

Fiscal Year 2027 COF Funding
Budget Narrative Spreadsheet

Budget Narrative Spreadsheet

15 Points Maximum

Organization:					
Program Name:					
Request Amount:					
	COF Funding Request	Funding Provided by Applicant Organization	Other Funding	Total Program/ Project Cost	%
Direct Expenses					
Salaries/Fringe				\$0	#DIV/0!
Office Supplies				\$0	#DIV/0!
Training				\$0	#DIV/0!
Advertising/Marketing				\$0	#DIV/0!
Contracted Services				\$0	#DIV/0!
Communications				\$0	#DIV/0!
Software or Cloud-Based Services				\$0	#DIV/0!
Rent/Utilities				\$0	#DIV/0!
Equipment/Vehicle				\$0	#DIV/0!
Travel/Mileage				\$0	#DIV/0!
Other				\$0	#DIV/0!
Sub-Total	\$ -	\$0	\$ -	\$ -	#DIV/0!
Indirect Expenses					
Indirect Costs*				\$0.00	
Sub-Total	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Total Cost/Funding Requested	\$ -	\$ -	\$ -	\$ -	

Instructions for form-

1. Please provide a narrative budget justification for each cost per line item and why the cost is necessary for the program on page 2.
2. Provide written justification in your narrative for any increases or decreases between prior year requests and current request on page 2.
3. Please note that indirect costs are capped at 15% of Direct costs. Provide a description of what the indirect costs entail on page 2.
4. **If funding is being requested for salaries/fringe, identify the position being funded and the hourly or annual rate of pay for that position.**

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This information is mandatory to receive funding for the expense.

Budget Narrative Description	
Direct Expenses	
Salaries/Fringe	
Office Supplies	
Training	
Advertising/Marketing	
Contracted Services	
Communications	
Software or Cloud-Based Services	
Rent/Utilities	
Equipment/Vehicle	
Travel/Mileage	

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Other	
Indirect Expenses	