

SNAP OUTREACH BUDGET JUSTIFICATION

FFY 2024 (OCTOBER 2023 - SEPTEMBER 2024)

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.

Organization Name: _____

G. 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.

Explain in detail how this organization will track activity and time spent on SNAP for all staff:

Total SNAP Expense: \$ _____

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:

H. COPYING / PRINTING / MATERIALS

Total SNAP Expense: \$ _____

Describe how the figures in the line item budget were calculated.

Show calculations (i.e.: # of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense)

I. INTERNET / TELEPHONE

Total SNAP Expense: \$ _____

Describe how the figures in the line item budget were calculated.

Show calculations (i.e.: # of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense)

J. EQUIPMENT & OTHER CAPITAL EXPENDITURES (INDIVIDUAL ITEMS EXCEEDING \$5K)

Total SNAP Expense: \$ _____

Describe how the figures in the line item budget were calculated.

Show calculations (i.e.: # of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense)

K. SUPPLIES & NON-CAPITAL EXPENDITURES

Total SNAP Expense: \$ _____

Describe how the figures in the line item budget were calculated. 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.

Show calculations (i.e.: # of units X \$ cost/unit X SNAP Activities % = \$Total SNAP)

L. BUILDING / SPACE

Please enter the total amount of allowable building/space costs

Total SNAP Expense: \$ _____

M. OTHER

Total SNAP Expense: \$ _____

Describe how the figures in the line item budget were calculated.

Show calculations (i.e.: # of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense)

O. TRAVEL (LONG DISTANCE - OUT OF STATE)

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***

Purpose of Travel:

Show Calculations: *(Enter in each field Average Cost X # of People X # of Trips)*

Destination: _____

Airfare: _____

Lodging: _____

Per Diem: _____

Ground Transportation: _____

Total SNAP Expense: \$ _____

P. TRAVEL (LOCAL TRAVEL - IN-STATE)

Purpose of Travel:

Show Calculations: *(Reimbursement rate of \$0.56/mile)*

Destination: _____

Total Round trips: _____

Round trip Mileage: _____

Total SNAP Expense: \$ _____

R. 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.

Total SNAP Expense: \$ _____

Describe how the figures in the line item budget were calculated.

Show calculations (i.e.: # of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense)

T. INDIRECT COSTS

Select one eligible Indirect cost as 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.

Description: **When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.**

Calculation (Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost)

Indirect Cost Rate: \$ _____

Total Expense Direct Cost: \$ _____

Total Expense for Indirect Cost: \$ _____

This institution is an equal opportunity provider.