Indian Environmental General Assistance Program
Detailed Budget Worksheet

The detailed budget worksheet is an optional planning tool and should be emailed to your EPA Tribal Coordinator. It does not need be submitted in Grants.gov. **Users agree to follow federal procurement standards.** For guidance on budget development, please visit: https://www.epa.gov/sites/production/files/2019-05/documents/applicant-budget-development-guidance.pdf

Revised 11/20/25

www.epa.gov/r10-tribal

Print Form

Budget Year

Name of Grant Recipient:

Date Submitted/Revised:

PERSONNEL - List all staff positions for the project by title. Give hourly salary rate, number of hours allotted to the project, and total cost for the project period. ***The total for this category will be entered on Standard Form 424A, Section B, Line 6.a.***

Position/Title	Hourly Rate	No. of Hours	Estimated Work Years	Subtotal
			0.00	$0.00
			0.00	$0.00
			0.00	$0.00
			0.00	$0.00
			0.00	$0.00
			0.00	$0.00

***Total Estimated Work Years** 0.00

* Total Estimated Work Years is a measurement of staff time spent on work plan activities. Calculate by adding the annual hours for each staff position together, then dividing this total by 2080 hours. (One full-time work year is 2080 hours.) In the work plan, divide the Total Estimated Work Years among all work plan components.

PERSONNEL TOTAL: $0.00

FRINGE BENEFITS - Identify the percentage used for your calculation and what benefits are included. ***This amount will be entered on Standard Form 424A, Section B, Line 6.b.***

1. Please provide the benefits that are included in your fringe rate. For example, Retirement, Health Care, Annual and Sick Leave, Life Insurance, etc.

FRINGE TOTAL: $0.00

2. Please provide fringe rate percentage in decimal format. For example, .25, .40, etc.

NOTE: To convert a percentage to a decimal, move the decimal point two spaces to the left. For example, 17.5% would convert to .175

3. Please enter any miscellaneous or lump sum benefits.

TRAVEL - Salaried employees only. Indicate the travel's purpose, the destination of each trip, the duration, and the number of travelers. Specify the mileage, per diem, and other costs for each trip, such as lodging, transportation, etc. Refer to https://www.defensetravel.dod.mil/site/perdiemCalc.cfm for federal rates (optional); tribes may use rates specified in their own written policies. ***This amount will be entered on Standard Form 424A, Section B, Line 6.c.***

Trip A - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0
Subtotal for Trip A					$0.00

Trip B - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0
Subtotal for Trip B					$0.00

Trip C - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0
Subtotal for Trip C					$0.00

Trip D - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0
Subtotal for Trip D					$0.00

* Rental Car, Taxi, Shuttle, Rail, etc.

TRAVEL - CONTINUED: Indicate the budgeted travel's purpose, the destination of each trip, the duration of the trip and the number of travelers. Specify the mileage, per diem, and other costs for each trip, such as lodging, common carrier transportation, etc. ***This amount will be entered on Standard Form 424A, Section B, Line 6.c.***

Trip E - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0
Subtotal for Trip E					$0.00

Trip F - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0
Subtotal for Trip F					$0.00

Trip G - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0.00
Subtotal for Trip G					$0.00

Trip H - Purpose, Location, Attendees, Component # and/or Travel Justification

Expense	Cost (or rate/mile)	# of Days (or # of miles)	# of Travelers	# of Trips	Amount
Round Trip Airfare					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
* Ground Transportation					$0.00
POV Mileage Cost					$0
Subtotal for Trip H					$0.00

* Rental Car, Taxi, Shuttle, Rail, etc.

TRAVEL TOTAL: $0.00

EQUIPMENT - List each item to be purchased with an estimated acquisition cost (including shipping) of more than $10,000 per unit and a useful life of more than one year. Alternatively, you may list shipping costs separately under **Other**. Items with a unit cost of less than $10,000 may be entered under **Supplies** or **Other.** Please provide a detailed justification, identify the appropriate workplan component number, and explain how you arrived at your estimates. If applicable, indicate why it is more cost effective to purchase rather than lease. ***This amount will be entered on Standard Form 424A, Section B, Line 6.d.***

Item Description	Component #	Cost Per Item	How Many?	Amount
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
Equipment Justification/Cost Estimates (e.g., vendor quotes, catalog searches, etc.):				

EQUIPMENT TOTAL: $0.00

SUPPLIES - Supplies means tangible property other than equipment. The detailed budget worksheet should identify categories of supplies to be procured (e.g., laboratory supplies or office supplies) and their cost. If requesting items previously purchased, explain why they are being purchased again. Explain how you arrived at your estimates. ***This amount will be entered on Standard Form 424A, Section B, Line 6.e.***

Item Description	Component #	Cost Per Item or Month	How Many Items or Months?	Amount
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
Explanation of cost estimates and previous purchases (e.g., based on previous year's expenses, vendor quotes, catalog searches, etc.):				

