

**ALLIANCE GRANT Proposal Application FORM**

Completed Proposal Applications should contain all the required documents listed below. Optional documents may be included as needed to support the Proposal Application. **Submit all documents as a combined single PDF. Additionally, submit the Scope of Work and Budget Information as a Microsoft Word Document.**

Completed Proposal Applications must be submitted no later than **Thursday,** **December 8, 2022** to the DPR Pest Management Grants Program email address at **DPRpmGrants.Solicitation@cdpr.ca.gov**.

**Please note that Proposal Applications submitted that are incomplete or are missing required components are subject to disqualification without further review.**

***Required***

[ ]  Completed Alliance Grant Proposal Application Form, including:

* Completed Section 1: Project Information;
* Completed Section 2: Alliance Grant Proposal Application Questions (*Note: Answers to Questions 1 – 4 should not exceed one page each, for a total of four pages.)*; and
* Completed Section 3: Scope of Work and Budget.

[ ]  Letters of Support from expected beneficiaries of the integrated pest management (IPM) systems or practices, Alliance Team members, and from others who can attest to the quality or effectiveness of the applicant’s similar work.

[ ]  Curriculum vitae or resumes of Principal Investigators (PIs) and Key Personnel.

[ ]  Full-text versions of up to five Key Cited Documents that document the effective, proven, and affordable IPM systems or practices that your project will build upon.

[ ]  A list of pesticides or active ingredients that will likely be affected if the proposed IPM systems or practices are adopted.

***Optional***

[ ]  Illustrative graphics that enhance the application (e.g. flow charts).

# **SECTION 1: Project Information**

**Project Title (300 Character Limit):** *Provide the Project Title here.*

**Total Budget:** *Provide the total Project Budget here (including indirect costs).*

**Geographical Area(s) Served:** *Provide the geographical areas served here (include specific California Counties if the project is not State-wide).*

**Contract or Grant Officer with Delegated Authority to Sign Grant Agreements**

Name: *Provide the name of the Contract or Grant Officer here.*

Organization: *Provide the name of the Contract or Grant Officer’s Organization here.*

Position: *Provide the position of the Contract or Grant Officer here.*

Email Address: *Provide the email address of the Contract or Grant Officer here.*

Street Address: *Provide the street address of the Contract or Grant Officer here.*

The undersignedContract or Grant Officer has reviewed and accepted the Terms and Conditions (UC/CSUS Applicants – Exhibits C and G; Non-UC/CSUS Applicants – Exhibit C).

Signature: *Provide the signature of the Contract or Grant Officer here.*

**Federal or Tribal Agency Applicants Only (check ONE)**

[ ]  By checking this box, I confirm that the responsible Contract or Grant Officer has carefully reviewed and can accept DPR’s Terms and Conditions as written.

[ ]  By checking this box, I confirm that the responsible Contract or Grant Officer has carefully reviewed DPR’s Terms and Conditions and reached out to DPR prior to submitting my proposal with any questions or concerns.

**GRANTEE CONTACTS**

**Principal Investigator**

Name: *Provide the name of the Principal Investigator here.*

Organization: *Provide the name of the Principal Investigator’s Organization here.*

Position: *Provide the position of the Principal Investigator here.*

Email Address: *Provide the email address of the Principal Investigator here.*

Street Address: *Provide the street address of the Principal Investigator here.*

**Submitting Person (if different from the Principal Investigator)**

Name: *Provide the name of the Submitting Person here.*

Organization: *Provide the name of the Submitting Person’s Organization here.*

Position: *Provide the position of the Submitting Person here.*

Email Address: *Provide the email address of the Submitting Person here.*

Street Address: *Provide the street address of the Submitting Person here.*

**Media Contact**

Name: *Provide the name of the Media Contact here.*

Organization: *Provide the name of the Media Contact’s Organization here.*

Position: *Provide the position of the Media Contact here.*

Email Address: *Provide the email address of the Media Contact here.*

Street Address: *Provide the street address of the Media Contact here.*

**Certification and Submission Statement**

I certify under penalty of perjury:

[ ]  I am the Principal Investigator or otherwise authorized to submit the application on behalf of the Principal Investigator.

[ ]  The information provided in the application is true and complete to the best of my knowledge.

[ ]  I understand that any false, incomplete, or incorrect statements or information may result in the disqualification of this application.

[ ]  By submitting this application, I waive any and all rights to privacy and confidentiality of the Proposal Application to the extent provided in this Solicitation and acknowledge these materials may be subject to public information requests.

[ ]  The submitted Proposal Application intends to promote or increase the implementation, expansion, and/or adoption of proven, effective, and affordable integrated pest management (IPM) systems or practices that reduce risks to public health and the environment in agricultural, urban, or wildland settings.

[ ]  The submitted Proposal Application is complete and accurate, including all required documents specified in the Solicitation.

[ ]  All principal investigators, key personnel, subawardees, subcontractors, and consultants meet all of the Eligibility Requirements set forth in the Solicitation.

