

**ATTACHMENT 1  
BUDGET SUBMISSION INSTRUCTIONS  
RFA# OCM-2026-03**

**Purpose:** This document provides applicants with additional guidance on completing their proposal budget in OCM eGrants.

**How much can I apply for?**

The applicant pool is bifurcated into two tiers to promote greater access to Community Reinvestment Program funding and facilitate competition between organizations of similar size.

Tier 1 and Tier 2 Organizations will be determined by the applicant organization’s total expenditures as reflected on their most current IRS tax filing.

Tier 1: Organizations with total expenditures between \$50,000 and \$2,499,999.99.

Tier 2: Organizations with total expenditures equal to or greater than \$2,500,000.

Applicants **must** submit a budget request for the exact “Award Amount” as indicated by their Total Organization Expenditure bracket as defined below:

<b>Tier 1 Award Schedule</b>		
	<b>Total Org Expenditure</b>	<b>Award Amount</b>
1.0	\$0 - \$49,999	Not Eligible
1.1	\$50,000 - \$74,999	<b>\$50,000</b>
1.2	\$75,000 - \$99,999	<b>\$75,000</b>
1.3	\$100,000 - \$124,999	<b>\$100,000</b>
1.4	\$125,000 - \$149,999	<b>\$125,000</b>
1.5	\$150,000 - \$174,999	<b>\$150,000</b>
1.6	\$175,000 - \$199,999	<b>\$175,000</b>
1.7	\$200,000 - \$2,499,999	<b>\$200,000</b>
<b>Tier 2 Award Schedule</b>		
	<b>Total Org Expenditure</b>	<b>Award Amount</b>
2	\$2,500,000 and above	<b>\$200,000</b>

The budget must be entered in eGrants and submitted as part of an application.

Requested funding must be directly linked to the project activities described in the application and work plan.

All requested expenses must be detailed in the budget narrative, be reasonable and cost-effective, and cover the entire contract term.

Contracts established resulting from the RFA will be cost reimbursable.

### **How do I know my organization's total expenditure?**

If your organization has a finance or accounting team, please check directly with them.

For organizations that filed IRS Form 990, the total expenditure can be found on line 18 of your most recent tax filing.

For organization that filed IRS Form 990-EZ, the total expenditure can be found on line 17 of your most recent tax filing.

If your 2024 IRS Tax Filing is not available, please use your most recent tax filing and provide a brief explanation describing why the 2024 Tax Filing was not available in the provided space within eGrants.

### **What can be included in the Budget?**

The eGrants budget form includes the following expense **Budget Categories**:

- *Personnel*
- *Travel*
- *Equipment*
- *Supplies*
- *Contractual Services*
- *Other Costs*
- *Indirect Costs*

Below you will find additional details and guidance on submitting each budget category in eGrants.

**Budget Lines** are specific, itemized costs within each budget category, where organizations detail requested funding and provide justification for each expense.

**Match Column: Across all budget pages, a match column is included. Match is not required for this funding opportunity. These columns and fields should remain blank.**

### **Program Versus Administrative Costs**

This funding opportunity allows for both program costs and indirect / administrative costs.

**Program costs** vary widely and can include but are not limited to office supplies for program staff, consultants to develop program materials, or expenses tied to facilities used for funded activities.

**Indirect / Administrative costs** are overhead costs such as an organization's leadership and accounting staff, liability insurance, and other costs that are not tied directly to the program.

### **Justifications**

Justifications must be provided for all requested budget items.

A clear, complete, and detailed justification is required for all requests and at minimum includes:

- The requested item's purpose and relation to the program

- Number of items or units (if applicable),
- How the cost was calculated (methodology),
- And the dollar amount that is being requested.

If the cost is shared with other funding sources, include the shared cost methodology within the narrative field.

ie: Space Rent: project space at 123 Main Street, \$10,000 per month x 24 months x 20% grant share cost = \$48,000.

