**USAID Boresha Jamii**

**Sub recipient Name:**

**County:**

**Project Title:**

**Project Start Date: 1st Oct 2021**

**Project End Date: 30th Sep 2022**

**Budget Proposal Justification**

Please provide detailed notes for each of the budget item projected to be spent in the indicated period.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget Line** | **Justification** |  |
| 1 | **Salaries & Allowances – Kes.** |
|  | **Title and Name** | **Roles, Responsibilities and Justification** | **LOE** |
|  | Executive Director - Name |  |  |
|  | Program Officer - Name |  |  |
|  | MEL Officer - Name |  |  |
|  |  |  |  |
| **2** | **Fringe Benefits – Kes.** |
|  |  | (Please include details for Fringe, in line with the budget, including NSSF Employer Contribution, NITA) |
|  |  |  |  |
| **3** | **Travel – Kes.** |  |  |
|  | Per diems/ local travel | Funds will support …… |
|  | Travel and representation |  |  |
|  |  |  |  |
| **4** | **Equipment – Kes.** |
|  |  |  |  |
| **5** | **Supplies – Kes.** |
|  |  | (Please justify the costs, E.g.: For General Office use, the project will need the reams of photocopying papers and printing cartridges). |  |
| **6** | **Contractual – Kes.** |
|  |  |  |
|  |  |  |  |
| **7(a)** | **Other Direct Costs – Kes. (Project Costs)** |
|  | Activity 3.1 or Sub-purpose 1.1 | (Please include justifications, e.g. as below – which may also be edited. Should be in line with the budget) – |
|  | Activity 3.2 or Sub-purpose 1.2 |  |
|  | Activity 3.3 or Sub-purpose 1.3 |  |
|  | Monitoring and reporting (M+E) |  |  |
|  |  |  |  |
| **7(b)** | **Other Direct Costs – Kes. (Administration Costs)** |
|  | Repairs and maintenance | (Please include justifications, e.g. as below – which may also be edited. Should be in line with the budget) |
|  | Office Utilities (Water, Electricity, cleaning, security etc.) |  |  |
|  | Bank charges |  |  |
|  | Security monthly wages (Day and night) |  |  |
|  | Communications (airtime, internet & mails) |  |  |
|  | Office Rent |  |  |
|  | Satellite office spaces Rent |  |  |
|  | Motorcycle Operating Costs (fuel, service & repair) |  |  |
|  |  | etc. |  |
|  | **10% COST SHARE PLAN – KES.** |
|  | We propose the following as cost share plan for the program to raise the required 10% cost share. |
| **1** | **Salaries & Allowances – Kes.** |
|  | **Source of cost share** | **Basis of calculation** | **Estimated Amount** |
|  | LOE for staff implementing program activities in the county. | Time spent in program activities and staff salaries. Timesheets shall be used to record the LOE. | Kes. |
| **2** | **Fringe Benefits - Kshs** |
|  |  | N/A |  |
|  |  |  |  |
| **3** | **Travel-Kes.** |
|  |  |  |  |
| **4** | **Equipment – Kes.** |
|  |  |  |  |
|  |  |  |  |
| **5** | **Supplies – Kes.** |
|  |  |  |  |
| **6** | **Contractual – Kes.** |
|  |  |  |  |
| **7** | **Other Direct Costs – Kes.** |
|  |  |  |  |