[ ]  The Principal Investigator can meet all of the Terms and Conditions.

[ ]  No participating entity or individual has outstanding fines or penalties with DPR or with any County Agricultural Commissioner.

[ ]  The amount of funding requested is within the minimum and maximum funding limits of $50,000-$1.5 million.

[ ]  The Project primarily benefits the people of California.

[ ]  I understand reports specifically created under a Grant shall be the property of the DPR who has the right to use submitted information and data for government purposes.

[ ]  The Project can be completed without the mention, promotion, or disparagement of a pest control brand or trade name in the deliverables or the use of product images in the deliverables.

[ ]  The Principal Investigator and Project members have the appropriate background and technical experience to complete the project.

**Submitted By: *Provide the name of the Submitting Person here.***

**Signature: *Provide the signature of the Submitting Person here***

**Relationship to Applicant: *Provide the relationship to the Applicant here.***

**Submission Date: *Provide the submission date here.***

# **SECTION 2: ALLIANCE PROPOSAL APPLICATION QUESTIONS**

***(Limit responses to one 8.5” x 11” page for each of Questions 1, 2, 3, and 4 (four pages total); 10-point font and one-inch margins minimum)***

Question 1 – Benefits to Californians (20 Percent Weight):

Provide sufficient background and describe why there is a need for this project and describe how the people of California and expected beneficiaries of the integrated pest management (IPM) systems or practices will significantly benefit from the project. Please include the following considerations in your response.

* How the project aligns with the Alliance Grants Program’s mission to promote or increase the implementation, expansion, and/or adoption of effective, proven, and affordable integrated pest management systems or practices that reduce risks to public health and the environment in agricultural, urban, or wildland settings through the utilization of an Alliance Team
* Which pesticides and pests relevant to California are being addressed
* Which California stakeholders are expected to benefit
* What the expected reduction in the usage of pesticides that are of high regulatory concern or considered high-risk through the proposed project is
* If the specific IPM systems or practices being advocated are ready for implementation, expansion, and/or adoption
* How the efficacy of the proposed IPM system or practices has been established
* What the risks are from current pesticide use practices this project seeks to address

Question 2 – IPM Practices and Adoption, Alliance Formation, and Implementation[[1]](#footnote-1) (20 Percent Weight):

Describe the effective, proven, and affordable IPM systems or practices that will be promoted or how the implementation, expansion, and/or adoption of effective and proven IPM systems or practices will be increased. Describe the Alliance Team: its members, their roles, and expectations for the successful completion of the project. Identify the processes you will employ to achieve project Goals and Objectives, whether by surveys, trainings, on-line courses, etc. Please include the following considerations in your response.

* How this project will aid in the implementation, expansion, and adoption of established IPM systems or practices and lead to a reduction in public health or environmental risks
* What the Alliance Team members, roles, and expectations are for the project
* Who the Alliance Team members are and if they have fully committed to completing their portion of the project
* What the project Goals and Objectives are and how will the Alliance Team will assist in accomplishing these Goals and Objectives
* The processes that are proposed to achieve the project Goals and Objectives (i.e. surveys, trainings, on-line courses, etc.)
* What the outreach/communication framework is
* What the potential for expansion of the project results after the grant is
* What methods are being used to measure the success of the project

Question 3 – Economic Benefits and Feasibility (20 Percent Weight):

Describe the economic benefits and feasibility of the IPM systems or practices ready for implementation, expansion, and/or adoption. In particular, discuss how to overcome economic barriers to implementation, expansion, and/or adoption of the IPM systems or practices in the relevant agricultural, urban, or wildland setting. Please include the following considerations in your response.

* How the project will show economic feasibility to pest managers
* The economic benefits of the project
* How the IPM systems or practices proposed for implementation, expansion, and/or adoption compare to others currently available or in use
* How the project proposes to overcome economic barriers to implementation, expansion, and/or adoption in the relevant agricultural, urban, or wildland setting

Question 4 – Outreach Plan (20 Percent Weight):

Explain the proposed outreach plan to promote the IPM system for implementation, expansion, and/or adoption and who the Alliance team is comprised of. Please include the following considerations in your response.

* Who your Alliance team members are and what their role is in the project
* The proposed schedule for conducting outreach and who the targeted audience is for each effort
* The methods you plan to use to accomplish the outreach (i.e. in-person trainings, online courses, field days, etc.)
* The metrics you will use to measure the success of the project and its IPM implementation, expansion, and/or adoption

# **SECTION 3: SCOPE OF WORK AND BUDGET**

**(20 Percent Weight)**

**Project Abstract:**

*Provide a succinct (600 characters maximum) and accurate abstract of the project, including the project purpose, priorities, scope, and grant beneficiaries*. *Beneficiaries include any communities, persons, or entities that benefit from this funding. This summary should be in clear language and understandable to technical and non-technical readers.*

**Project Summary:**

*Provide a succinct (1 page maximum) and accurate description of the project. The summary should include the target audience and geographical area; the outreach/communication framework in place; the potential for implementation, expansion, and/or adoption; and the methods for measuring success. Additionally, the summary should address the relevance of the project to the mission of the Department.*

