**SNAP Outreach Budget Justification**

**FFY2023 (October 2022 – September 2023)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

1. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
2. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in the description section**.
3. Calculations showing how the expense was computed. Use only the following acceptable symbols: *# $ % = + - X* (capital ‘X’ only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name:**

1. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.
2. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**
3. Total SNAP Expense: $ XX,XXX
4. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:  
     
   **If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**
5. **Copying/Printing/Materials:**
6. Total SNAP Expense: $ XX,XXX
7. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
8. Show calculations for expense described in #1: *(acceptable symbols: X; #; $; %, =; +; -)* i.e.: (# of units X $ cost/unit X SNAP Activities % = $Total SNAP Expense of line item h)
9. **Internet/Telephone:**
10. Total SNAP Expense: $ XX,XXX
11. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
12. Show calculations for expense described in #1: *(acceptable symbols: X; #; $; %, =; +; -)* i.e.: (# of units X $ cost/unit X SNAP Activities % = $Total SNAP Expense of line item i)
13. **Equipment (individual items exceeding $5K):**
14. Total SNAP Expense: $ XX,XXX
15. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
16. Show Calculations for expense described in #1: *(acceptable symbols: X; #; $; %, =; +; -)* i.e.: (# of units X $ cost/unit X SNAP Activities % = $Total SNAP Expense of line item j)
17. **Supplies and Non-Capital Expenditures:**
18. Total SNAP Expense: $ XX,XXX
19. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*
20. Show calculations for expense described in #1: *(acceptable symbols: X; #; $; %, =; +; -)* i.e.: (# of units X $ cost/unit X SNAP Activities % = $Total SNAP Expense of line item k)
21. **Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY23 Building/Space Calculator) below.

1. Total SNAP Expense: $ XX,XXX
2. **Other:**
3. Total SNAP Expense: $ XX,XXX
4. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
5. Show calculations for expense described in #1: *(acceptable symbols: X; #; $; %, =; +; -)* i.e.: (# of units X $ cost/unit X SNAP Activities % = $Total SNAP Expense of line item m)
6. **Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at $X airfare, $X lodging, and $X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***
7. Total SNAP Expense: $ XX,XXX
8. Purpose of Travel *(Do not use symbols in your description):*
9. Show Calculations: (*acceptable symbols: X; #; $; %, =; +; -*)

Destination: Name of Conference/Meeting/Etc.

Airfare: Average Cost X # of People X # of Trips

Lodging: Average Cost X # of People X # of Trips

Per Diem: Average Cost X # of People X # of Trips

Ground Transportation: Average Cost X # of People X # of Trips

= $Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = $Total SNAP Expense

**o. Local Travel (In-State Travel):**

1. Total SNAP Expense: $ XX,XXX
2. Purpose of Travel *(Do not use symbols in your description):*
3. Show Calculations: (*acceptable symbols: X; #; $; %, =; +; -*); Reimbursement rate of $0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X $0.56 = $Total SNAP Expense

1. **Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.
2. Total SNAP Expense: $ XX,XXX
3. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
4. Show calculations for expense described in #1: *(acceptable symbols: X; #; $; %, =; +; -)* i.e.: (# of units X $ cost/unit X SNAP Activities % = $Total SNAP Expense of line item r)
5. **Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant’s cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant’s accounting system permits, costs may be allocated in the direct costs categories.
6. Total Expense for Indirect Cost: $ XX,XXX
7. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***
8. Calculation: (*acceptable symbols: X; #; $; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = $Indirect Cost