

**Justice Reinvestment Grant  
Budget Narrative Workbook Instructions**

**Instructions:**

- Throughout the Budget Narrative Workbook there are cells that cannot be changed. These areas cannot be manually adjusted and often pre-populate with previously given information.
- The tabs: Total Price Sheet, Y1 Price Sheet, Y2 Price Sheet, Y3 Price Sheet, and Y4 Price Sheet will all prepopulate.
- While navigating through the different yearly detailed budget spreadsheets, anything in **RED** needs to be entered/reviewed by the Applicant.
- If you are applying for more than one (1) grant year, please submit a budget and price sheet for each year for which you are applying.
- When completing the Detailed Budget & Justification, specific types of costs are to be grouped into eight (8) budget categories. Within the total cost for each budget category, a series of line-item costs need to be identified.

**Before Beginning the Budget, please familiarize yourself with the Budget Development Guidelines tab located in the Budget Narrative Workbook.**

At the top of every detailed budget worksheet you will see this:

DETAILED BUDGET AND JUSTIFICATION		
Applicant: <b>Organization Name</b>		
Funding: Justice Reinvestment Fund		
Fiscal Year: <b>2025-2026</b>		
Category	Subtotal	Proposed Budget
A. Personnel Services		\$0
B. Employee Related Expenses		\$0
C. Professional and Outside Services		\$0
D. Travel		\$0
In-State	\$0	
Out-of-State	\$0	
E. Occupancy		\$0
F. Other Operating		\$0
G. Capital Outlay (Equipment)		\$0
H. Indirect Rate and Costs		\$0
K. Total Amount Requested		\$0

As a reminder, you only need to replace the **RED** text. The categories of the budget will pre-populate based on information you enter in the corresponding sections.

## Personnel Services

The next section you will fill out involves Personnel Services.

In this section, enter in information identified in **RED**.

**FTE** is the percentage of time that this position will dedicate to **this** grant. For example, if someone's full-time job is dedicated to this grant, enter 100% in the FTE Column. If someone's role is partially dedicated to this grant, enter in that percentage. EX: 75%, 25%.

The number of months column will reflect the number of months

within a 12-month year that the position will be dedicated to this grant. For example, if someone is only dedicated to this grant for 6 months, you would enter in "6" under the Number of Months column.

A. Personnel Services					Total:
Position Title and Name	Annual Salary	FTE	Number of Months		Amount of Request
Position 1, Name	\$0.00	0.00%	0		\$0
Position 2, Name	\$0.00	0.00%	0		\$0
Position 3, Name	\$0.00	0.00%	0		\$0
Position 4, Name	\$0.00	0.00%	0		\$0
Position 5, Name	\$0.00	0.00%	0		\$0
Position 6, Name	\$0.00	0.00%	0		\$0
Position 7, Name	\$0.00	0.00%	0		\$0
Position 8, Name	\$0.00	0.00%	0		\$0
Position 9, Name	\$0.00	0.00%	0		\$0
Position 10, Name	\$0.00	0.00%	0		\$0
Position 11, Name	\$0.00	0.00%	0		\$0
Position 12, Name	\$0.00	0.00%	0		\$0
Position 13, Name	\$0.00	0.00%	0		\$0
Position 14, Name	\$0.00	0.00%	0		\$0
Position 15, Name	\$0.00	0.00%	0		\$0
Total FTE/Salaries		0.00 FTE			\$0
Justification for Positions					
Position 1, Name				Request:	\$0
Job description: [insert text here]					

## Justification for Positions

Justification for Positions	
	Request: \$16,875
Case Manager, Susie Smith	
Job description: Because this program is held during the school year, the Case Manager only provides services for 6 months. By dedicating 75% of their time to this program, the Case Manager carries a caseload of 25 families and meets with each of them in-person or virtually every other week. During this time she provides additional resources and makes referrals to meet their needs. She also spends time discussing the family's goals and progress towards them by using a family activity supply kit. Also organizes and hosts an end of the program event for all families.	

In this section, enter in information identified in **RED**.

For each position you may copy and paste the job description directly from another source or summarize the work the position will be doing for this grant.

## Employee Related Expenses

B. Employee Related Expenses				Total:	\$0
0.00%	of Total Salaries.				
Position Title and Name	Requested Salary		Fringe Rate		Request
Position 1, Name	\$0		0.00%		\$0

As a reminder, this table will all prepopulate based on previous sections. The only required field is the ERE percentage.

## Professional and Outside Services

In this section, enter in information identified in **RED**.

In the upper right corner, enter cost of service.

Method of Selection: Explain how this company or person has been selected to perform duties.

Scope of work: Explain what duties the company or person will perform. For example, the sample shown will be evaluating the program outcomes.

Method of Accountability: Explain how they will be held accountable. For example, they will provide monthly progress reports and billing to you.

Itemized Budget: Share the calculation that resulted in the amount listed.

C. Professional and Outside Services		Total:
C. Professional and Outside Services		\$12,500
Name: Sample Simon Eval Services (SSES)		
Address: 123 Main St, Phx, AZ 85007		
Method of Selection: SSES is a long time evaluator of our programs. We vetted multiple		
Period of Performance: July 1, 2023 to June 30, 2024		
Scope of Work: SSES will create client satisfaction survey and data collection template for		
Method of Accountability: SSES will provide monthly progress reports and billing.		
Itemized Budget: SSES will dedicate 10 hours a month to project at \$100 per hour for entire		

## Travel

In this section, enter in information identified in **RED**.