**Alliance Team Members:**

*Provide the names, organizations, and role on the project (Principal Investigator, Key Personnel, or Non-Key Personnel) for all identified members of the Alliance Team. Add additional rows to the table as needed.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Organization** | **Role on the Project** |
|  |  |  |
|  |  |  |
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|  |  |  |
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**Goals:**

*Describe the Goals of the project in a bullet-point list. List the specific Objectives, provide Tasks to achieve the Objectives, and provide a Deliverable and Deliverable Due date for every Task. DPR-required Objectives, Tasks, and Deliverables are included under Objective 1. The Grantee is required to provide project-specific Objectives, Tasks, and Deliverables following Objective 1.*

* ***Provide the project’s Goals here, using a new bullet point for each Goal.***

**Objective 1:** Conduct general grant administration and deliver an outreach plan, required meetings, quarterly and annual progress reports, invoices, and a final report. ***(Do Not Modify Objective 1 and its associated Tasks. These are required for all DPR Grants.)***

**Task 1.1** **Initial project meeting:** The grant manager and the Principal Investigator will meet in person or virtually within 30 days after the agreement is executed. The agenda of this meeting will be a review of the role of the PI, the project timeline, the project deliverables, and will provide an opportunity to discuss any questions regarding the objectives and tasks (administrative staff will discuss invoicing via a separate conference call).

**Deliverable:** Meeting minutes as a Microsoft Word file via email (within 30 days after meeting).

**Due Date:** Meeting within 30 days from grant execution and meeting minutes within 30 days after meeting.

**Task 1.2** **Outreach plan:** Provide an outreach plan for the Department’s review and approval that includes the Alliance Team members, the schedule, the methods to accomplish the outreach, and the measures of success for determining if the outreach is effective.

**Deliverables:** Please provide a brief summary report as a Microsoft Word file with tables, figures, or images as needed to fully explain the outreach plan.

**Due Date:** Within 30 days after the agreement is executed.

**Task 1.3 Invoices:** Periodic invoices, final invoice, and invoice for the return of the ten percent retention. No funds may be requested or invoiced after 90 days from the project completion date. To meet that deadline, all project work and required deliverables including the final report must be completed and delivered to the Department by December 31, 2025.

**Deliverables:** Periodic, final, and ten percent retention invoices. Periodic invoices are required even if no expenses were incurred and, in that case, would indicate zero ($0) expense. All invoices must use the template forms supplied by the Department.

**Due Date:** Periodic invoices must be submitted no more than once a month and no less than every three months. The final invoice and the ten percent retention invoice are due within ninety days after the project completion date.

**Task 1.4** **Project quarterly update meetings:** Project update meetings will occur by the last day of every calendar quarter, in person or virtually, as requested by the grant manager or a designated representative. All key personnel needed to explain project results, problems, and special situations that are explicitly related to project deliverables must attend. The Principal Investigator must notify the grant manager of meeting dates and locations at least two weeks in advance. If requested by the grant manager, meetings should occasionally include representation by the intended end-users of the project results (e.g., growers, marketing boards) for feedback and insights to improve effectiveness and usefulness of the results. The grant manager may require additional meetings as needed.

**Deliverable:** Meeting agenda as a Microsoft Word file via email (one week in advance) and meeting minutes (within 30 days after meeting).

**Due Date:** The end of every calendar quarter through September 30, 2025.

**Task 1.5** **Quarterly progress reports:** Concise summaries of project activities, completed milestones, and unexpected problems or special situations are required. The reports must focus on results, problems, and special situations that are explicitly related to project deliverables and must clearly describe any potential or actual effects on the deliverables or their completion dates. The reports must also detail personnel work hours or percent time. Submit quarterly reports to grant manager.

**Deliverables:** Quarterly progress reports (using template forms supplied by the Department).

**Due Date:** The end of every calendar quarter through September 30, 2025.

**Task 1.6 Annual reports:** Detailed accounts of results to date, problems encountered, milestones achieved, and plans for the next year. The reports must focus on results, problems, milestones, and plans that are explicitly related to project deliverables and must clearly describe any potential or actual effects on the deliverables or their completion dates. Submit annual reports to grant manager.

**Deliverables:** Annual reports due June 30 of each year following grant execution as a Microsoft Word file via email.

**Due Date:** Every June 30 through June 2025.

**Task 1.7** **Final report draft:** Describe in detail how project goals and objectives have been fulfilled through the completion of project deliverables, summarize and evaluate project activities and accomplishments, and include recommendations for outreach and/or future efforts. The report must focus on how project results are explicitly related to project deliverables and must clearly describe any potential or actual effects on the deliverables. Also, include all relevant materials, documentation, and deliverables not previously submitted. The report may be submitted in the form of a publishable paper, with supplemental appendices as needed to correlate the findings in the paper with how project goals and objectives have been fulfilled through the completion of project deliverables, and to include recommendations for outreach and/or future research. Submit draft report to the grant manager.

