



## Guide for Grant Budget and Narrative *Senior and Community Center Grants*

### *Grant Budget Sheet*

You must use Excel or Google Sheet template posted on the St. Louis City Senior Fund website. If you have any issues with the template or questions about your budget, contact us at [info@stlseniorfund.org](mailto:info@stlseniorfund.org) or 314-535-6964, ext 24.

Please note:

- When “Project” is referenced, we mean the costs related to your capital or technology improvements.
- You can add in extra rows to the template as needed.
- Not every line item will be applicable. If not applicable, then leave it blank.
- The grant budget must be explained in the budget narrative in your application.

### EXPENSES

Expenses are reported in two columns, one for outlining your total project and/or general operating expenses relevant to the grant and the second for outlining the specific amount you are seeking to be covered by the Senior Fund grant. Please indicate if the expense you are requesting from the Senior Fund is for the project and or for operations in the Budget Narrative portion of your application.

If you are requesting general operating support for specific expenses for your organization, include the total cost for your organization for your services for older adults in the *Total Project/Operating Expense* column for each line item you are requesting support for and the amount you seeking grant support for in the *Amount Requested from Funder* column.

Below are descriptions of each line item for reference.

#### **1. SALARY & BENEFITS** (*General Operating Requests Only*)

If you are requesting general operating support for salaries for your senior program staff, include the expenses for all the people who will be supported in part by the grant. Put the total expense of each staff member being supported under Total

Project/Operating Expense and the amount that you are requesting grant support for under Amount Requested from Funder column.

Don't forget to add payroll taxes (FICA, Medicare, unemployment, and workers' compensation) and fringe benefits such as health insurance as applicable.

Make sure to break out the employee detail in your budget narrative, including names and roles of staff, total salary and benefits, and amount that will be charged to the grant.

**2. CONTRACT SERVICES** (*consulting, professional*)

Non-employees that are contracted to do work related to your project or general operating expenses. Whenever grant funds are used to pay a third party (individual or organization) outside of the organization, these costs should be included in the grant budget under this category.

**3. OCCUPANCY** (*General Operating Requests Only*) (*rent, space fees, utilities*)

Rent and utility costs for your organization related to your services for older adults.

**4. INSURANCE**

Costs related to insuring your project that are above and beyond the regular insurance costs for the organization or expenses of general organizational insurance needs (e.g., your liability insurance) related to your services for older adults.

**5. TRAVEL** (*General Operating Requests Only*)

Local travel related to delivery of services for older adults including mileage, gas, and/or vehicle maintenance.

**6. EQUIPMENT**

Expenses for your project or general delivery of services for older adults. Nonexpendable, tangible property that has a life of more than one year. Typically thought of as items that are more costly and durable.

**7. SUPPLIES**

Expenses for your project or general delivery of services for older adults. Typically thought of as items that are less costly and get used up. In an office setting a computer would be equipment and a pencil or paper would be supplies.

**8. PRINTING, COPYING, & POSTAGE** (*General Operating Requests Only*)

Photocopying, printing, mailings, postage, and express mail charges related to your organization's services for older adults.

**9. EVALUATION**

If you are seeking support for an evaluation-related technology improvement, we anticipate that most of your costs will fall under Contract Services, Equipment, or Supplies. Use this line item if you are seeking support for general costs for the

evaluation of your organization's services for older adults. If staff are responsible for evaluation, include their time for evaluation in Salary and Benefits.

**10. MARKETING** *Not supported under this grant.*

**11. MEETING EXPENSES** *Not supported under this grant.*

## **12. OTHER DIRECT EXPENSES**

Other direct expenses are non-labor direct expenses associated with a project or general operating expenses that do not fall within the categories listed above. Include a label in the spreadsheet for each Other Direct expense you include in your budget and describe how you arrived at the requested amount in your budget narrative.

## **13. INDIRECT EXPENSES**

General indirect expenses are not allowed for this grant request. If there are general operating expenses you are seeking support for, include them in the relevant line items.

## **PROJECT/GENERAL OPERATING REVENUES**

Include information on the other sources you will be using to fund your project or the general operating expenses you are requesting Senior Fund support for. Total revenues should equal the amount listed in the *Total Project/Operating Expense* column. List your Senior Fund grant request in the Pending column.