Enter the number of days and nights of travel. Enter the total number of trips.

Trips is used to enter multiple similar trips (e.g. a monthly trip (12 times) to Tucson from Phoenix). In the sample shown, the case manager will be

traveling once per quarter. It's an overnight trip with 100 total miles driven per trip.

Mileage: Enter the mileage rate and the number of miles in one trip.

In-State Travel					
Reason for Travel: Family visits		Days:	2	Trips:	4
Positions Traveling: Case Manager		Nights:	1		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.670	x	100		\$268
Meal Reimbursement	\$ 15.00	x	4		\$240
Lodging	\$ 125.00	x	1		\$500
Other Transportation	\$ -	x	0		\$0
Total:					\$1,008
Justification:					
[insert text here]					

Meal Reimbursement: Enter the average cost per meal and the number of meals for each trip.


Lodging: Enter the cost per night for a hotel and the number of nights per trip.

Other transportation: You must enter the rate and unit cost. Be sure to provide a detailed description in the Justification section.

Meal Reimbursement, lodging and other transportation must align with [State of AZ Accounting Manual Reimbursement Rates](#).

In this section, enter in information identified in **RED**.

Each conference/event/training must be listed separately. For example, in the sample shown, the Case Manager is going to a conference. If the Case Manager was going to another conference or another staff person was attending a **different** conference, these conferences would have to be listed separately.

Out-of-State Travel					
Reason for Travel: Best Practices Conference		Days:	4	Trips: 1	
Positions Traveling: Case Manager		Nights:	3		
	Rate		Unit		Request
Airfare	\$ 350.00	x	1		\$350
Meal Reimbursement	\$ 75.00	x	3		\$225
Lodging	\$ 175.00	x	3		\$525
Other Transportation	\$ 30.00	x	2		\$60
Conference Cost	\$ 375.00	x	1		\$375
					
Total:					\$1,535
Justification:					
[insert text here]					

Airfare: Enter the total round-trip cost to attend the conference or event.

Meal Reimbursement: Enter either the cost of all meals per day and the number of days or the average cost per meal and the total number of meals for the duration of the trip.

Lodging: Enter the cost per night for a hotel and the number of nights.

Other transportation: The **unit** reflects the number of rides to be included. In the sample shown, there are 2 cab rides at \$30 each.

Conference Cost: Enter the registration cost for the conference or event.

Meal Reimbursement, lodging and other transportation must align with [State of AZ Accounting Manual Reimbursement Rates](#).

## Occupancy

E. Occupancy					Total:
Item Requested	Unit Cost		Quantity (ea.)		Request
Case Manager Office	\$ 143.00	x	6		\$858
Venue for end of year event	\$ 150.00	x	1		\$150
Item 3	\$ -	x	0		\$0
Item 4	\$ -	x	0		\$0

In this section, enter in information identified in **RED**.

Occupancy includes the cost of staff workspace and/or rental space to provide programming.

Quantity refers to the frequency of use. In the sample shown, the Case Manager uses her office for 6 months in this program. Therefore, the quantity (or number of months to charge rent towards this grant) is 6. The venue for the end of the year event is only used once, thus the quantity is 1. A methodology to assign unit cost such as square footage exclusively used for the proposed program as a percent of total square footage rented or a percent of FTEs working on the program to total FTEs must be specified in the Justification.

## Other Operating

F. Other Operating					Total:
Item Requested	Unit Cost		Quantity (ea.)		Request
Lap Top	\$ 500.00	x	1		\$500
Family activities supply	\$ 25.00	x	25		\$625
Canva subscription	\$ 100.00	x	1		\$100
Office Supplies	\$ 10.00	x	6		\$60
Item 5	\$ -	x	0		\$0
Item 6	\$ -	x	0		\$0
Item 7	\$ -	x	0		\$0

In this section, enter in information identified in **RED**.

List any supplies needed to conduct the program. This can include items staff will use or that clients will need.

In the sample shown, family activity kits are purchased for each family.

Quantity can refer to the number of items being purchased or the number of months that the item will be used. General office supplies should not be included in this section if indirect costs are part of the proposed budget.

## Capital Outlay (Equipment)

Item Requested	Unit Cost		(ea.)		Request
Item 1	\$ -	x	0		\$0
Item 2	\$ -	x	0		\$0
Item 3	\$ -	x	0		\$0
Item 4	\$ -	x	0		\$0

Any equipment with a value or maintenance cost of \$5,000 or more should be entered here. Be sure to check the Budget

Development Guidelines for instructions before entering any amounts in this budget category.

## Indirect Rate

Percentage Rate		Expenses Applied to	Request
0.00%	x	\$0	\$0
Total:			\$0
Justification of Indirect Rate and Costs:			

An indirect rate up to 15% is allowable. The requested amount will auto-populate when a rate is entered. If an indirect rate is selected, office supplies and

other general operating costs should not be included in other budget categories.

## Total Amount Requested

K. Total Amount Requested	\$33,220
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This number reflects your total budget amount for the year.