**Budget Summary Page**

This form is the cover sheet that captures all Budget Categories and requested funding amounts. Use the Budget Summary Page to review requested funding and ensure that all fields are summed appropriately.

**\*\*Applicants are reminded that their total budget request should exactly match the Award Amount aligned to their Total Organization Expenditure bracket as defined in Tier 1 and Tier 2\*\***

This page automatically populates the total cost and total funding requested by completing the individual *Personnel, Travel, Equipment, Supplies, Contractual Services, and Other Costs* Budget Category pages.

**The Indirect Costs line is the only fillable area on the Budget Summary page.** If requesting *Indirect Costs*, it must be entered on this page and entered manually. There is also an *Indirect Cost %* field where the percentage requested can be added.

**Requests for Indirect Costs are capped at 10% of the total Award Amount.**

Budget Category	Grant Funds Requested	Match	Total
Personnel	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual Services	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Costs</b>	\$0.00	\$0.00	\$0.00
Indirect Costs	<input type="text" value="\$"/>	<input type="text" value="\$"/>	\$0.00
<b>Total Project Costs</b>	\$0.00	\$0.00	\$0.00

Actual Match %: %  
 Match Amount Required: \$0.00  
 Actual Match Amount: \$0.00

Please upload proof of indirect cost rate, if required:

 Drag Files Here

Indirect Cost %:

**Personnel Services**

This form captures the salaries and fringe benefits of project staff responsible for implementation and delivery of proposed project. Staff members or positions to be filled may be added using the add button to the left of the staffing field or top right of the page. Justifications, detail, and additional position descriptions for staff/positions must be entered in the narrative section of the form.

For requested staff positions, include all of the below:

- *Name*: current staff person’s name or if the position is vacant, please indicate TBH (to be hired)
- *Position*: official title for the role
- *Job Description*: anticipated hiring date if TBH and a brief description of the role the title will play in the project
- *Hourly rate*: in whole dollars
- *Time worked*: the number of hours over the course of the project period and/or contract term
- *Total cost*: will tabulate automatically
- *Match*: please ignore
- *Grant funds requested*: total amount requested for the staff position,

In the narrative section at the bottom of the page, including a justification for staff members regarding their role in the project. Include any relevant cost methodology if the position is funded through multiple sources

i.e.:  $\$80,000 \times 25\%FTE = \$20,000 / 52 \text{ weeks per year} / 40 \text{ hours per week} = \$9.61 \text{ per hour}$

Applicants who use annualized salaries (i.e. \$45,000 salary per year), can use the following formula to determine the appropriate hourly rate:

Hourly wage= (annual salary/52)/ Average workweek hours

i.e.:  $\$45,000 / 52 \text{ weeks per year} / 40 \text{ hours per week} = \$21.63 \text{ per hour}$

Please identify all project staff and/or positions to be hired that are funded by this grant.

Name	Position	Job Description
0 of 50	0 of 50	0 of 150

  

Hourly Rate	Time Worked	Total Cost	Match	Grant Funds Requested
\$		\$0.00	\$0.00	\$

**Fringe benefits** are completed within the Personnel services page. Requested fringe costs are added in eGrants per staff person included in the Personnel Category. The personnel must be added first, followed by the individual’s applicable fringe benefits and requested funding.

If you are not requesting fringe benefits, please leave blank.

For requested fringe benefits, first add the staff person, then add the following:

- Select the type of benefit: categories include FICA, Insurance (health, vision, dental), retirement, and other
- Description: if other is selected, please list the type of benefit,
- Rate in percentage,
- Total cost in whole dollars for the project period (must be entered manually),
- Grant funds requested, or total amount requested for the staff person.

Type of Benefit	Description	Rate	Total Cost	Match	Grant Funds Requested
<input type="text" value="v"/>	<input type="text" value="0 of 150"/>	<input style="text-align: center;" type="text" value="%"/>	<input type="text" value="\$"/>	\$0.00	<input type="text" value="\$"/>
Benefits Grand Total(s):			\$0.00	\$0.00	\$0.00

**Narrative**

Please use the box below to explain how grant funds requested on this page will be utilized by the proposed project.

