Substance Misuse Prevention and Early Intervention Services in Vermont Schools

BUDGET NARRATIVE FORM FY23

For each line item in the budget form provide a brief narrative description of how it will be used to support the proposal. For all personnel costs, please provide hourly rates multiplied by the number of hours funded by this proposal and itemize all costs over $500.00. In addition, please describe how your LEA will use matching funds or provide in kind services (Note: a match of at least 10% is required)

|  |  |
| --- | --- |
| **PERSONNEL** | **$** |

* 1. Salaries (provide individual salaries below)

B. Fringe Benefits: Brief description of the benefits offered by your organization and total benefits budgeted

|  |  |
| --- | --- |
| **OPERATING** | **$** |

1. Advertising/Marketing
2. Equipment
3. Materials/Supplies
4. Rent/Mortgage

(Per SAMHSA: Rent is typically already covered by your indirect costs; however, if the space is a programmatic/service site expense, the cost may be a direct charge. Rent should be calculated based on square footage or FTE and reflect SAMHSA’s fair share of the space.)

1. Sub-Contracts/Grants (list subrecipient(s) and itemized scope(s) of work)
2. Telephone (if a direct service cost)
3. Training/Education
4. Travel
5. Utilities
6. Other Direct Service Costs (list individually below)

|  |  |
| --- | --- |
| **INDIRECT/ADMINISTRATIVE**  | **(insert total amount)** |

1. Description of indirect costs if not the de minimus rate:

|  |  |
| --- | --- |
| **GRAND TOTAL**  | **(insert total amount)** |