

**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 the documents as follows:**

* **Submit the following as a combined single PDF.**

[ ]  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 IPM systems or practices 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. (*Note: curriculum vitae or resumes should not exceed three pages for each individual.)*

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

[ ]  A list of active ingredients proposed to be used during the course of the project (if applicable).

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

* **Submit the key cited documents as a combined single PDF.**

[ ]  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.

* **Submit the Scope of Work and Budget Information section of the proposal application form as an additional Microsoft Word Document.**

[ ]  Word file of Scope of Work and Budget

* **Submit the Budget Tables Worksheet and any needed Subaward Budget Tables Worksheets as Microsoft Excel Worksheets.**

[ ]  Budget Tables Worksheet containing completed calculations for all applicable budget categories in the composite budget.

[ ]  Subaward Budget Tables Worksheets containing completed calculations for all applicable budget categories for each subcontractor or subrecipient (if applicable).

Completed proposal applications must be submitted no later than **Thursday,** **January 18, 2024** 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.**

# **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:** *Select the geographical area(s) served here (include specific California counties if the project is not Statewide; multiple counties may be selected).*

[ ]  *Statewide*

[ ]  *County-Specific:*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Alameda | [ ]  Kings | [ ]  Placer | [ ]  Sierra |
| [ ]  Alpine | [ ]  Lake | [ ]  Plumas | [ ]  Siskiyou |
| [ ]  Amador | [ ]  Lassen | [ ]  Riverside | [ ]  Solano |
| [ ]  Butte | [ ]  Los Angeles | [ ]  Sacramento | [ ]  Sonoma |
| [ ]  Calaveras | [ ]  Madera | [ ]  San Benito | [ ]  Stanislaus |
| [ ]  Colusa | [ ]  Marin | [ ]  San Bernadino | [ ]  Sutter |
| [ ]  Contra Costa | [ ]  Mariposa | [ ]  San Diego | [ ]  Tehama |
| [ ]  Del Norte | [ ]  Mendocino | [ ]  San Francisco | [ ]  Trinity |
| [ ]  El Dorado | [ ]  Merced | [ ]  San Joaquin | [ ]  Tulare |
| [ ]  Fresno | [ ]  Modoc | [ ]  San Luis Obispo | [ ]  Tuolumne |
| [ ]  Glenn | [ ]  Mono | [ ]  San Mateo | [ ]  Ventura |
| [ ]  Humboldt | [ ]  Monterey | [ ]  Santa Barbara | [ ]  Yolo |
| [ ]  Imperial | [ ]  Napa | [ ]  Santa Clara | [ ]  Yuba |
| [ ]  Inyo | [ ]  Nevada | [ ]  Santa Cruz |  |
| [ ]  Kern | [ ]  Orange | [ ]  Shasta |  |

**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/CSU Applicants – Exhibits C and G; Non-UC/CSU Applicants – Exhibit C).

Signature: *Provide the signature of the contract or grant officer here.*

**Applicant Type**

[ ]  By checking this box, I confirm that I am a federal or tribal applicant AND

[ ]  the responsible contract or grant officer has carefully reviewed and can accept DPR’s terms and conditions as written.

[ ]  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.

[ ]  By checking this box, I confirm that I am NOT a federal or tribal applicant.

**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, 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, subrecipients, 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-$800,000.

[ ]  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 (30 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. Specifically describe which DPR priority areas the project would affect and how they would be affected. Please include the following considerations in your response.

* How the project addresses one or more of the following priority topic areas (10 percent weight)
	+ IPM for underserved or disadvantaged communities;
	+ Decreasing the use of high-risk/high-volume pesticides (such as fumigants like 1,3-dichloropropene or sulfuryl fluoride);
	+ Advancement of urban IPM and safer, more sustainable pest management tools and strategies in urban settings;
	+ Advancement of IPM and safer, more sustainable pest management tools and strategies in agricultural settings adjacent to or near a school(s);
	+ Meeting the IPM needs of small growers; and/or
	+ **TWO or more** of the three sustainability pillars noted below and referenced in the Sustainable Pest Management (SPM) Roadmap:
		- Human Health and Social Equity,
		- Environmental Protections,
		- Economic Vitality
* How the project provides benefit to Californians (20 percent weight)
	+ How the project aligns with the Alliance Grants Program’s mission to promote or increase the implementation, expansion, or adoption of effective, proven, and affordable integrated pest management (IPM) 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, 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) (15 Percent Weight):

Describe the effective, proven, and affordable IPM systems or practices that will be promoted or how the implementation, expansion, 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 (15 Percent Weight):

Describe the economic benefits and feasibility of the IPM systems or practices ready for implementation, expansion, or adoption. In particular, discuss how to overcome economic barriers to implementation, expansion, 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, or adoption compare to others currently available or in use
* How the project proposes to overcome economic barriers to implementation, expansion, 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, or adoption and what people, expertise, organizations, or networks will comprise the Alliance Team. Please include the following considerations in your response.

