

BUDGET SUMMARY

Agency:

Project Title:

	<u>Budget Category</u>	<u>Amount</u>
A.	Personnel and Fringe	\$0
B.	Consultants/Contracts	\$0
C.	Travel	\$0
D.	Supplies/Operating/Indirect	\$0
E.	Equipment	\$0
G.	Other	\$0
	Total Project Costs:	\$0
	Federal Request:	\$0

NOTES: 1. After completing the budget pages below, the totals for each category will autopopulate the spaces above.

Budget Request and Justification

May delete category(ies) not applicable to the requested project. Ensure that the justification fields at the bottom of each category are expanded to accommodate the narrative when printed or sent as a pdf. Review Grant Application Instructions.

A. Personnel Detail salaries and wage expenditures or Overtime hours required for program activities to be paid for by this funding request. Compensation paid for employees engaged in program activities must be consistent with that paid for similar work within the applicant organization. (Work Hours Per Year = 2,080) Salary reimbursements will be spread over the entire 12 months, not to be reimbursed up front.

Position Title	Annual Salary/Hourly Rate/or OT Rate	% of time working on the grant	# of Hours	Is position a New Hire (Y/N)	Total Federal \$ Requested
					\$ -
					\$ -
					\$ -
					\$ -
Total Project Hours:			0.00		
Personnel Sub-total =					\$0.00

Payroll Taxes & Fringe Benefits:

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time or hours devoted to the project. Fringe benefits on **overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation**. Individual fringe benefits must be listed by amount and percentage.

	Annual Cost	Hourly Rate	Rate Applied	\$ Requested
		(annual cost/2080 work hours per year)	Project Hours x Hourly Rate	
<i>Employer's FICA</i>	<i>0.00</i>	0	0.0000	\$0.00
<i>Retirement</i>	<i>0.00</i>	0	0.0000	\$0.00
<i>Health Insurance</i>	<i>0.00</i>	0	0.0000	\$0.00
<i>Workman's Compensation</i>	<i>0.00</i>	0	0.0000	\$0.00
<i>Unemployment Compensation</i>	<i>0.00</i>	0	0.0000	\$0.00

Fringe Sub-total = \$0.00

Total Personnel = \$0.00

Personnel Justification:

B Consultants/ Contract Services List consultant/contract personnel in priority order. Include consultant travel and expenses in this section. Follow federal/state GSA travel policy and per diem rates. \$650 per day or \$81.25 per hour.

Consultants:		Computation			
Name of Consultant	Service Provided	Cost per unit	(define unit)	# Units	Cost
					\$ -
					\$ -
					\$ -

Computation						
Consultant's Purpose of Travel	Location	# Individuals	Item	Cost	# Nights/Days or mileage	Amount Requested
			Airfare (roundtrip)			\$0.00
			Hotel (per night)			\$0.00
			Per Diem per day			\$0.00
			Round Trip Ground transportation			\$0.00
			Personal Vehicle Mileage R/T	\$0.625		\$0.00

Consultant Sub-total: \$0.00

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost.

Item /Description/Vendor	Rate	Qty/hours	Sole Source Contract ?	Amount Requested
				\$ -
				\$0.00

Consultant Sub-total: \$ -

Total Consultants/Contracts = \$0.00

Consultant/Contract Services Justification:

C. Travel

Itemize travel expenses of project personnel by purpose (e.g. staff to training, advisory group meeting, etc.) Provide the location and purpose of travel. Show the basis of computation. Per diem (meals), lodging and mileage are included in travel. Per mile cost and per diem rates should not exceed the current state rates. Current state rates are: automobile for business use: mileage 0.585 cents/mile or automobile for personal use: 0.2875 cents/mile, per diem is set at the federal GSA rates. Go to <http://www.gsa.gov> for current rates in each city/county. Registration fees/ conference/ training costs belong under the **Other** category. **Requesting more than 1 trip? Itemize each trip. Copy this category into the spreadsheet for each trip.**

In-State Travel		Computation				Amount Requested
Who is traveling and Purpose of Travel	Location	# Individuals	Item	Cost	# Nights/Days or mileage	
			Airfare (roundtrip)			\$0.00
			Hotel (per night)			\$0.00
			Per Diem per day			\$0.00
			Round Trip Ground transportation			\$0.00
			Personal Vehicle Mileage R/T	\$0.625		\$0.00
		0	0	0	\$ -	\$0.00
Sub-total						\$0.00
In-State Travel =						\$0.00

In-State Travel Justification:

Out of State Travel:		Computation				Amount Requested
Who is traveling and Purpose of Travel	Location	# Individuals	Item	Cost	# Nights/Days or mileage	
			Airfare (roundtrip)			\$0.00
			Hotel (per night)			\$0.00
			Per Diem per day			\$0.00
			Round Trip Ground transportation			\$0.00
			Personal Vehicle Mileage R/T	\$0.625		\$0.00
		0	0	0	\$ -	\$0.00
Out of State Travel Sub-total =						\$0.00

Out of State Travel Justification:

Total Travel Costs: \$0.00

D Supplies/Operating:

Include in this section requests to support all of the following: telephone, postage, printing and copying, publication, desktop and consumable office supplies, drug testing supplies, and other. For cell phone, include the cost of monthly service and charges by minutes/plan. For printing and copying, include the cost per page and number of pages per month. For desktop and consumable supplies, include the cost per person per month. For drug testing supplies use the average cost per month. Show computations.

Supplies

You may adjust this section to meet the needs of the formula.

Item /Description	Quantity (Per month / per person)	Define Unit of measure	Cost per unit	Cost per Month	Total for Year
Example: Test Kits	5	each	\$ 15.00	\$75.00	\$900.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
Supplies Sub-total =					\$0.00

Operating

Item /Description	Quantity (i.e. Per month per person)	Define Unit of measure	Cost per unit	Total for year	Cost
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
Operating Sub-total =					\$0.00
Supplies/Operating TOTAL:					\$0.00

Supplies/Operating Justification:

E Equipment

Equipment items with an aquisition cost of **over \$5,000 per item** are listed here. Include quotes for equipment items.

Item /Description	Qty	Item/each	Unit cost	Cost
				\$0.00
				\$0.00
Equipment Total =				\$0.00

Equipment Justification:

G Other

Registration costs should be in this section

Item /Description	Rate	Total costs	Amount Requested
		0	\$0.00
		0	\$0.00
Other Total =			\$0.00

Other Justification: