

**NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)**

**BUDGET REVISION NARRATIVE # \_\_\_\_\_**

**PROJECT TITLE:** \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_

POSITION OR DESCRIPTION BUDGET CHANGES	CURRENT BUDGET			BUDGET CHANGES		REVISED BUDGET		
	NCCDD FUNDS REQUIRED	MATCH	TOTAL PROGRAM COST	INCREASES AND/OR DECREASES	+ / -	NCCDD FUNDS REQUIRED	MATCH	TOTAL PROGRAM COST
<b>STAFF SALARIES</b>								
(Description: Salaries <b>only</b> for staff <b>hired</b> by the applicant organization to work specifically on the project. This may include professional staff, interns, paraprofessionals, and/or part-time/hourly employees.)								
SUBTOTAL								
<b>STAFF FRINGE BENEFITS</b>								
(Description: Fringe Benefits <b>only</b> for staff <b>hired</b> working on the project may include FICA, Unemployment, Worker's Compensation, Health Insurance and/or Retirement Benefits.)								
SUBTOTAL								
<b>STAFF TRAVEL</b>								
(Description: Travel costs <b>only</b> for staff <b>hired</b> as identified in the budget that is deemed reasonable and necessary to conduct project activities. Examples of staff travel include staff mileage relating to project operations, lodging, air fare, conference registration fees and meals.)								
SUBTOTAL								
<b>SUPPLIES</b>								
(Description: Supplies may include consumable items that are essential to the program. Examples of allowable supplies include office supplies, computer supplies, medical supplies, subscriptions, directories and/or journals.)								
SUBTOTAL								
<b>COST OF SPACE</b>								
(Description: Cost of Space may include rent or lease of office space (including utilities), and meeting or conference space cost to be used specifically for the project.)								
SUBTOTAL								

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	NCCDD FUNDS REQUIRED	MATCH	TOTAL PROGRAM COST	INCREASES AND/OR DECREASES	+ / -	NCCDD FUNDS REQUIRED	MATCH	TOTAL PROGRAM COST
<b>EQUIPMENT</b>								
(Description: Equipment is defined as <b>non-expendable</b> items with a value exceeding \$500.00 <b>per unit cost</b> . This may include new or updated equipment, rental equipment or leased equipment essential to the program. Examples of allowable equipment include tools, office equipment, computers and computer software.)								
SUBTOTAL								
<b>CONTRACTED SERVICES</b>								
(Description: Contracted Services may include essential services which cannot be met by other <b>grant staff</b> which specifically relate to the work of the project. Examples of contracted services may include consultants/contractors, photocopy services, consultants/contractors travel and fiscal services. The Council must provide approval prior to grantee entering into any contracts. <i>A copy of the contract must be included .</i> )								
SUBTOTAL								
<b>OTHER</b>								
(Description: The Other category may include consumer stipends, audits, conference expenses, postage/mail, internet costs, trainings/meetings, printing/copies, license fees, incentives, cleaning/janitorial services, telephone or any other services or expenses that does not fit into another category.)								
SUBTOTAL								
<b>INDIRECT COST</b>								
(Description: Indirect cost rates negotiated with the Department of Health and Human Services Regional comptroller or other similar federal agency may be used to compute allowable indirect costs. Expenditures included as indirect costs may <i>not</i> be duplicated elsewhere in the budget. A copy of the Negotiation Agreement must be included with the grant application. <i>Indirect/overhead costs may not exceed 15% of the total project cost or \$20,000, whichever is less .</i> )								
SUBTOTAL								
<b>TOTAL</b>								