* Who your Alliance Team members are and what their expertise and 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, 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, 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.* *Succinct definitions of the roles are listed below; for the full descriptions of the roles, please see the relevant terms and conditions for your university or organization.*

* *Principal investigator: individual(s) that has the primary responsibility for financial management and control of project funds and is responsible for all aspects of project administration*
* *Key personnel: individuals who contribute to the scientific development or execution of the*

 *project in a substantive, measurable way, whether or not salaries are requested*

* *Non-key personnel: individuals that are not specifically required for completion of the Scope of Work*

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| **Name** | **Organization** | **Role on the project (principal investigator, key personnel, or non-key personnel)** |
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Current and Pending Support

Provide current and pending support information for principal investigators and key personnel identified above. Pending support includes any current applications for complimentary or overlapping funding. The “Proposed Project” is this application that is submitted to the State. Add rows to the table and additional sections as needed.

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| --- |
| **PI: NAME OF INDIVIDUAL** |
| **Status**  | **Award #** | **Source** | **Project Title** | **Start Date** | **End Date** |
| **(current or pending)** | **(if available)** | **(name of the sponsor)** |  |  |  |
| Proposed Project | *This project* |       |       |       |       |
| CURRENT PROJECT |       |       |       |       |       |
| PENDING APPLICATION |       |       |       |       |       |
| *Add additional rows as needed* |       |       |       |       |       |
| **Key person: NAME OF INDIVIDUAL** |
| **Status**  | **Award #** | **Source** | **Project Title** | **Start Date** | **End Date** |
| **(current or pending)** | **(if available)** | **(name of the sponsor)** |  |   |   |
| Proposed Project | *This project* |       |       |       |       |
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|   |       |       |       |       |       |
| **Key person: NAME OF INDIVIDUAL** |
| **Status**  | **Award #** | **Source** | **Project Title** | **Start Date** | **End Date** |
| **(current or pending)** | **(if available)** | **(name of the sponsor)** |  |   |   |
| Proposed Project | *This project* |       |       |       |       |
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| **Key person: NAME OF INDIVIDUAL** |
| **Status**  | **Award #** | **Source** | **Project Title** | **Start Date** | **End Date** |
| **(current or pending)** | **(if available)** | **(name of the sponsor)** |  |   |   |
| Proposed Project | *This project* |       |       |       |       |
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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 grant agreement has been executed. The agenda will be to review the role of the principal investigator, the project timeline, the project deliverables, and to discuss any questions about the objectives and tasks. The grant manager may require additional meetings as needed. The grant manager will write up meeting minutes and share with all attendees after the meeting.

**Deliverable:** Meeting agenda as a Microsoft Word file via email (one week in advance) and revisions to the meeting minutes (within 14 days of receiving the meeting minutes).

**Due Date:** Meeting within 30 days from the full execution of the grant agreement and meeting minute revisions within 14 days of receiving meeting minutes.

**Task 1.2** **Outreach plan:** Provide an outreach plan for Department’s review and approval that provides 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:** The outreach plan as a Microsoft Word file inclusive of written explanations, tables, figures, or images needed to fully convey the plan.

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

**Task 1.3 Invoices:** Periodic invoices, a final invoice, and an invoice for the return of the ten percent retention are required. 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 June 30, 2027.

**Deliverables:** Periodic, final, and ten percent retention invoices. At a minimum, quarterly 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 and include backup documentation to support the expenditures.

**Due Date:** Periodic invoices must be submitted no more than once a month and no less than quarterly (every 3 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 one month after the last day of every calendar quarter, in person or virtually, as requested by the grant manager or a designated representative. Any 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. The grant manager will write up meeting minutes and share with all attendees after each meeting.

