



# LDD Capacity Building Cooperative Agreement Program

## Budget Outline & Narrative

Name of LDD:

Address:

Budget Category			
Personnel	Dollar Amount to be charged to SCRC	Time & Effort	Percentage of Time to SCRC
	\$	<input type="checkbox"/> Split-Funded <input type="checkbox"/> 1 FTE	%
	\$	<input type="checkbox"/> Split-Funded <input type="checkbox"/> 1 FTE	%
	\$	<input type="checkbox"/> Split-Funded <input type="checkbox"/> 1 FTE	%
	\$	<input type="checkbox"/> Split-Funded <input type="checkbox"/> 1 FTE	%
	\$	<input type="checkbox"/> Split-Funded <input type="checkbox"/> 1 FTE	%
	\$	<input type="checkbox"/> Split-Funded <input type="checkbox"/> 1 FTE	%
	\$	<input type="checkbox"/> Split-Funded <input type="checkbox"/> 1 FTE	%
Total Personnel/Position	\$		
Total Fringe Benefits ( ____ % of salaries)	\$		
Total Salaries & Fringe Benefits	\$		
Travel	\$		
Equipment (see §200.439 for allowability)	\$		
Materials/Supplies (see §200.453)	\$		
Contractual	\$		
Other Costs	\$		
Total Direct Charges	\$		
Indirect Charges ( ____%)	\$		
Total	\$		

**Budget Narrative:** Please provide a narrative for each section explaining or justifying the estimated costs and how the costs relate to the deliverables in the Cooperative Agreement.

<b>Personnel Description:</b>
<b>Fringe:</b>
<b>Travel:</b>
<b>Equipment:</b>
<b>Supplies/Materials:</b>
<b>Contractual:</b>
<b>Indirect Costs:</b>
<b>Other Costs:</b>