**Deliverable:** Final report draft as a Microsoft Word file via email (security settings should be unlocked, not password protected).

**Due Date:** December 15, 2025.

**Task 1.8** **Final report**: Final report, incorporating any feedback, edits, or revisions to the draft final report. Submit final report to grant manager. Final report may be published on DPR’s website for review by the public.

**Deliverable:** Final report as a Microsoft Word file and high resolution files (jpeg, tiff, etc.) of all photos, figures, and illustrations included in the Final Report via email (security settings should be unlocked, not password protected).

**Due Date:** December 31, 2025.

**Task 1.9 Department presentation:** The Principal Investigator or other key personnel will make a summary presentation, in person in the greater Sacramento area or virtually, during the last year of the project or the year after the project is completed. The presentation will provide information about project goals, objectives, and results. DPR retains the right to publish the presentation on DPR’s website for review by the public.

**Deliverables:** Presentation with an electronic copy of the presentation provided to the grant manager via email at least three weeks in advance.

**Due Date:** Last year of the project or the year after the project is completed.

**Objective 2:** ***Provide Objective 2 here. Use the format of Objectives found in the Sample Scope of Work and Budget as a guide.***

**Task 2.1: Task Title:** ***Provide the Task Description here***

**Deliverable: *Provide the Deliverable description here***

**Due Date: *Provide the Due Date here***

***Continue adding Objectives, Tasks, and Deliverables as needed here. Note that typical funded DPR Grants contain between 3 and 7 Objectives.***

Note: Including a Task in the Scope of Work aimed at providing evidence that implementation, expansion, and/or adoption is taking place (or beginning to take place) before the end of the grant period is strongly encouraged.

**Schedule of Deliverables**

List all items that will be delivered to the State under the proposed Scope of Work. Include all reports, including draft reports for State review, and any other Deliverables, if requested by the State and agreed to by the Parties.

If use of any Deliverable is restricted or is anticipated to contain preexisting Intellectual Property with any restricted use, it must be clearly identified.

Unless otherwise directed by the State, the Principal Investigator shall submit all Deliverables to the State Contract Project Manager.

| **Objective** | **Task and Deliverable** | **Due Date** |
| --- | --- | --- |
| 1 | 1.1 Initial project meeting | 30 days from grant execution |
| 1 | 1.2 Outreach plan | 30 days from grant execution |
| 1 | 1.3 Invoices | Frequency: maximum monthly and minimum quarterly.Final invoice and 10% retention invoice both due within 90 days of project completion. |
| 1 | 1.4 Quarterly project update meetings  | Every quarter through September 30, 2025 |
| 1 | 1.5 Quarterly project reports  | Every quarter through September 30, 2025 |
| 1 | 1.6 Annual reports | Every June 30 through 2025 |
| 1 | 1.7 Draft final report  | December 15, 2025 |
| 1 | 1.8 Final report | December 31, 2025 |
| 1 | 1.9 DPR presentation | Final year of project or following year |
| ***2*** | ***2.1 Additional task description*** | ***Month day year*** |
| ***2*** | ***2.2 Additional task description*** | ***Month day year*** |
| ***Add rows and columns as needed.*** |
| **The following Deliverables are subject to Copyrights, See Terms and Conditions.** |
|  |  |  |

**Task Budget**

| **Objective** | **Task** | **Cost** |
| --- | --- | --- |
| 1 | 1.1 Initial project meeting | ***Provide direct cost*** |
| 1 | 1.2 Outreach plan | ***Provide direct cost*** |
| 1 | 1.3 Invoices | ***Provide direct cost*** |
| 1 | 1.4 Quarterly project update meetings  | ***Provide direct cost*** |
| 1 | 1.5 Quarterly project reports  | ***Provide direct cost*** |
| 1 | 1.6 Annual reports | ***Provide direct cost*** |
| 1 | 1.7 Final report draft  | ***Provide direct cost*** |
| 1 | 1.8 Final report | ***Provide direct cost*** |
| 1 | 1.9 DPR presentation | ***Provide direct cost*** |
| ***2*** | ***2.1 Additional task description*** | ***Provide direct cost*** |
| ***2*** | ***2.2 Additional task description*** | ***Provide direct cost*** |
| ***Add rows and columns as needed*** |
| **Project Total Direct Costs** | ***Provide Direct Cost Total*** |