**Deliverable:** Meeting agenda as a Microsoft Word file via email (one week in advance) and revisions to the meeting minutes (within 14 days of receiving the meeting minutes).

**Due Date:** One month after the end of every calendar quarter through April 30, 2027.

**Task 1.5** **Quarterly progress reports:** Quarterly reports must contain the information required on the template. Quarterly report should include relevant results, problems, and special situations that are explicitly related to project deliverables and any potential or actual effects on the deliverables or their completion dates. Submit quarterly reports to grant manager.

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

**Due Date:** The end of every calendar quarter through March 31, 2027.

**Task 1.6 Annual reports:** The annual reports must contain the information required on the template. The annual report should include relevant results, problems, and special situations that are explicitly related to project deliverables and any potential or actual effects on the deliverables or their completion dates. Additionally, the annual report must include a project work plan for the coming year and any expected modifications from what was originally proposed in the grant agreement or the outreach plan. Submit annual reports to grant manager.

**Deliverables:** Annual reports completed using the template due June 30 of each year (except for the year the final report is due) following grant execution as a Microsoft Word file via email.

**Due Date:** Every June 30 through June 2026.

**Task 1.7** **Final report draft:** Use the final report template to 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 or future research. 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. 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:** June 15, 2027.

**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 reports 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, png, 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:** June 30, 2027.

**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, 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/Grant 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 April 30, 2027 |
| 1 | 1.5 Quarterly project reports  | Every quarter through March 31, 2027 |
| 1 | 1.6 Annual reports | Every June 30 through 2026 |
| 1 | 1.7 Draft final report  | June 15, 2027 |
| 1 | 1.8 Final report | June 30, 2027 |
| 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.** |
|  |  |  |

**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: 07/01/2024 to 06/30/2027**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET CATEGORY** | **Year 1****7/1/2024 –****6/30/2025** | **Year 2****7/1/2025 –****6/30/2026** | **Year 3****7/1/2026 –****06/30/2027** | **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 #1(UC/CSU applicants only, IDC not allowed) | $0 | $0 | $0 | $0 |
| OTHER DIRECT COST #1:Subject to IDC: **Y/N** | $0 | $0 | $0 | $0 |
| OTHER DIRECT COST #2:Subject to IDC: **Y/N** | $0 | $0 | $0 | $0 |
| **TOTAL DIRECT COSTS** | **$0** | **$0** | **$0** | **$0** |
| **MODIFIED TOTAL DIRECT COSTS (F&A Base)** | *$0* | *$0* | *$0* | *$0* |
| **INDIRECT (F&A) COSTS****Rate: 25%** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL COSTS PER YEAR** | **$0** | **$0** | **$0** |  |
| **TOTAL COSTS FOR THE PROJECT PERIOD** |  |  |  | **$0** |

\* MTDC = Modified Total Direct Cost

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

**Budget Flexibility: Prior approval is required for all budget changes.**

**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 subrecipient (UC/CSU applicants only) or subcontractor.

**For all applicable items reported in this budget justification section, the corresponding sheet in the budget tables worksheet (Microsoft Excel) must be completed in full. Numbers contained in the budget tables worksheet must match the numbers reported in this budget justification section.**

**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.* *Add additional lines as needed.*

Staff 1 – Description of role on project

Staff 2 – Description of role on project

Staff 3 – Description of role on project

***Salary.*** *For all personnel, including “to-be-determined” positions, list the salary per year and the total salary. Additionally, note any in-kind salary contributions. Add additional lines as needed.*

Staff 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Staff 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Staff 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

***Fringe Benefits.****For all personnel, including “to-be-determined” positions, list the fringe benefits per year and the total fringe benefits. Add additional lines as needed.*

Staff 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_ ; Total: $\_\_\_\_\_\_\_\_

Staff 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Staff 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

***Total Personnel Costs.***

Yearly Salary Totals

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Yearly Fringe Benefits Totals

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Yearly Personnel Totals

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**TRAVEL (SEE TERMS AND CONDITIONS)**

*Itemize all travel requests separately by trip and justify, in accordance with university or organizational travel guidelines. Travel and reimbursement for travel for applicants not affiliated with the University of California (UC) or the California State University (CSU) systems shall be in accordance with the* [*California Department of Human Resources’ (CalHR) travel policy*](https://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx)*. For trips that occur over multiple years, include as separate trips. Add additional trips as needed.*