Please specify whether the Contributions, Gifts, Grants, & Earned Revenue are committed or pending. Committed means there is a firm agreement with the funding source to give a contribution (even if you have not received a check). Pending means that a request has been made but not yet agreed to or granted. If any pending amount significantly affects your ability to implement your project, explain this in the budget narrative justification.

### **1. LOCAL GOVERNMENT, STATE GOVERNMENT, FEDERAL GOVERNMENT**

Group together each type of government revenues and then break out the detail as necessary in the budget narrative.

### **2. INDIVIDUALS**

Group together all individual donations and then briefly describe as necessary (e.g., if individual donations primarily come from key events your organization hosts) in the budget narrative.

### **3. FOUNDATION**

Group together foundation grants less than \$1,000. Break out foundation grants greater than \$1,000. Add rows as needed.

**4. CORPORATION**

Group together corporate grants less than \$1,000. Break out corporate grants greater than \$1,000. Add rows as needed.

**5. FEDERATION**

Group together federated grants less than \$1,000. Break out federated grants greater than \$1,000. Add rows as needed.

**6. OTHER**

Other grants not covered by the above listed categories.

**7. MEMBERSHIP INCOME**

Revenues expected to be received from membership dues. Explain how your dues work in the budget narrative.

**8. PROGRAM SERVICE FEES**

Revenues expected to be received from program participation.

**9. PRODUCTS**

What people give you in exchange for the service or product.

**10. FUNDRAISING EVENTS (NET)**

Revenue expected to be received related to your fundraising events. Please subtract out the cost of the event.

**11. INVESTMENT INCOME**

Income coming from interest payments, dividends, capital gains collected upon the sale of a security or other assets, and any other profit that is made through an investment vehicle of any kind.

**12. IN-KIND SUPPORT**

Gifts of goods or services instead of cash. They can include donated space, materials or time. If you list in-kind contributions as income, then you must also show the corresponding expenses. If someone gives you something at a major discount,

EXAMPLE Budget Spreadsheet

Missouri CGA Version 2.0 - Project Budget (Required)			
St Louis City Senior Fund Grant Application		Insert Agency Name Here	
EXPENSES	Total Project Expenses	Amount Requested from Funder	
Salary and Benefits	\$50,000	\$25,000	
Contract Services (e.g consulting, professional)	\$15,000	\$10,000	
Occupancy (e.g. if needed for project only)			
Insurance			
Travel	\$1,500	\$1,500	
Equipment			
Supplies	\$2,500	\$1,500	
Printing, Copying & Postage	\$250		
Evaluation	\$3,000	\$1,500	
Marketing	\$1,250	\$1,250	
Meeting Expenses			
*Other - _____			
*Other - _____			
Subtotal of Direct Expenses	\$73,500	\$40,750	
Administration/Indirect Expense	\$11,025	\$4,890	
<b>TOTAL EXPENSES</b>	<b>\$84,525</b>	<b>\$45,640</b>	
REVENUES	Committed	Pending	
Contributions, Gifts, Grants, & Earned Revenue			
Local Government	\$ -	\$ -	
State Government	\$ -	\$ -	
Federal Government	\$ -	\$ -	
Individuals	\$ -	\$ -	
*Foundation - ABC Foundation for Seniors	\$ 32,750	\$ -	
*Foundation - _____	\$ -	\$ -	
*Foundation - _____	\$ -	\$ -	
*Foundation - _____	\$ -	\$ -	
*Corporation - _____	\$ -	\$ -	
*Corporation - _____	\$ -	\$ -	
*Corporation - _____	\$ -	\$ -	
*Federation - _____	\$ -	\$ -	
*Other - Senior Fund	\$ -	\$ 45,640	
Membership Income	\$ -	\$ -	
Program Service Fees	\$ -	\$ -	
Products	\$ -	\$ -	
Fundraising Events (net)	\$ 6,135	\$ -	
Investment Income	\$ -	\$ -	
In-Kind Support	\$ -	\$ -	
*Other - _____	\$ -	\$ -	
<b>TOTAL REVENUES</b>	<b>\$ 38,885.00</b>	<b>\$ 45,640.00</b>	
<b>All Revenues \$ 84,525.00</b>			

*Amount Requested from Funder and Senior Fund line item in Pending should match.*

*\*Please specify for contributions over \$1,000.*

show the whole expense and then list the portion being donated under in-kind contributions. This might include volunteer involvement (e.g., a volunteer offered their marketing services and it would have cost \$xxx amount if you would have had to purchase those services).