**Principal Investigator:** *Provide the name of the Principal Investigator here.*

**Organization:** *Provide the name of the Principal Investigator’s Organization here.*

**COMPOSITE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD: 07/01/2023 to 12/31/2025**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET CATEGORY** |   | **Year 1****7/1/2023 –****6/30/2024** | **Year 2****7/1/2024 –** **6/30/2025** | **Year 3****7/1/2025 –****12/31/2025** | **TOTAL** |
| PERSONNEL: *Salary and fringe benefits.* | $0 | $0 | $0 | $0 |
| TRAVEL |   | $0 | $0 | $0 | $0 |
| MATERIALS & SUPPLIES |   | $0 | $0 | $0 | $0 |
| EQUIPMENT |   | $0 | $0 | $0 | $0 |
| RENT |  | $0 | $0 | $0 | $0 |
| SUBCONTRACTOR #1*(IDC allowed up to 25% on first $25,000)* |   | $0 | $0 | $0 | $0 |
| SUBRECIPIENT (UC/CSUS applicants only)*(UC/CSUS applicants only, IDC not allowed)* |   | $0 | $0 | $0 | $0 |
| OTHER DIRECT COSTS (ODC) | ***Subject to IDC Calc*** |   |   |   |   |
|   | ODC #1 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #2 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #3 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #4 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #5 | ***Y*** | $0 | $0 | $0 | $0 |
| **TOTAL DIRECT COSTS** |  | **$0** | **$0** | **$0** | **$0** |
| **Indirect (F&A)** **Costs** |  | **F&A Base** |   |   |   |   |
|  | ***Rate*** | ***MTDC \**** | *$0* | *$0* | *$0* | *$0* |
|  | **25%** |  | **$0** | **$0** | **$0** | **$0** |
| **TOTAL COSTS PER YEAR** |  | **$0** | **$0** | **$0** |  |
| **TOTAL COSTS FOR PROPOSED PROJECT PERIOD** |  |  |  | **$0** |

\* MTDC = Modified Total Direct Cost

**JUSTIFICATION:** *Follow the budget justification instructions.*

**Budget Flexibility (SEE TERMS AND CONDITIONS)**

Prior approval required for budget changes between approved budget categories above the thresholds identified.

**% 10.00% *Or* Amount** $10,000

**Principal Investigator:** *Provide the name of the Principal Investigator here.*

**Organization:** *Provide the name of the Principal Investigator’s Organization here.*

**Anticipated Program Income (when applicable): 07/01/2023 – 12/31/2025**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |   |   | **Year 1****7/1/2023 –****6/30/2024** | **Year 2****7/1/2024 –** **6/30/2025** | **Year 3****7/1/2025 –****12/31/2025** | **TOTAL** |
| **ANTICIPATED PROGRAM INCOME** | **$0** | **$0** | **$0** | **$0** |

*Anticipated Program Income is an estimate of gross income earned by the University that is directly generated by a supported activity and earned only as a result of the State funded project, and this fact is known by the University at time of proposal. Anticipated Program Income is an estimate of potential income and not a guarantee of income to support the project.*

*This will only be incorporated in the Agreement when Program Income is anticipated and proposed.*

*Program Income is subject to the Terms and Conditions.*

If known, provide source(s) of Program Income:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source** |  |  |  |  | **Estimated Amount** |
|   |   |
|   |   |
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|   |   |

**Budget Justification**

*The Budget Justification will include the following items in this format.* **Identify and report in-kind contributions of personnel time, equipment, facilities, and materials by team members. Complete a separate Budget Justification (see below) for each subawardee (UC/CSUS applicants only) or subcontractor.**

**PERSONNEL**

***Name.*** *Starting with the Principal Investigator, list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff and include as “to-be-determined” (TBD).*

Staff 1 Name

Staff 2 Name

Staff 3 Name

***Role on Project.*** *For each personnel listed by name, including “to-be-determined” (TBD) positions, list their role on the project.*

Staff 1 – Description of role on project

Staff 2 – Description of role on project

Staff 3 – Description of role on project

***Salary.*** *In the table below, list the following information for each paid staff member: base salary, any annual increase percentage, any merit increase percentage, level of effort by percentage, and salaries per year. In parentheses below each yearly salary, indicate how many months per year each staff member will spend working on the project.* *Add additional tables as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary – S*taff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Base Salary |  |  |  |
| Annual Increase |  |  |  |
| Merit Increase |  |  |  |
| Effort |  |  |  |
| **Total Salary requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary – S*taff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Base Salary |  |  |  |
| Annual Increase |  |  |  |
| Merit Increase |  |  |  |
| Effort |  |  |  |
| **Total Salary requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary – S*taff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Base Salary |  |  |  |
| Annual Increase |  |  |  |
| Merit Increase |  |  |  |
| Effort |  |  |  |
| **Total Salary requested** |  |  |  |

***Fringe Benefits.***

*In accordance with University or Organizational policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by policy, to estimate the fringe benefit expenses. In the table below, list the following for each paid staff member: percentage rate for calculating fringe benefits, and total fringe benefits per year. Add additional tables as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits – *Staff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Fringe Rate |  |  |  |
| **Total Fringe Benefits requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits – *Staff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Fringe Rate |  |  |  |
| **Total Fringe Benefits requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits – *Staff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Fringe Rate |  |  |  |
| **Total Fringe Benefits requested** |  |  |  |

***Total Personnel Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Expenses** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 | **Total** |
| Yearly Salary Totals |  |  |  |  |
| Yearly Fringe Benefits Totals |  |  |  |  |
| **Yearly Personnel Totals** |  |  |  |  |

