

BUDGET NARRATIVE FORM

1. Each grant partner must complete this form for the budget narrative.

PARTNER: _____

A. Administrative Staff

TOTAL: _____

Name	Role and Responsibilities	Administration # of Days and Hours Per Day	Hourly Rate

B. Instructional Staff

TOTAL: _____

Name	Role and Responsibilities	Administration # of Days and Hours Per Day	Hourly Rate

C. Materials/Supplies

TOTAL: _____

Items	Quantity	Cost per Item

D. Travel

TOTAL: _____

Name of Traveler	Location to Location	Number of Miles	District Travel Rate

E. Other Costs

TOTAL: _____

Description of Cost	Number of Items	Cost per Item	Total Cost

2. Explain how the proposal expenditures align with the proposed activities.