

USAID/ARE Project

Guidance on Grant Application Budget Form

1. Detailed Budget. Enter detailed anticipated expenses in the appropriate line item by detailing unit cost and rate. If the grant is multiple years, it is easier to include a new column for each year. If the grant includes required cost share or grantee contribution, add new column(s) for those requirements before the total column. The cost share and/or grantee contribution should be added to the "total."

I. Salary - In the rate column, specify the monthly rate of long term labor, and anticipated number of months for each position. For short term labor, specify daily rate and anticipated number of days. Each labor expense entered will require backup documentation such as employment agreement and payroll slip. For new labor, include names and titles, as well as rate. Salary history verification will be required. Please provide an explanation of position and justification of # of days or months to be worked in the detailed budget notes.

II. Benefits - Enter any benefits for the allocated portion of the salary of the referenced personnel, per Applicant established policy and procedures, and Lebanese Laws. Common costs include health insurance, social security or employer paid taxes. Please detail each cost listed in your budget notes.

III. Other Direct Costs - This covers non-personnel-related costs allocated to implementation of the grant activity (e.g. supplies, proportionate amount for applicant office rent, utilities, etc.). Enter unit amount anticipated per month and number of months. Each expense entered requires justification in the budget notes. Should a grant be awarded, back-up documentation (such as a lease agreement for rent) will be required. Remember to allocate these expenses in relation to other activities you may have. For example if you have another USAID-funded activity you should not include 100% office rent for this budget; you should include the proportional amount to implement this activity.

IV. Activity Service Delivery - Include here expenses specific to a programmatic activity. For example, all expenses related to hosting a workshop, or collecting surveys should be detailed. Examples of line items would be the rental of a training facility, or printing of training documents for workshops/training. Provide the name of the activity and add additional lines for each different activity. Please explain costs listed under each activity in detailed budget notes.

V. Travel and Transportation - This covers activity staff and/or beneficiary travel costs and per diem, gasoline for vehicles, etc. Please note destination in the budget. For example, Meals & Incidental charges to Bekaa. Please explain each cost listed for travel in detailed budget notes. It is important to provide your organization's travel policy including per diem policy.

VI. Goods and Materials - This covers equipment and furnishings to be purchased specifically for the proposed grant activity; must adhere to USAID local procurement regulations. (Simplified Grants are limited to equipment items with less than one year life and a value less than \$5,000). If in-kind equipment will be purchased by ARE Project on behalf of the grantee during this time period, ARE Project will clarify the item and amount.

2. Budget Summary by Milestone - In each milestone column, you should list all of the costs from your detailed budget that are necessary for the accomplishment of each milestone proposed in your application. So for instance, if the milestone is completing 3 trainings of 5 days each for farmers, the associated costs would be: 20 days of the salary of the program officer organizing the training workshops, 3x5 days of the training facilitator, travel and transportation costs associated with organizing the training workshops, venue costs, supplies, etc. If there are other costs that cannot be associated directly with a specific milestone (such as some salaries or office rent), these costs can be split equally and spread through each milestone. You should also list cost share provided towards the accomplishment of each milestone based on your detailed budget. The total column should be the same as the total grant amount column in the detailed budget.

Important note: Error and Spell Checking - Please make sure you spell check your budget.

Name of Applicant:
Title of Proposed
Activity:

Total Detailed Budget

Total Budget	\$	-
Total ARE Contribution	\$	-
Total Grantee Contribution	\$	-

Detailed Spreadsheet

Line Item	Unit	Rate	Year 1			Year 2 (Keep if applicable/ remove if not)			Total ARE Contribution	Total Grantee Contribution
			Number of units	ARE Contribution	Grantee Contribution	Number of units	ARE Contribution	Grantee Contribution		
I. Salaries (Long-term staff)										
A. Long-term Staff (full name and position title) (add/ remove lines if needed)										
1									\$	- \$ -
2									\$	- \$ -
3									\$	- \$ -
4									\$	- \$ -
5									\$	- \$ -
6									\$	- \$ -
7									\$	- \$ -
8									\$	- \$ -
9									\$	- \$ -
Subtotal, Long-Term Staff										
B. Short-Term Staff (full name and position title) (add/ remove lines if needed)										
10									\$	- \$ -
11									\$	- \$ -
12									\$	- \$ -
13									\$	- \$ -
14									\$	- \$ -
15									\$	- \$ -
16									\$	- \$ -
17									\$	- \$ -
Subtotal, Short-Term Staff										
Total, Salaries										
II. Benefits (add/ remove lines if needed)										
18									\$	- \$ -
19									\$	- \$ -
20									\$	- \$ -
21									\$	- \$ -
Total, Benefits										
III. Other Direct Costs (add/ remove lines if needed)										
22									\$	- \$ -
23									\$	- \$ -
24									\$	- \$ -
25									\$	- \$ -
26									\$	- \$ -
27									\$	- \$ -
28									\$	- \$ -
29									\$	- \$ -
30									\$	- \$ -
31									\$	- \$ -
Total, Other Direct Costs										
IV. Activity Service Delivery (add/ remove lines if needed)										
32									\$	- \$ -
33									\$	- \$ -
34									\$	- \$ -
35									\$	- \$ -
36									\$	- \$ -
37									\$	- \$ -
38									\$	- \$ -
39									\$	- \$ -
40									\$	- \$ -
41									\$	- \$ -
42									\$	- \$ -
Sub-Total For Activity										
Total, Activity Service Delivery										
V. Travel and transportation (add/ remove lines if needed)										
43									\$	- \$ -
44									\$	- \$ -
45									\$	- \$ -
46									\$	- \$ -
47									\$	- \$ -
48									\$	- \$ -
49									\$	- \$ -
50									\$	- \$ -
Total, Travel and Transportation										
VI. Goods and Materials (add/ remove lines if needed)										
51									\$	- \$ -
52									\$	- \$ -
53									\$	- \$ -
54									\$	- \$ -
55									\$	- \$ -
56									\$	- \$ -
57									\$	- \$ -
58									\$	- \$ -
59									\$	- \$ -
60									\$	- \$ -
61									\$	- \$ -
62									\$	- \$ -
Total, Goods and Materials										
Grand Total										

Budget notes (each budget line item and sub-line item must be described in detail, including the proposed number of units, allocation method (if applicable) and the proposed rate.

NAME OF APPLICANT: 0

Title of Proposed Activity: 0

Summary Budget

Committed Funds				Total Approved Budget
	Budget Line Item	Original Budget funded by ARE - Y1	Original Budget funded by ARE - Y2 (Keep is applicable/ remove if not)	
1	Salaries	\$ -	\$ -	\$ -
2	Benefits	\$ -	\$ -	\$ -
3	Other Direct Cost	\$ -	\$ -	\$ -
4	Activity Service Delivery	\$ -	\$ -	\$ -
5	Travel and Transportation	\$ -	\$ -	\$ -
6	Goods and Materials	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -

Name of Applicant: 0
 Title of Proposed Activity: 0

A. Summary of Expenditures by milestone

		Grant Milestone 1 (name milestone)	Grant Milestone 2 (name milestone)	Grant Milestone 3 (name milestone)	Grant Milestone 4 (name milestone)	Grant Milestone 5 (name milestone)	Total (should match detailed budget total)
I.	Salaries						\$ -
II.	Benefits						\$ -
III.	Other Direct Costs						\$ -
IV.	Activity Service Delivery						\$ -
V.	Travel & Transportation						\$ -
VI.	Goods and Materials						\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -