**Caring for Denver Foundation − Budget Narrative Form**

Caring for Denver Foundation requires applicants to submit a Budget Narrative Form using this template. The budget narrative form is where you detail and briefly describe the budget line items for each year you are requesting funding for your project/program. Only include funds requested from Caring for Denver Foundation, rather than the entire program budget. If you are not requesting funds in a budget category, you do not need to provide a narrative for that category.

Round to the nearest dollar (do not include cents). Ensure the amounts requested in the Budget Narrative match the amounts on your grant request/application and your [Line-Item Budget Form](https://caring4denver.org/grants/resources/#lineitem).

If you have a question about whether or not an item may be an allowable expense, email our grants office at grants@caring4denver.org.

View our Requested Documents video for further explanation of this document: <https://caring4denver.org/grants/resources/#documentsvideo>.

**Organization Name: Click here to enter text.**

**Project/Program Name: Click here to enter text.**

**DIRECT COSTS**

**Personnel/Staff**

The Personnel/Staff line item is for your organization’s employees’ salaries, benefits, and/or other personnel costs/fringe (e.g., payroll taxes) with direct involvement in the project/program for which you are requesting funding. Personnel/staff are employees who complete a Form W2 when your organization hires them and receive a Form W4 during tax time. Do not include payments to non-employees (contractors, consultants, and/or partners) here—list them in the Other Costs section below.

For positions for which you are requesting Caring for Denver Foundation funding, include position/title (names are not necessary), a brief description of role in the program, and amounts requested from Caring for Denver Foundation for their salary, benefits, and other personnel costs/fringe for each year of your grant request. You may include existing staff to oversee and/or work on the proposed project, with justification for the percentage of their time charged to the grant. If the request includes funding for the executive director’s salary, they must provide direct services to or oversight of the program. If a staff member oversees or contributes to the grant work, but you are not requesting funding for them, include them in the Personnel/Staff section narrative but state that their work is in-kind or funded by other revenue sources. Note that non-programmatic personnel/staff costs (e.g., accountant, grant writer, IT, management) can be partially funded through the Indirect Costs line item below.

If you are requesting personnel costs for more than one year, you may include reasonable increases for cost-of-living adjustments and merit-based raises (remember to adjust the benefits and fringe accordingly).

*Copy and paste this section* 🡫 *for each personnel/staff person for which you are requesting funding and number them accordingly (i.e., #1, #2, #3, etc.). If you are requesting funding for identical positions, they can be combined rather than listing them separately (please note that in the description section).*

Staff Position #1

Position/Title: Click here to enter text.

Brief description of role in project/program (include if this is a new hire or existing role): Click here to enter text.

Position’s annual salary amount (not including benefits and fringe):

Year 1: $Click here to enter amount. Year 2: $Click here to enter amount. Year 3: $Click here to enter amount.

Position’s annual benefits and fringe amount:

Year 1: $Click here to enter amount. Year 2: $Click here to enter amount. Year 3: $Click here to enter amount.

Percentage of total annual salary, benefits, and/or fringe amount requested from Caring for Denver Foundation:

Year 1: Click here to enter percentage.% Year 2: Click here to enter percentage.% Year 3: Click here to enter percentage.%

Is this request for a full year (12 months) of funding for this position?

Year 1: Click to select a response. Year 2: Click to select a response. Year 3: Click to select a response.

If no, for how many months are you requesting funding?

Year 1: Click here to enter number. Year 2: Click here to enter number. Year 3: Click here to enter number.

Do you anticipate salary increase(s) for this position? Click to select a response.

If yes, is this a cost-of-living increase? Click to select a response.

Total Salary, Benefits, and Other Personnel Costs/Fringe Funding Requested for This Staff Person:

Year 1: $Click here to enter amount.

Year 2: $Click here to enter amount.

Year 3: $Click here to enter amount.

Total: $Click here to enter amount.

**Total Personnel/Staff Request to Caring for Denver Foundation**

*Provide totals for the positions listed above here.*

**Year 1:** $Click here to enter amount.

**Year 2:** $Click here to enter amount.

**Year 3:** $Click here to enter amount.

**TOTAL:** $Click here to enter amount.

**Program Supplies and/or Equipment**

The Program Supplies and Equipment line item is for tangible items needed to implement and run the program for which you are requesting funding. Describe what they are, why they are needed, and how you determined costs.

*Copy and paste this section* 🡫 *for each program supply/equipment for which you are requesting funding and number them accordingly (i.e., #1, #2, #3, etc.).*

Supply/Equipment #1

What it is: Click here to enter text.

Why it’s needed: Click here to enter text.

How cost was determined: Click here to enter text.

Year 1: $Click here to enter amount.

Year 2: $Click here to enter amount.

Year 3: $Click here to enter amount.

TOTAL: $Click here to enter amount.

**Total Program Supplies and/or Equipment Request to Caring for Denver Foundation**

*Provide totals for the program supplies and/or equipment listed above here.*

**Year 1:** $Click here to enter amount.

**Year 2:** $Click here to enter amount.

**Year 3:** $Click here to enter amount.

**TOTAL:** $Click here to enter amount.

**Other Program-Related Costs**

The Other Program-Related Costs line item is for services and other fees needed to implement and run the program for which you are requesting funding (e.g., meetings, travel, professional development). Do not include rent for the employee’s workspace (that is considered an Indirect Cost). Describe what they are, why they are needed, and how you determined costs.