0 of 2000

**Narrative:** Use the narrative box to provide justification for each staff member concerning their role in the project. Include any relevant cost methodology if the position is funded through multiple sources.

**Travel**

Travel includes participant and staff travel. Travel, meals, and lodging for out-of-town conferences may be allowable and are subject to approval by OCM.

Travel requires applicants to provide a purpose and location for each request. Enter under **Purpose of Travel** a general description, (such as “Participant Travel to Training Site”), and for **Location**, provide the specific location, city, or area where the travel will occur.

For requested travel lines:

- Select the travel category expense,
- Include a brief expense description. If the Other category is selected, please provide an expense type in the expense description. If there is insufficient space, list the justification within the narrative section,
- Provide the total cost over the project period,
- Grant funds requested per expense item.

In the Narrative box, justify how the funds will be utilized by the proposed project, including how costs were determined and any shared cost methodology breakdown.

Example: Round-trip client travel for on-site group sessions via public transportation (\$5.80 Round Trip MetroCard) x (48 sessions throughout the project) x (20 clients) = \$5,568

Purpose of Travel:  \*

Location:  \*

Type of Expense	Expense Description	Total Cost	Match	Grant Funds Requested
Lodging, meals, etc				
<input type="text" value="v"/>	<input type="text" value="0 of 150"/>	\$ <input type="text"/>	\$0.00	\$ <input type="text"/>
Total(s):		\$0.00	\$0.00	\$0.00

**Narrative**

Please use the box below to explain how grant funds requested on this page will be utilized by the proposed project.

**Equipment**

Equipment is defined as any single item with a useful life of more than one year and an acquisition cost that is equal to or exceeds \$5,000. Items below \$5,000 should be listed under **Supplies**, (i.e. laptop, printer, tablet, etc.) Equipment may only be included if it will be used or is otherwise justifiable in the delivery of the funded project. All equipment costs are subject to approval of OCM. Equipment valued at \$25,000 or more per unit may require additional justification.

For requested equipment, list:

- The item,
- Description of the item and it’s specific usage within the project, (if there is not enough space in the item description, please include it in the narrative field)
- Number of items or units,
- Grant funds requested per item,
- Narrative with how the item(s) will be utilized by the proposed project, including how costs were determined and any shared cost methodology.

If the equipment item is a shared cost, include in the item narrative the shared cost methodology.

Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year, and a per unit acquisition threshold of \$5,000 or more.  
 Note: If an item has a unit value of under \$5,000, it must be included in Supplies

Equipment Item:

Item Description:

Number of Items:

Price Per Item:

Total Cost: \$0.00

Match: \$0.00

Grant Funds Requested:

How will purchasing equipment facilitate meeting the stated project goals and objectives?

0 of 1500

Narrative

Please use the box below to explain how funds will be utilized by the proposed project.

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**Supplies**

Supplies account for program and office supplies to be used by the project. Unit counts are required in eGrants. **The number of items and price per item must total to the grant funds requested per supply line. To add multiple supply lines, click on the top right Add button.**

For all supplies, list:

- The category of items (office supplies, promotional materials, curriculum sets, program supplies, miscellaneous, etc.),
- Description of the items to be purchased, how the supply cost was determined, and usage within the project,
- Number of items,
- Price per item,
- Grant funds requested per category entered,
- Narrative with how the funds will be utilized by the proposed project, including how costs were determined and any shared cost methodology.

Example: Office Supplies Description: general office supplies (paper, pens, folders, etc.) for 100% project use (1 supply batch per month x \$100 per month x 24 months) = \$2400.

Supply Item:	<input type="text"/>	
	0 of 50	*
Item Description:	<input type="text"/>	
	0 of 50	*
Number of Items:	<input type="text"/>	*
Price Per Item:	\$ <input type="text"/>	*
Total Cost:		\$0.00
Match:		\$0.00
Grant Funds Requested:	\$ <input type="text"/>	*

How will the supplies facilitate meeting the stated project goals and objectives?

