Please note that use of this budget template for FY2023 Thriving Communities Program applications is encouraged but not required. The template is intended to demonstrate the minimum information that applicants are expected to include in their budget proposals. Applicants may use other formats and are encouraged to provide detailed tables and narratives to describe their budget proposals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Thriving Communities NOFO Applicant** | **Total Amount Requested ($)** | **Portion Targeted Support ($)** (includes activities directly benefiting individual communities) (**excludes** activities that support the overall Community of Practice and program administration and grant management activities) | **Portion Program Administration and Grant Management ($)** (e.g., workplan development, invoicing, team meetings, evaluation report) |
| **Personnel (Recipient staff) Use an asterisk (\*) to identify any full-time staff.** |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  **Subtotal** |  |  |  |
| **Fringe Benefits (only for Recipient staff)** |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  **Subtotal** |  |  |  |
| **Contractual/Subgrantees (to include partner companies & hourly rates separately)** |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  **Subtotal** |  |  |  |
| **Subgrants to individual communities within Community of Practice (Minimum 20% of total budget) projected amount set aside for allocation, based upon future assessment** |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  **Subtotal** |  |  |  |
| **Other targeted support activities or costs (e.g., staffing or fellows embedded in recipient communities, software, modeling, GIS, or other data tools for recipient communities, etc.)** |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Subtotal** |  |  |  |
| **Travel for Capacity Building Team Members (annual convenings, site visits, other travel as needed to perform scope of work)** |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Subtotal** |  |  |  |
| **Travel for Individual Communities within assigned Community of Practice** |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Subtotal** |  |  |  |
| **Materials and Supplies**  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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| **Indirect Costs** |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Subtotal** |  |  |  |
| **TOTAL BUDGET ($)** |  | **Total ($)** | **Total ($)** |
|  |  | **Total (%)** | **Total (%)** |

**NARRATIVE TEMPLATE: Provide a narrative for each budget category below. Where possible, delineate between activities that will occur during the first two years of individualized community support and the third year of transition, reporting, and evaluation activities. .**

**PERSONNEL:**

**FRINGE**:

**SUBCONTRACTS/SUBGRANTS (TO PARTNERS/OTHERS):**

**SUBGRANTS (TO COMMUNITIES):**

**TARGETED SUPPORT ACTIVITIES:**

**TRAVEL (CAPACITY BUILDERS):**

**TRAVEL (COMMUNITIES)**

**MATERIALS AND SUPPLIES:**

**INDIRECT COSTS:**

**LEVERAGING OF OTHER RESOURCES:**