**TRAVEL (SEE TERMS AND CONDITIONS)**

*In the tables below, list the following for each trip: year of travel, destination, duration, names of traveling staff, and purpose. If applicable, include details on airfare (including total passengers, airfare costs per passenger, and total flight costs), rental vehicles (including total rental costs, total fuel costs per gallon, and total rental vehicle costs), and personal/company vehicles (including distance in miles, mileage reimbursement rate, and total vehicle costs), per diem (including number of days, number of staff, and cost per staff per day), and lodging (including number of days, number of staff, and cost per staff per day). Add additional tables as needed.*

**TRIP #1**

Trip Occurs in (select all that apply): [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Destination:

Duration:

Staff Names:

Purpose:

|  |  |
| --- | --- |
| **TRAVEL EXPENSES** | **TOTAL** |
| **TRAVEL** (select all that apply)[ ]  FLIGHTTotal passengers:Airfare per passenger:Total flight costs:[ ]  RENTAL VEHICLETotal rental costs:Total fuel costs per gallon:[ ]  PERSONAL/COMPANY VEHICLEDistance (miles):Mileage reimbursement rate: | $ |
| **PER DIEM**Number of days:Number of staff:Cost per staff per day: | $ |
| **LODGING**Number of days:Number of staff:Cost per staff per day: | $ |
| Total Cost per Trip | $ |
| Number of Trip Occurrences |  |
| **GRAND TOTAL** | $ |

**TRIP #2**

Trip Occurs in (select all that apply): [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Destination:

Duration:

Staff Names:

Purpose:

|  |  |
| --- | --- |
| **TRAVEL EXPENSES** | **TOTAL** |
| **TRAVEL** (select all that apply)[ ]  FLIGHTTotal passengers:Airfare per passenger:Total flight costs:[ ]  RENTAL VEHICLETotal rental costs:Total fuel costs per gallon:[ ]  PERSONAL/COMPANY VEHICLEDistance (miles):Mileage reimbursement rate: | $ |
| **PER DIEM**Number of days:Number of staff:Cost per staff per day: | $ |
| **LODGING**Number of days:Number of staff:Cost per staff per day: | $ |
| Total Cost per Trip | $ |
| Number of Trip Occurrences |  |
| **GRAND TOTAL** | $ |

***Total Travel Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Travel Expenses** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Travel Totals** |  |  |  |  |

**MATERIALS AND SUPPLIES**

*Itemize materials and supplies in separate categories.* ***Include a complete justification of the project’s need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.*** *List the cost for items and quantity of each item (if known) and list by year. Add additional lines as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Price per unit** | **Quantity** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Total Materials and Supplies Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Materials and Supplies**  | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Materials and Supplies Totals** |  |  |  |  |

**EQUIPMENT**

*List each item of equipment (value greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each. List all equipment purchases by year.* *Add additional lines as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment** | **Justification** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
| *Item* |  |  |  |  |
| *Item* |  |  |  |  |

***Total Equipment Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment**  | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Equipment Cost Totals** |  |  |  |  |

**RENT**

*If the Scope of Work will be performed in a facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award. List all facilities rented each year and any projected yearly increase. Add additional lines as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rent** | **Justification** | **Annual Increase** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
| *Facility or Item Name* |  |  |  |  |  |
| *Facility or Item Name* |  |  |  |  |  |

***Total Rental Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rent** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Rental Cost Totals** |  |  |  |  |

**SUBCONTRACTOR COSTS**

*Each subcontractor must submit a separate detailed budget for every year in the project period. Add additional lines as needed. Include a complete justification for the need for any subcontractor listed in the application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subcontractor Costs** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| *Subcontractor #1 Name* |  |  |  |  |
| *Subcontractor #2 Name* |  |  |  |  |

**SUBAWARDEE (CONSORTIUM/SUBRECIPIENT) COSTS**

*Each participating consortium organization must submit a separate detailed budget for every year in the project period. Add additional lines as needed. Include a complete justification for the need for any subawardee listed in the application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subawardee/Subrecipient Costs** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| Subawardee/Subrecipient #1 Name |  |  |  |  |
| Subawardee/Subrecipient #2 Name |  |  |  |  |

**OTHER DIRECT COSTS (ODC)**

*Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology. List all ODC by year. Add additional lines as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Direct Cost** | **Category** | **Justification** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
| ODC #1 |  |  |  |  |  |
| ODC #2 |  |  |  |  |  |
| ODC #3 |  |  |  |  |  |

***Total Other Direct Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Direct Costs** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Other Direct Costs Totals** |  |  |  |  |

**INDIRECT (F&A) COSTS (SEE TERMS AND CONDITIONS)**

*Indirect costs are calculated in accordance with the budgeted indirect cost rate (Limit 25% maximum).*

**Total Indirect Costs: $\_\_\_\_\_\_\_**

Subcontractor/Subawardee Budgets (when applicable)

**Subcontractor/Subawardee:** *Provide the name of the Subcontractor/Subawardee here.*

**Principal Investigator:** *Provide the name of the Principal Investigator here.*

**Organization:** *Provide the name of the Principal Investigator’s Organization here.*

**SUBCONTRACTOR/SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD: 07/01/2023 to 12/31/2025**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET CATEGORY** |   | **Year 1****7/1/2023 –****6/30/2024** | **Year 2****7/1/2024 –** **6/30/2025** | **Year 3****7/1/2025 –****12/31/2025** | **TOTAL** |
| PERSONNEL: *Salary and fringe benefits.* | $0 | $0 | $0 | $0 |
| TRAVEL |   | $0 | $0 | $0 | $0 |
| MATERIALS & SUPPLIES |   | $0 | $0 | $0 | $0 |
| EQUIPMENT |   | $0 | $0 | $0 | $0 |
| RENT |  | $0 | $0 | $0 | $0 |
| SUBCONTRACTOR #1*(IDC allowed up to 25% on first $25,000)* |   | $0 | $0 | $0 | $0 |
| SUBRECIPIENT (UC/CSUS applicants only)*(UC/CSUS applicants only, IDC not allowed)* |   | $0 | $0 | $0 | $0 |
| OTHER DIRECT COSTS (ODC) | ***Subject to IDC Calc*** |   |   |   |   |
|   | ODC #1 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #2 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #3 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #4 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #5 | ***Y*** | $0 | $0 | $0 | $0 |
| **TOTAL DIRECT COSTS** |  | **$0** | **$0** | **$0** | **$0** |
| **Indirect (F&A)** **Costs** |  | **F&A Base** |   |   |   |   |
|  | ***Rate*** | ***MTDC \**** | *$0* | *$0* | *$0* | *$0* |
|  | **25%** |  | **$0** | **$0** | **$0** | **$0** |
| **TOTAL COSTS PER YEAR** |  | **$0** | **$0** | **$0** |  |
| **TOTAL COSTS FOR PROPOSED PROJECT PERIOD** |  |  |  | **$0** |

\* MTDC = Modified Total Direct Cost

**JUSTIFICATION:** *Follow the budget justification instructions.*

**Budget Flexibility (SEE TERMS AND CONDITIONS)**

Prior approval required for budget changes between approved budget categories above the thresholds identified.

**% 10.00% *Or* Amount** $10,000

Subcontractor/Subawardee Budget Justification (when applicable)

*The Budget Justification will include the following items in this format.* **Identify and report in-kind contributions of personnel time, equipment, facilities, and materials by team members. Complete a separate Budget Justification (see below) for each subawardee (UC/CSUS applicants only) or subcontractor.**

PERSONNEL

***Name.*** *Starting with the Principal Investigator, list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as “to-be-determined” (TBD).*

Staff 1 Name

Staff 2 Name

Staff 3 Name

***Role on Project.*** *For each personnel listed by name, including “to-be-determined” (TBD) positions, list their role on the project.*

Staff 1 – Description of role on project

Staff 2 – Description of role on project

Staff 3 – Description of role on project

***Salary.*** *In the table below, list the following information for each paid staff member: base salary, any annual increase percentage, any merit increase percentage, level of effort by percentage, and salaries per year. In parentheses below each yearly salary, indicate how many months per year each staff member will spend working on the project. Add additional tables as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary – S*taff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Base Salary |  |  |  |
| Annual Increase |  |  |  |
| Merit Increase |  |  |  |
| Effort |  |  |  |
| **Total Salary requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary – S*taff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Base Salary |  |  |  |
| Annual Increase |  |  |  |
| Merit Increase |  |  |  |
| Effort |  |  |  |
| **Total Salary requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary – S*taff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Base Salary |  |  |  |
| Annual Increase |  |  |  |
| Merit Increase |  |  |  |
| Effort |  |  |  |
| **Total Salary requested** |  |  |  |

***Fringe Benefits.***

*In accordance with University or Organizational policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by policy, to estimate the fringe benefit expenses. In the table below, list the following for each paid staff member: percentage rate for calculating fringe benefits, and total fringe benefits per year. Add additional tables as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits – *Staff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Fringe Rate |  |  |  |
| **Total Fringe Benefits requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits – *Staff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Fringe Rate |  |  |  |
| **Total Fringe Benefits requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits – *Staff Name*** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 |
| Fringe Rate |  |  |  |
| **Total Fringe Benefits requested** |  |  |  |

***Total Personnel Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Expenses** | **Year 1**07/01/2023 –06/30/2024 | **Year 2**07/01/2024 –06/30/2025 | **Year 3**07/01/2025 –12/31/2025 | **Total** |
| Yearly Salary Totals |  |  |  |  |
| Yearly Fringe Benefits Totals |  |  |  |  |
| **Yearly Personnel Totals** |  |  |  |  |

