: # of miles one way **x** 2 **x** \_\_\_\_ rate per mile = **$0.00**
* Hotel: $0.00 per night **x** # of nights **x** # of staff = **$0.00**
* Registration: $0.00 per staff **x** # of staff = **$0.00**
* Meals: $0.00 per staff **x** # of days **x** # of staff = **$0.00**
* Shuttle/Cab: $0.00 per day **x** # of days **x** # of staff = **$0.00**
* Tolls: $0.00 per day **x** # of days **x** # of staff = **$0.00**
* Per Diem: $0.00 per day **x** # of days **x** # of staff = **$0.00**
* Plane Tickets: $0.00 per ticket **x** # of staff = **$0.00**

Name of Conference/Meeting/Basic Travel, etc.: # of staff and total **$0.00**

* Mileage: # of miles **x** rate per mile = **$0.00**
* Hotel: $0.00 per night **x** # of nights **x** # of staff = **$0.00**
* Registration: $0.00 per staff **x** # of staff = **$0.00**
* Meals: $0.00 per staff **x** # of days **x** # of staff = **$0.00**
* Shuttle/Cab: $0.00 per day **x** # of days **x** # of staff = **$0.00**
* Tolls: $0.00 per day **x** # of days **x** # of staff = **$0.00**
* Per Diem: $0.00 per day **x** # of days **x** # of staff = **$0.00**
* Plane Tickets: $0.00 per ticket **x** # of staff = **$0.00**

Etc.

1. **Equipment Total Cost: $0.00**
   1. Equipment Name: $0.00 **x** 0% = **$0.00**

*Description of equipment as it pertains to the Grant.*

* 1. Etc.

1. **Supplies Total Cost: $0.00**
2. Supplies Name: $0.00 per Quarter or Month Rates = **$0.00**

*Description of supplies as it pertains to the Grant.*

1. Etc.
2. **Contracts Total Cost: $0.00**
   1. Contractual Costs Name: $0.00 **x** per month/quarter/year = **$0.00**

*Description of activities as it pertains to the Grant.*

* 1. Etc.

1. **Subawards Total Cost: $0.00**
2. **Construction Total Cost: $0.00**

*Grantee should not list anything in this section without prior approval by program/fiscal staff.*

1. **Other Total Cost: $0.00**

1. Name of Item: $0.00 **x** how many = **$0.00**

*Description of item as it pertains to the Grant*.

3. Etc.

**Total Direct Costs: $0.00**

1. **Indirect Costs: $0.00**

*If charging indirect costs to the grant, the Grantee must affirm that the Grantee either has a*

*current negotiated indirect cost rate or is electing to charge a de minimis rate of up to 15 percent*

*of modified total direct costs. The Grantee can choose one of four different options to substantiate the*

*indirect cost rate (as defined in the ‘Instructions for Preparing the Detailed Line-Item Budget Worksheet’).*

* Base amount **x** indirect cost rate **%** = **$0.00**
* Rate substantiation (choose one of the following):
  + Option 1: Negotiated indirect cost agreement-Federal \_\_\_\_\_
  + Option 2: Indirect cost rate agreement-State \_\_\_\_\_
  + Option 3: Indirect cost rate certification-CPA \_\_\_\_\_
  + Option 4: De minimis rate-15% \_\_\_\_\_
  + Option 4: De minimis rate-Electing lower \_\_\_\_\_
  + Not applicable \_\_\_\_\_

**Total Grant Award: $0.00**

**Additional Disclosure for Executive Compensation**

*If the three conditions outlined in the Instructions for Preparing the Detailed Line-Item Budget Worksheet are applicable, please provide the following information for each of the Grantee’s five most highly compensated executives (for the Grantee’s preceding completed fiscal year):*

Fiscal Year= 20xx

1. Executive Name $0.00 (total compensation)
2. Executive Name $0.00 (total compensation)
3. Executive Name $0.00 (total compensation)
4. Executive Name $0.00 (total compensation)
5. Executive Name $0.00 (total compensation)

**If the three conditions do not apply, check here: \_\_\_\_\_**

**Grantee Supplied Funds (Informational Purposes Only)**

**Total Grantee Funds: $0.00**

K.) Cost Sharing or Matching **$0.00**

L.) Other Grantee Supplied Funds (Voluntary Cost Sharing) **$0.00**

**Projected Program Income (Informational Purposes Only)**

**Total Program Income: $0.00**

M.) Program Income (Projected): **$0.00**