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Narrative

Please use the box below to explain how funds will be utilized by the proposed project.

## **Contractual Services**

Contractual services capture third-party vendors, consultants, and subcontractors who will provide services and/or goods for the proposed program. These designated entities are distinct from the applicant organization and are engaged to deliver specific programmatic functions.

1. **Vendors** – Partnering entities that provide non-programmatic goods/services (e.g. food caterer, translation services, transportation company)
2. **Consultants** – Individuals hired directly by the grantee to provide programmatic or non-programmatic services (e.g. workshop facilitator, curriculum development expert, program evaluator). Compensation for consultants is usually reported on IRS Form 1099.
3. **Subcontractors** - Entities contracted by the grantee to fulfill a significant programmatic scope of work. Subcontractors are partnering non-profits or business entities that will own a programmatic portion of work essential to achieving one or more project objective. Examples could include a collaborating non-profit that will oversee the youth leadership component of a larger mental health project or a for-profit entity that will provide computer coding classes as part of a workforce development initiative.

**Organizational wide consultants who conduct non-project specific administrative functions should be captured under Indirect/administrative costs.**

If any contractual service provider’s budget is \$10,000 or greater, the applicant is required to submit a Contractual Services Budget Form (Attachment 2) in addition to providing responses in the Contractual Services section of OCM eGrants. Provide a complete Contractual Service Budget Form for each vendor, consultant, or subcontractor at or above \$10,000. The Contractual Service Budget Form can be downloaded under “Application Attachments” and is available on the CGRF Reinvestment web page.

All subcontracts are subject to OCM approval.

For any consultant/sub-contractors to be funded within the project, please provide the following:

- Select the type of contractual service: vendor, consultant, or subcontractors,
- Name of the vendor, consultant or subcontractor,
- Purpose of contractual service, such as service to be delivered,
- Grant funds requested per vendor, consultant or subcontractor,
- A brief explanation on how the vendor, consultant or subcontractor will meet project needs such as a brief scope of work and time frame for consulting or subcontracting,
- Narrative with how the funds will be utilized by the proposed project, including how costs, were determined and any shared cost methodology.

**Other Costs:**

This section captures all other items not entered in available budget categories. Other Costs include space costs, utilities, telephone, participant gift cards, participant/peer stipends, conference fees, refreshments, postage, etc.

For all other costs to be requested, include the following:

- Item name,
- Description of the items to be purchased, how the supply cost was determined, and usage within the project (If there is not enough space in the item description, please include it in the narrative field),
- How the cost supports program objectives,
- Quantity or unit count if applicable,

Contractual Services Type:	<input type="text"/>	*
Vendor, Consultant, or Subcontractor Name:	<input type="text"/>	*
Purpose:	<input type="text"/>	*
Total Cost:	<input type="text" value="\$"/>	*
Match:		\$0.00
Grant Funds Requested:	<input type="text" value="\$"/>	*

How will the Contractual Services facilitate meeting the stated project goals and objectives?

0 of 1500

**Narrative**

Please use the box below to explain how funds will be utilized by the proposed project.

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- Cost of item,
- Grant funds requested per item,
- Narrative with how the funds will be utilized by the proposed project, including how costs

were determined and any shared cost methodology.

List and describe any items needed that do not fit into the other available budget categories.

Name:	<input type="text"/>	
	0 of 50	*
Description:	<input type="text"/>	
	0 of 150	*
Quantity:	<input type="text"/>	*
Cost:	<input type="text" value="\$"/>	*
Total Cost:		\$0.00
Match:		\$0.00
Grant Funds Requested:	<input type="text" value="\$"/>	*

How will the other costs facilitate meeting the stated project goals and objectives?

0 of 1500

Narrative

Please use the box below to explain how funds will be utilized by the proposed project.