

 **Budget Narrative**

**\*Joint/Partner Applicants Only\***

**BUDGET NARRATIVE DOCUMENT**

This document is to be filled out by Partner Applicants. Every partner organization identified within the application must complete their own Budget Narrative Document.

If you need assistance related to the **content of the application** or are unclear about how to respond to any questions, please contact CDD staff: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Garrett Tusler, Community Development Specialist gtusler@cityofmadison.com. We are committed to assisting interested organizations understand and work through this application and funding process.

If you have any questions or concerns that are related to **technical aspects** of this document, including difficulties with text boxes or auto fill functions, please contact Garrett Tusler, gtusler@cityofmadison.com

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| **Example:** Agency A is Identified as the “Lead Agency”. Agency B and C are identified as “Joint/Partner Agencies” for their Program entitled “Age Out Loud”. They requested, in total, 100,000$ for this program.Agency A will submit the [**Budget Excel Workbook**](https://www.cityofmadison.com/dpced/community-development/contracts-funding/funding-opportunities/2024-older-adult-services-rfp) requesting $100,000. Within this document they will indicate this program is a joint/multi-agency application, along with how much money will be allocated to both Agency B & Agency C. In this example, Agency B is allocated 30,000 and Agency C is allocated 20,000. * Agency A (Lead Applicant) will fill out the Budget Excel Workbook and outline how they plan to use the requested $100,000. Within the workbook, they will indicate that $50,000 of the total $100,000 requested will be allocated to other agencies.
* Agency B (Joint Applicant) will fill out the narrative document below outlining how they plan to use $30,000. This document will be submitted alongside all other required application materials by Agency A on behalf of all identified partners.
* Agency C (Joint Applicant) will fill out the narrative document below outline how they plan to use $20,000. This document will be submitted alongside all other required application materials by Agency A on behalf of all identified partners.
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| Program Name: |       |
| Legal Name of Joint/Partner Applicant filling out Budget Narrative: |       |
| Legal Name of Lead Applicant Organization: |       | Total Amount Requested for this Program: | $       |
| Legal Name of any additional Joint Applicants (if applicable):  |       |
| Total Amount Requested for your Agency\*:  | $       |
| Program Contact: |       | Email: |       | Phone: |       |
|  Program Type**:** Select ONE Program Type for this form. |
| [ ]  **Case Management Services** [ ]  **Culturally Relevant Services** [ ]  **Independent Living Support Services** [ ]  **Outreach**, **Information, and Referral Services****PLEASE NOTE:** Separate applications are required for each distinct/stand-alone program. Programs are considered distinct/stand-alone if the participants, staff and program schedule are separate from other programs, rather than an activity or pull-out group.  |

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|  | **Program Expenses**  | **2025 Partner Request** |
|  | **PERSONNEL** |       |
|  | **OTHER OPERATING** |       |
|  | **SPACE** |       |
|  | **SPECIAL COSTS** |       |
|  | **TOTAL\*** |       |

**\*This number should equal the Total Amount Requested for your Agency on Page 2**

**Please answer the following questions as it pertains to the amount requested for your agency. If you do not plan to use funds for a certain category, simply state “N/A”.**

**Personnel:**

a. How many permanent staff members are involved in the program/project, and what are their respective roles?

b. What is the total annual salary budget for permanent staff, including salary, taxes, and benefits?

c. Are there any hourly or seasonal staff members? If yes, what is the estimated cost for their wages, taxes, and benefits?

**Operating:**

a. If applicable, please provide a breakdown of operating expenses including insurance, professional fees, audit fees, postage, office and program supplies, utilities, maintenance, equipment and furnishings depreciation, telephone expenses, training and conference costs, food and household supplies, travel expenses, and vehicle costs.

b. Are there any other operating-related costs not mentioned above? If so, please specify and provide estimated amounts.

**Space:**

a. What are the total annual costs associated with space, including rent, utilities, and maintenance for office space?

b. If the organization owns space, what are the annual costs for mortgage principal, interest, depreciation, and taxes?

**Special Costs:**

a. How much funding is allocated for assistance to individuals, such as subsidies, allowances, vouchers, or other payments provided to clients?

b. Are there any required payments to affiliate organizations? If yes, please specify the purpose and amount.

c. Does the organization subcontract any services? If so, please provide examples and the estimated costs associated with these subcontracts.