**TRIP #1**

Trip Occurs in: [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Origin:

Destination:

Duration (number of days and number of nights):

Personnel Names:

Purpose:

Total Cost per Trip:

Number of Trip Occurrences:

Trip #1 Total:

**TRIP #2**

Trip Occurs in: [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Origin:

Destination:

Duration (number of days and number of nights):

Personnel Names:

Purpose:

Total Cost per Trip:

Number of Trip Occurrences:

Trip #2 Total:

**TRIP #3**

Trip Occurs in: [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Origin:

Destination:

Duration (number of days and number of nights):

Personnel Names:

Purpose:

Total Cost per Trip:

Number of Trip Occurrences:

Trip #3 Total:

***Total Travel Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**MATERIALS AND SUPPLIES**

*Itemize all materials and supplies* *separately by item and 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.****Add additional lines as needed.*

**Materials and Supplies Justification:** *Provide* ***a complete justification of the project’s need for these items.***

***Total Materials and Supplies Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**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 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Equipment 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Equipment 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**Equipment Justification:** *Provide* ***a complete justification of the project’s need for these items.***

***Total Equipment Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**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 by year. Add additional lines as needed.*

Rent 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Rent 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Rent 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

***Total Rent Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**SUBCONTRACTOR**

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

Subcontractor 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subcontractor 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subcontractor 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**SUBRECIPIENT (UC/CSU APPLICANTS ONLY)**

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

Subrecipient 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subrecipient 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subrecipient 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**OTHER DIRECT COSTS (ODC)**

*Itemize any other expenses by category* *and include a complete justification of the project’s need for these expenses. Specifically* *include and 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. Add additional lines as needed.*

ODC 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subject to Indirect Costs (IDC): [ ]  Yes [ ]  No

ODC 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subject to Indirect Costs (IDC): [ ]  Yes [ ]  No

ODC 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subject to Indirect Costs (IDC): [ ]  Yes [ ]  No

**Other Direct Costs (ODC) Justification:** *Provide* ***a complete justification of the project’s need for these items.***

***Total Other Direct Costs (ODC) Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**MODIFIED TOTAL DIRECT COSTS (MTDC) AND INDIRECT (F&A) COSTS (SEE TERMS AND CONDITIONS)**

*Indirect costs are calculated on the modified total direct costs (MTDC) in accordance with the budgeted indirect cost rate (Limit 25% maximum).*  *The MTDC includes* ***up to the first $25,000 of each subcontract****; the portion of each subcontract in excess of $25,000 is not included in the MTDC.*

Indirect Cost Rate (%):

Modified Total Direct Costs (MTDC) –Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**Total Indirect Costs.**

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subcontractor/Subrecipient Budgets

(when applicable; submit separate budget and budget justification for each)

**Subcontractor/Subrecipient:** *Provide the name of the subcontractor/subrecipient here.*

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

**Organization:** *Provide the name of the principal investigator’s organization here.*

**SUBCONTRACTOR/SUBRECIPIENT BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD: 07/01/2024 to 06/30/2027**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET CATEGORY** | **Year 1****7/1/2024 –****6/30/2025** | **Year 2****7/1/2025 –****6/30/2026** | **Year 3****7/1/2026 –****06/30/2027** | **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 #1(UC/CSU applicants only, IDC not allowed) | $0 | $0 | $0 | $0 |
| OTHER DIRECT COST #1:Subject to IDC: **Y/N** | $0 | $0 | $0 | $0 |
| OTHER DIRECT COST #2:Subject to IDC: **Y/N** | $0 | $0 | $0 | $0 |
| **TOTAL DIRECT COSTS** | **$0** | **$0** | **$0** | **$0** |
| **MODIFIED TOTAL DIRECT COSTS (F&A Base)** | *$0* | *$0* | *$0* | *$0* |
| **INDIRECT (F&A) COSTS****Rate: 25%** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL COSTS PER YEAR** | **$0** | **$0** | **$0** |  |
| **TOTAL COSTS FOR THE PROJECT PERIOD** |  |  |  | **$0** |

\* MTDC = Modified Total Direct Cost

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

**Budget Flexibility: Prior approval is required for all budget changes.**

Subcontractor/Subrecipient 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 subrecipient (UC/CSU applicants only) or subcontractor.