**TRAVEL (SEE TERMS AND CONDITIONS)**

*In the tables below, list the following for each trip: year of travel, destination, duration, names of traveling staff, and purpose. If applicable, include details on airfare (including total passengers, airfare costs per passenger, and total flight costs), rental vehicles (including total rental costs, total fuel costs per gallon, and total rental vehicle costs), and personal/company vehicles (including distance in miles, mileage reimbursement rate, and total vehicle costs), per diem (including number of days, number of staff, and cost per staff per day), and lodging (including number of days, number of staff, and cost per staff per day). Add additional tables as needed.*

**TRIP #1**

Trip Occurs in (select all that apply): [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Destination:

Duration:

Staff Names:

Purpose:

|  |  |
| --- | --- |
| **TRAVEL EXPENSES** | **TOTAL** |
| **TRAVEL** (select all that apply)[ ]  FLIGHTTotal passengers:Airfare per passenger:Total flight costs:[ ]  RENTAL VEHICLETotal rental costs:Total fuel costs per gallon:[ ]  PERSONAL/COMPANY VEHICLEDistance (miles):Mileage reimbursement rate: | $ |
| **PER DIEM**Number of days:Number of staff:Cost per staff per day: | $ |
| **LODGING**Number of days:Number of staff:Cost per staff per day: | $ |
| Total Cost per Trip | $ |
| Number of Trip Occurrences |  |
| **GRAND TOTAL** | $ |

**TRIP #2**

Trip Occurs in (select all that apply): [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Destination:

Duration:

Staff Names:

Purpose:

|  |  |
| --- | --- |
| **TRAVEL EXPENSES** | **TOTAL** |
| **TRAVEL** (select all that apply)[ ]  FLIGHTTotal passengers:Airfare per passenger:Total flight costs:[ ]  RENTAL VEHICLETotal rental costs:Total fuel costs per gallon:[ ]  PERSONAL/COMPANY VEHICLEDistance (miles):Mileage reimbursement rate: | $ |
| **PER DIEM**Number of days:Number of staff:Cost per staff per day: | $ |
| **LODGING**Number of days:Number of staff:Cost per staff per day: | $ |
| Total Cost per Trip | $ |
| Number of Trip Occurrences |  |
| **GRAND TOTAL** | $ |

***Total Travel Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Travel Expenses** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Travel Totals** |  |  |  |  |

MATERIALS AND SUPPLIES

*Itemize materials and supplies in separate categories.* ***Include a complete justification of the project’s need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.*** *List the cost for items and quantity of each item (if known) and list by year. Add additional lines as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Price per unit** | **Quantity** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Total Materials and Supplies Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Materials and Supplies**  | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Materials and Supplies Totals** |  |  |  |  |

EQUIPMENT

*List each item of equipment (value greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each. List all equipment purchases by year. Add additional lines as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment** | **Justification** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
| *Item* |  |  |  |  |
| *Item* |  |  |  |  |

***Total Equipment Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment**  | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Equipment Cost Totals** |  |  |  |  |

Rent

*If the Scope of Work will be performed in a facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award. List all facilities rented each year and any projected yearly increase. Add additional lines as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rent** | **Justification** | **Annual Increase** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
| *Facility or Item Name* |  |  |  |  |  |
| *Facility or Item Name* |  |  |  |  |  |

***Total Rental Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rent** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Rental Cost Totals** |  |  |  |  |

Subcontractor Costs

*Each subcontractor must submit a separate detailed budget for every year in the project period. Add additional lines as needed. Include a complete justification for the need for any subcontractor listed in the application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subcontractor Costs** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| *Subcontractor #1 Name* |  |  |  |  |
| *Subcontractor #2 Name* |  |  |  |  |

Subawardee (Consortium/Subrecipient) Costs

*Each participating consortium organization must submit a separate detailed budget for every year in the project period. Add additional lines as needed. Include a complete justification for the need for any subawardee listed in the application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subawardee/Subrecipient Costs** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| Subawardee/Subrecipient #1 Name |  |  |  |  |
| Subawardee/Subrecipient #2 Name |  |  |  |  |

Other Direct Costs (ODC)

*Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology. List all ODC by year. Add additional lines as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Direct Cost** | **Category** | **Justification** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 |
| ODC #1 |  |  |  |  |  |
| ODC #2 |  |  |  |  |  |
| ODC #3 |  |  |  |  |  |

***Total Other Direct Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Direct Costs** | **Year 1**07/01/2023 – 06/30/2024 | **Year 2**07/01/2024 – 06/30/2025 | **Year 3**07/01/2025 – 12/31/2025 | **Total** |
| **Yearly Other Direct Costs Totals** |  |  |  |  |

Indirect (F&A) Costs (SEE TERMS AND CONDITIONS)

*Indirect costs are calculated in accordance with the budgeted indirect cost rate (Limit 25% maximum).*

**Total Indirect Costs: $\_\_\_\_\_\_\_**

1. It is strongly encouraged to include a Task in the Scope of Work aimed at providing evidence that implementation, expansion, and/or adoption is taking place (or beginning to take place) before the end of the grant period. [↑](#footnote-ref-1)