SUPPLIES TOTAL: $0.00

CONTRACTUAL - Identify each proposed contract and specify its purpose and estimated cost. Provide information on how the costs were estimated. ***This amount will be entered on Standard Form 424A, Section B, Line 6.f.***

NOTE: For guidance that explains each object class category including sole source procurement, please visit https://www.epa.gov/sites/production/files/2019-05/documents/applicant-budget-development-guidance.pdf. If your project requires hiring **consultants (individuals providing expert service, managed directly by the grantee, not managed by a company/firm/contractor)**, the maximum allowable consultant rate cannot exceed the maximum daily rate for Level IV of the Executive Schedule, adjusted annually. Find the rates at: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/EX.pdf.

Contracts

Item Description	Purpose/Basis for Estimates	Component	Amount
Contractual Subtotal			$0.00

Consultants

Consultant A - Purpose, Location, and Component and/or Commitment #

Expense	Cost (or rate/mile)	# of Hours, Days, or Miles	# of People	# of Trips	Amount
Hourly or Daily Wage					$0.00
Travel (RT Airfare or Mileage Cost)					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
Subtotal for Consultant A					$0.00

Consultant B - Purpose, Location, and Component and/or Commitment #

Expense	Cost (or rate/mile)	# of Hours, Days, or Miles	# of People	# of Trips	Amount
Hourly or Daily Wage					$0.00
Travel (RT Airfare or Mileage Cost)					$0.00
Lodging					$0.00
Per Diem (Meals & Incidental Expenses)					$0.00
Subtotal for Consultant B					$0.00

CONTRACTUAL TOTAL: $0.00

OTHER - Include items here which do not fit in the other specific budget categories. Give a brief description of the expense and how you arrived at the estimate. **Participant support costs (e.g., council travel) are entered here.** *Grantees who own their building are not entitled to reimbursement for rent; however, they may directly charge for utilities and maintenance costs. If an expense is being shared with other programs, please provide the cost share formula. ***This amount will be entered on Standard Form 424A, Section B, Line 6.h.***

Item Description	How Did You Arrive at Cost?	Cost Per Item or Month	How Many Items or Months?	Amount
Building Lease/Rent *				$0.00
Explanation of Cost Sharing Formula				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				
				$0.00
Explanation of Cost Sharing Formula or Cost Allocation				

OTHER TOTAL: $0.00

INDIRECT COSTS - If indirect charges are budgeted, indicate the approved rate and base. The base amount is usually total direct costs, less capital expenditures and pass through funds. Pass through funds are normally defined as major subcontracts, payments to participants, stipends to eligible recipients, and subgrants, all of which normally require minimal administrative effort. However, please refer to your negotiated agreement for specific guidance. ***This amount will be entered on Standard Form 424A, Section B, Line 6.j.***

NOTE: If you plan to propose indirect costs as part of your grant budget, you must have on file with the Region 10 Grants and Interagency Agreements Branch: (a) a current approved Indirect Cost Rate Agreement or (b) documentation that a current indirect cost rate proposal has been submitted to the Department of Interior's National Business Center (DOI/NBC) or other cognizant agency. If you do not have (a) or (b), you may choose one of the following options:

1. You may use a provisional/final indirect cost rate used on a current grant with the DOI. The DOI grant must correspond to the same project period as the EPA grant. You must provide a copy of the DOI grant agreement with your EPA application package.

2. Recipients without a current negotiated indirect cost rate (including provisional rate) may elect to charge a de minimis rate of up to 15 percent of modified total direct costs in the budget (the calculated 'Base Amount' box on this form below). Use of a de minimis indirect cost rate does not require documentation to justify its use and it may be used indefinitely, or until the recipient receives a negotiated rate.

Approved or Proposed Indirect Cost Rate (Enter as a decimal):

Base Amount:

INDIRECT TOTAL: $0.00

NOTE: To convert a percentage to a decimal, move the decimal point two spaces to the left. For example, 17.5% would convert to .175

TOTAL BUDGET: $0.00

Estimated Program Income - amount and planned use of funds:

SAVE AND PRINT OPTIONS

Note: To use the options below, you will need to have Adobe Reader installed on your computer (free download--**https://get.adobe.com/reader/**) or Adobe Pro software.

- **Save or print this form** by clicking on the Print Form bar at the top right of this document. **To save,** click the "Print Form" bar, select "Adobe pdf" as the printer from the drop down menu, click the "Print" bar, then select the location on your computer where you want to save the document and click save.
  To print, click the "Print Form" bar, select your printer from the drop down menu, then click the "Print" bar.
- **To access this form from EPA's website (https://www.epa.gov/r10-tribal/region-10-indian-environmental-general-assistance-program-gap#admin-resources),** download a copy using the down arrow icon at the top right of your screen and save to your computer.
  Open Adobe Acrobat software application and open the form; you can now make edits.