## Budget Narrative

The budget narrative justification serves two purposes: it explains how your costs were estimated and it justifies the need for each budget item. You **MUST** include a description for each line item you are requesting support for from the Senior Fund, including a description of how you calculated expenses, in the Budget Narrative section of your application. If a line item is missing a description showing how the amount was calculated, you run the risk of your grant award not including funding for that line item.

For staff under Salary and Benefits describe the following:

- For any staff you are seeking support for please include their name, title, responsibilities, the total amount of their salary and benefits for the time period, and how much support you are requesting from the Senior Fund.

## EXAMPLES OF DESCRIPTIONS

### **SALARY & BENEFITS**

**Terry Smith, Senior Programs Director** (full-time), oversees all three senior programs at our agency, including day to day supervision of project staff and contractors, and working with clients as needed. Their fringe benefit rate is 25%. Terry's total salary and benefits = \$56,250. Our confirmed contracts and other funding for the upcoming year falls short of covering 10% of Terry's salary and benefits. General Operating amount requested from Senior Fund = \$5,625

**Ryan Williams, Activity Coordinator** (part-time), works directly with clients on regular basis and carries out the on-site programs our center offers. Our programs are currently held virtually (computer and group phone calls), as well as Ryan is carrying out regular phone check-ins individually with clients. Ryan's total salary = \$17,500. Our confirmed contracts and other funding for the upcoming year falls short of covering 10% of Ryan's salary. General Operating amount requested from Senior Fund = \$1,750

*Total Salary & Benefits Requested from Senior Fund = \$7,375*

### **CONTRACTS**

Database Development – We are contracting with XYZ Consulting to update the database we use to track intake and services for clients. They are charging us for 75 hours of work at \$100/hr (see quote from XYZ Consulting in attachments).

We are requesting 100% of support from the Senior Fund for these Project expenses.

*Total Contracts Requested from Senior Fund = \$7,500*

### **INSURANCE**

The insurance rate for the van that we primarily use to transport clients to services is \$2,581 (see attached insurance quote). Based on the budget shortfall we are anticipating, we are short on covering about 20% of these costs.

We are requesting 20% of support from the Senior Fund for this General Operating expense.

*Total Insurance= \$516*

### **TRAVEL**

On average, our volunteers travel 40 miles per month for home visits and our staff travel 35 miles per month for check-ins and other client-related tasks. Our mileage rate is \$.58 per mile. Volunteer mileage = 10 volunteers \* 40 miles/month \* 12 months \* \$.58 = \$696. Staff mileage = 2 staff \* 35 miles/month \* 12 months \* \$.58 = \$487  
Total expense = \$1,183

Gas for senior program vehicle averages \$60/mo; for the year the total expense is \$720.

Our current confirmed contracts and other funding sources fall short on covering all of our anticipated travel expenses for the year. We are requesting 25% of support from the Senior Fund for these General Operating expenses.  $\$1,183 + \$720 = \$1,903 * .25 = \$476$

*Total Travel = \$476*

### **PRINTING, COPYING, & POSTAGE**

Printing expenses for our senior programs include informational flyers, intake and evaluation forms, and postage. Our anticipated expenses for the year are as follows.

Printing: 2000 color flyers \* \$0.50 = \$1,000

Flyer Mailings: 2000 \* \$0.49 = \$980

Printing of Forms: 7,000 B&W \* \$0.10 = \$700

Due to budget shortfalls related to cancelling of fundraising events, and no other support from current funding sources, we are requesting 100% of support from the Senior Fund for these General Operating expenses.

*Total Printing, Copying, and Postage = \$2,680*