






**Total Indirect Expenses \$ -**

**Match Requirement (7%)**

Category	Description	Amount

**Total Match Expenses \$ -**

## ATTACHMENT IV: Budget Narrative

<b>Applicant Name:</b>	
<b>County:</b>	

**Budget Narrative**

*NOTE: All usage of Tobacco Settlement funds must be directly related to the Tobacco Prevention Program, aside from goods this also includes staff salaries being prorated to the amount of time spent on program activities.*

1.	Provide justification and details (including computations) for all budget categories contained in the Budget Summary.
2.	Include only expenses directly related to the project and necessary for program implementation.
3.	Enter narrative description below each budget category description where indicated below.
<b>Sub-contract Services:</b> For each independent subcontractor proposed to be employed by the program provide the name of the vendor if known, or the type of sub-contractual services planned, deliverables planned, frequency of the proposed services, rate of pay, total costs, and procurement method.	
<b>Travel:</b> Itemize the cost of travel for personnel including travel purpose, location, and detailed costs. Show the basis of cost calculations. Travel expenses are limited for reimbursement as authorized in Section 112.061 Florida Statutes.	
<b>Food:</b> Indicate the cost of food to be purchased for use in events and promotions. Include the meeting/event name, cost computation, and total cost.	
<b>Promotional Items:</b> Itemize the type and costs of materials to be purchased or developed for use in promoting and marketing the program in the local community. Detail the programmatic benefits to be derived from the promotion and marketing materials and how they relate to achievement of the programmatic goals and objectives.	
Food and promotional item costs (combined) are limited to 2.5% of the total award	

**ATTACHMENT IV: Budget Narrative**

<b>Food and promotional item costs</b> (continued)
<b>Marketing/Media:</b> Itemize the costs of media advertising related to marketing and promotion of the program and marketing. Include the item description, cost computation, and total cost. Detail the programmatic benefits to be derived from the advertising and how it relates to achievement of the programmatic goals and objectives.
<b>Office Expenses:</b> Itemize program related supplies separately by type (office supplies, copy paper, postage, software, etc.) that are expendable or consumed during the course of the program and show the formula used to arrive at total program costs.
<b>Office Equipment:</b> Costs may include, but is not limited to computers, telephones, scanners, copiers, fax machines, and equipment maintenance. Itemize each equipment item; include equipment name, purpose/need, vendor (if known) and cost.

**ATTACHMENT IV: Budget Narrative**

**Other Direct Expenses:** List and describe any other expenses related to the program that is not specifically listed above. Breakout and show the computation for each line item.

**Indirect Expenses:** Itemize program specific costs to implement the program by pro-rata share or applicable percentage of the total costs of these items. List each item separately and show the formula used to derive at total program costs. Indirect Expenses are limited to 7.5% of the total amount of the award.

**Match Requirement:** Applicants must provide an annual match equivalent to 7% of their annual grant funding amount. Match will be described in their financial reports. Match may be an actual expenditure of private funds, unrecovered indirect expenses or in-kind in the form of free services or human resources. The match may include in-kind services, office support, other tangible support, or offset of costs.

**ATTACHMENT V**

**CURRENT AND PRIOR FUNDED PROJECTS**

Please include prior grants and projects you deem to be most relevant to the work of this RFA

**a) Current Funded Projects:**

<b>Project Name</b>	<b>Project Dates</b>	<b>Project Location (County, City, Region)</b>	<b>Amount Awarded</b>	<b>Funding Entity and Contact Information:</b>	<b>Contract Information:</b>	<b>Anticipated Project Outcome</b>

**b) Previously Funded Projects (2014 – 2020):**

<b>Project Name</b>	<b>Project Dates</b>	<b>Project Location (County, City, Region)</b>	<b>Amount Awarded</b>	<b>Funding Entity and Contact Information:</b>	<b>Contract Information:</b>	<b>Anticipated Project Outcome</b>

**C) Revoked Grants or Contracts**

<b>Project Name</b>	<b>Project Dates</b>	<b>Project Location (County, City, Region)</b>	<b>Amount Awarded</b>	<b>Funding Entity and Contact Information:</b>	<b>Date and Reason Grant or Contract was Revoked</b>

Note: Applicants may add additional rows and pages as appropriate.