**For all applicable items reported in this budget justification section, the corresponding sheet in the subaward budget tables worksheet (Microsoft Excel) must be completed in full. Numbers contained in the subaward budget tables worksheet must match the numbers reported in this budget justification section.**

**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. Add additional lines as needed.*

Staff 1 – Description of role on project

Staff 2 – Description of role on project

Staff 3 – Description of role on project

***Salary.*** *For all personnel, including “to-be-determined” positions, list the salary per year and the total salary. Additionally, note any in-kind salary contributions. Add additional lines as needed.*

Staff 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Staff 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Staff 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

***Fringe Benefits.*** *For all personnel, including “to-be-determined” positions, list the fringe benefits per year and the total fringe benefits. Add additional lines as needed.*

Staff 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_ ; Total: $\_\_\_\_\_\_\_\_

Staff 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Staff 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

***Total Personnel Costs.***

Yearly Salary Totals

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Yearly Fringe Benefits Totals

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Yearly Personnel Totals

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**TRAVEL (SEE TERMS AND CONDITIONS)**

*Itemize all travel requests separately by trip and justify, in accordance with university or organizational travel guidelines. Travel and reimbursement for travel for applicants not affiliated with the University of California (UC) or the California State University (CSU) systems shall be in accordance with the* [*California Department of Human Resources’ (CalHR) travel policy*](https://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx)*. For trips that occur over multiple years, include as separate trips. Add additional trips as needed.*

**TRIP #1**

Trip Occurs in: [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Origin:

Destination:

Duration (number of days and number of nights):

Personnel Names:

Purpose:

Total Cost per Trip:

Number of Trip Occurrences:

Trip #1 Total:

**TRIP #2**

Trip Occurs in: [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Origin:

Destination:

Duration (number of days and number of nights):

Personnel Names:

Purpose:

Total Cost per Trip:

Number of Trip Occurrences:

Trip #2 Total:

**TRIP #3**

Trip Occurs in: [ ]  Year 1 [ ]  Year 2 [ ]  Year 3

Origin:

Destination:

Duration (number of days and number of nights):

Personnel Names:

Purpose:

Total Cost per Trip:

Number of Trip Occurrences:

Trip #3 Total:

***Total Travel Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**MATERIALS AND SUPPLIES**

*Itemize all materials and supplies separately by item and 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.*** *Add additional lines as needed.*

**Materials and Supplies Justification:** *Provide* ***a complete justification of the project’s need for these items.***

***Total Materials and Supplies Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**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 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Equipment 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Equipment 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**Equipment Justification:** *Provide* ***a complete justification of the project’s need for these items.***

***Total Equipment Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**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 by year. Add additional lines as needed.*

Rent 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Rent 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Rent 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

***Total Rent Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**SUBCONTRACTOR**

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

Subcontractor 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subcontractor 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subcontractor 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**SUBRECIPIENT (UC/CSU APPLICANTS ONLY)**

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

Subrecipient 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subrecipient 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subrecipient 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**OTHER DIRECT COSTS (ODC)**

*Itemize any other expenses by category and include a complete justification of the project’s need for these expenses. Specifically include and 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. Add additional lines as needed.*

ODC 1 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subject to Indirect Costs (IDC): [ ]  Yes [ ]  No

ODC 2 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subject to Indirect Costs (IDC): [ ]  Yes [ ]  No

ODC 3 – Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

Subject to Indirect Costs (IDC): [ ]  Yes [ ]  No

**Other Direct Costs (OD) Justification:** *Provide* ***a complete justification of the project’s need for these items.***

***Total Other Direct Costs (ODC) Costs.***

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**MODIFIED TOTAL DIRECT COSTS (MTDC) AND INDIRECT (F&A) COSTS (SEE TERMS AND CONDITIONS)**

*Indirect costs are calculated on the modified total direct costs (MTDC) in accordance with the budgeted indirect cost rate (Limit 25% maximum).*  *The MTDC includes* ***up to the first $25,000 of each subcontract****; the portion of each subcontract in excess of $25,000 is not included in the MTDC.*

Indirect Cost Rate (%):

Modified Total Direct Costs (MTDC) –Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

**Total Indirect Costs.**

Year 1 - $\_\_\_\_\_\_\_; Year 2 - $\_\_\_\_\_\_\_\_; Year 3 - $\_\_\_\_\_\_\_; Total: $\_\_\_\_\_\_\_\_

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