*Copy and paste this section* 🡫 *for each other program-related cost for which you are requesting funding and number them accordingly (i.e., #1, #2, #3, etc.).*

Other Program-Related Cost #1

What it is: Click here to enter text.

Why it’s needed: Click here to enter text.

How cost was determined: Click here to enter text.

Year 1: $Click here to enter amount.

Year 2: $Click here to enter amount.

Year 3: $Click here to enter amount.

TOTAL: $Click here to enter amount.

**Total Other Program-Related Costs Request to Caring for Denver Foundation**

*Provide totals for the other program-related costs listed above here.*

**Year 1:** $Click here to enter amount.

**Year 2:** $Click here to enter amount.

**Year 3:** $Click here to enter amount.

**TOTAL:** $Click here to enter amount.

**Direct Costs Total**

*Provide totals for the Personnel/Staff + Program Supplies and Equipment + Other Program-Related Costs totals from above here.*

**Year 1:** $Click here to enter amount.

**Year 2:** $Click here to enter amount.

**Year 3:** $Click here to enter amount.

**TOTAL:** $Click here to enter amount.

**OTHER COSTS**

**Contractors, Consultants, and/or Partners**

Describe the work these non-employees will be doing for your organization specific to your proposed project and include their hourly rate or fixed price they have agreed upon with your organization. Contractors complete a Form W9 when they are hired and receive a Form 1099 at tax time. If some or all contractors, consultants, and/or partners have not yet been selected or confirmed, share your anticipated timeline. Expenses like staff, supplies and equipment, and other program-related costs paid by contractors, consultants, and/or partners can be listed here.

*Copy and paste this section* 🡫 *for each contractor, consultant, and/or partner for which you are requesting funding and number them accordingly (i.e., #1, #2, #3, etc.).*

Contractor, Consultant and/or Partner #1

Who it is: Click here to enter text.

Brief description of role in project/program (include their hourly or fixed rate): Click here to enter text.

Description of funding requested for this contractor, consultant and/or partner, including percentage of total requested from Caring for Denver Foundation: Click here to enter text.

Year 1: $Click here to enter amount.

Year 2: $Click here to enter amount.

Year 3: $Click here to enter amount.

TOTAL: $Click here to enter amount.

**Total Contractors, Consultants, and/or Partners Request to Caring for Denver Foundation**

*Provide totals for the contractors, consultants, and/or partners listed above here.*

**Year 1:** $Click here to enter amount.

**Year 2:** $Click here to enter amount.

**Year 3:** $Click here to enter amount.

**TOTAL:** $Click here to enter amount.

**Indirect Costs and/or Fiscal Sponsor’s Fee**

**Indirect Costs**

Indirect Costs—sometimes referred to as “overhead”—can help with the general operation of your organization. This includes the costs of doing business that are not necessarily directly tied to grant-funded program/project activities but are necessary for the function of the organization that runs the program/project (e.g., rent, utilities, technology, and non-programmatic employee salaries including accounting, grant writer, IT, and management). If requested, these are limited to a maximum of 15% on Direct Costs (not on the Contractors, Consultants, and/or Partners line item) when combined with the Fiscal Sponsor’s Fee (if requested).

Year 1: $Click here to enter amount.

Year 2: $Click here to enter amount.

Year 3: $Click here to enter amount.

TOTAL: $Click here to enter amount.

**Fiscal Sponsor’s Fee (if applicable)**

If you are using a fiscal sponsor, you may include a fiscal sponsor’s fee in your budget. This amount is capped at 15% on Direct Costs (not on the Contractors, Consultant, and/or Partners line item) when combined with the Indirect Costs.

Year 1: $Click here to enter amount.

Year 2: $Click here to enter amount.

Year 3: $Click here to enter amount.

TOTAL: $Click here to enter amount.

**Total Indirect Costs and/or Fiscal Sponsor’s Fee Request to Caring for Denver Foundation**

*Provide totals for the Indirect Costs + Fiscal Sponsor’s Fee listed above here.*

 *Limited to a maximum of 15% on Direct costs.*

**Year 1:** $Click here to enter amount.

**Year 2:** $Click here to enter amount.

**Year 3:** $Click here to enter amount.

**TOTAL:** $Click here to enter amount.

**Other Costs Total**

*Total the Contractors, Consultants, and/or Partners + Indirect Costs and/or Fiscal Sponsor’s Fee totals from above here.*

*These cannot exceed 15% of the Direct Costs totals.*

**Year 1:**  $Click here to enter amount.

**Year 2:** $Click here to enter amount.

**Year 3:** $Click here to enter amount.

**TOTAL:** $Click here to enter amount.

**TOTAL REQUEST TO CARING FOR DENVER FOUNDATION**

*Total the Direct Costs + Other Costs totals listed above here.*

**Year 1: $Click here to enter amount.**

**Year 2: $Click here to enter amount.**

**Year 3: $Click here to enter amount.**

**TOTAL REQUEST TO CARING FOR DENVER FOUNDATION: $Click here to enter amount.**

*Ensure the amounts requested here match the amounts on your grant request/application form and your Line-Item Budget Form.*