

## Form B - ACA Budget Narrative

County ACAC: \_\_\_\_\_

County ACAC Contact Person \_\_\_\_\_/Phone Number \_\_\_\_\_/Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Personnel:** Provide a description and explanation for any salaries or benefits that would be charged to this grant. Provide a description for each individual who would be paid under this grant and separate subtotals for salaries and benefits at the end of the section.

Personnel Description Example: Mr. Doe will schedule and facilitate project planning group meetings, including scheduling sign language interpreters, CART, and securing alternate format materials. He will also liaison with the local Chamber of Commerce regarding recruitment and orientation of participating businesses.

(Example: John Doe, Project Manager, ABC County):

Salary \$25/hour (60 hours)	= \$1,500
Benefits at 32% of salary	= \$480

### Your Personnel Request Description:

\_\_\_\_\_

Salaries \$: \_\_\_\_\_

Benefits \$: \_\_\_\_\_

**Subtotal Personnel \$:** \_\_\_\_\_

**Facilities:** Provide a description and explanation for facility costs related to any events, such as information fairs, job fairs, conferences or training sessions. Include a description of efforts/plans to try to secure free facilities.

### Your Facilities Request Description:

\_\_\_\_\_

**Subtotal Facilities \$:** \_\_\_\_\_

**Travel:** Provide a description and explanation for travel expenses necessary for the project. Explain who will be doing the traveling and how it relates to the project. The description should include: the number of miles in a personal vehicle; number of nights and rates for hotel stays;

## Form B - ACA Budget Narrative

airport/hotel parking; the number of days on per diem; airline tickets or other modes of travel and rates; rental car fees and any other travel related costs. (Expenses will be reimbursed at the Washington State Office of Financial Management rates in effect at the time travel occurs. The rates may be accessed at the Office of Financial Management Travels Page at [www.ofm.wa.gov/resources/travel.asp](http://www.ofm.wa.gov/resources/travel.asp) under Washington State per diem maps.)

### Your Travel Request Description:

\_\_\_\_\_

**Subtotal Travel \$:** \_\_\_\_\_

**Reasonable Accommodations:** Provide sufficient description, i.e. number of hours and rates, to project the costs of sign language interpreting, CART, production of alternate formats, assistive technology and other accommodations necessary to ensure equal and full participation by people with disabilities. Provide separate descriptions and costs for accommodations supporting ACAC members, volunteers and others working on the project and for supporting members of the public participating in events and activities provided by the project.

### Your Reasonable Accommodations Request Description: \_\_\_\_\_

Accommodations for those working on the project: \_\_\_\_\_

Accommodations for members of the public: \_\_\_\_\_

**Subtotal Accommodations \$:** \_\_\_\_\_

**Contractual:** Provide a description and explanation for any contractual purchases necessary for the project. For each proposed contract, describe and explain the nature of the goods or services purchased, its role in the project and the rate and amount. If the contractor has already been identified, attach documentation of the contractor's qualifications to the budget narrative.

### Your Contractual Request Description: \_\_\_\_\_

**Subtotal Contractual \$:** \_\_\_\_\_

**Supplies and Materials:** Describe and explain the costs associated with any supplies or materials purchased or developed for the project.

## Form B - ACA Budget Narrative

Your Supplies and Materials Request Description: \_\_\_\_\_

Subtotal Supplies/Materials \$: \_\_\_\_\_

**Other Costs:** Describe and explain any other costs associated with the project.

Your Other Costs Request Description: \_\_\_\_\_

Subtotal Other Costs \$: \_\_\_\_\_

### Project Budget

Personnel:	\$	_____
Facilities:	\$	_____
Travel:	\$	_____
Reasonable Accommodations:	\$	_____
Contractual:	\$	_____
Supplies and Materials:	\$	_____
Other Costs:	\$	_____
<b>Total:</b>	<b>\$</b>	<b>_____</b>

### In-Kind

Describe and provide values for planned in-kind contributions in support of this project. This should include the person hours contributed by ACAC members and other volunteers. It should include the value of the time of County staff and the staff of other partners, not paid by this grant. Examples of other types of in-kind contributions include the use of facilities and donated services, such as speakers, trainers, or consultants.

Your In-Kind Request Description: \_\_\_\_\_

In-Kind Total: \$ \_\_\_\_\_

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