18. Budget Summary for Formula Grant

Category	Total Costs	Total Requested	Total Requested from Other Funding Sources	Total Revenue Received from Other Funding Sources
I. Personnel Costs				
a) Salaries and Wages				
b) Fringe Benefits				
c) Consultants Contract Services				
TOTAL				
II. Non-Personnel Costs				
a) Space Costs				
b) Rental, Lease or Purchase of Equipment				
c) Consumable Supplies				
d) Travel				
e) Telephone				
f) Other Costs (specify)				
TOTAL				

19. Budget Detail

Project _____

Will the applicant agency receive any other funds or resources for this proposed plan? _____ YES _____ NO

If Yes, describe the specific nature and amount of the other funds or resources. _____

_____

Personnel Costs

1. List each employee by job title or classification and salary rate. Use additional sheets as necessary.

JOB TITLE/ CLASSIFICATION	HOURS PER WEEK	HOURLY SALARY	TOTAL SALARY REQUIRED THIS CALENDAR YEAR

TOTAL PERSONNEL COSTS $ _____

2. What are the job duties for each employee, if not apparent in the project overview. (Use additional sheets as necessary.)

JOB TITLE/ CLASSIFICATION	JOB DUTIES

3. Show the actual rates and amounts for each of the following:

RATE	ANNUAL AMOUNT	AMOUNT REQUIRED THIS CALENDAR YEAR
FICA		
Retirement		
Workman's Comp		
Unemployment Insurance		
Health Insurance		
Other Insurance		
Other Benefits (specify)		

TOTAL EMPLOYEE RELATED BENEFITS $ _____

Contract Services

1. Will any contract services be used? _____ YES _____ NO

2. With whom will the applicant contract for services?

NAME OF CONTRACTOR	AMOUNT REQUIRED THIS CALENDAR YEAR

TOTAL CONTRACT SERVICES $_____

3. What are the contracted individuals or agencies specific duties and responsibilities with regard to the proposed plan?

_____

_____

_____

_____

Include the specific level of involvement each contractor will have, by the number of hours/units and duration of services that will be provided. For example, contractor XYZ will conduct 25 group sessions of juvenile participants during the first year of operation.

Provide a copy of the form of contract to be used by the applicant. Use additional sheets as necessary.

Non Personnel Costs

1. Complete the following:

Travel (Cannot exceed State Travel Costs)

	AMOUNT REQUIRED THIS CALENDAR YEAR
Auto Mileage: miles at /mile	
Air Transportation	
Subsistence	
Other (describe)	

TOTAL IN-STATE TRAVEL $ _____

2. Explain why the proposed travel is needed if not apparent from the project overview.

_____

_____

_____

_____.

Operating Expenses

3.   List anticipated expenses by category

	AMOUNT REQUIRED THIS CALENDAR YEAR
Postage	
Telephone	
Lease/Rental	
Printing	
Maintenance	
Consumable Supplies (specify)	
Other Costs	

TOTAL OPERATING EXPENSES $ _____

JUSTIFICATION OF OPERATING EXPENSES:

_____

_____

_____

_____

_____

The undersigned agrees to fully comply with all the provisions established in the Request for Proposal of the Division of Child and Family Services for the acceptance of the Grant.

GRANT DIRECTOR

Name _____   Date _____

Title _____

AUTHORIZING OFFICIAL

Name _____   Date _____

Title _____