|  |  |  |
| --- | --- | --- |
|  | Budget Summary Sheet |  |
|  |  |  |
|  | **Categories** | **Amounts** |
| **Staff Salaries** |   |
|  |  |  |
| **Fringe Benefits** |   |
|  |  |  |
| **Travel / Training** |  |
|  | Mileage (Rate$0.00 X 0000 miles) |   |
|  | Training |   |
|  | Other (specify) |   |
|  |  |  |
| **Contractual** |  |
|  | Rent |   |
|  | Electricity |   |
|  | Heat |   |
|  | Communications |   |
|  | Other Utilities |   |
|  | Printing / Advertising |   |
|  | Postage |   |
|  | Insurance |   |
|  | Repairs |   |
|  | Other (specify) |   |
|  |  |  |
| **Supplies** |  |  |
|  | Office |   |
|  | Janitorial |   |
|  | Medical |   |
|  | Program |   |
|  | Other (specify) |   |
|  |  |  |
| **Equipment / Other Direct Costs** |  |
|  | Other (specify) |   |
|  |  |  |
| **Indirect Costs** |  |
|  | Other (specify) |  $8250.00 |
|  |  |  |
| **TOTAL BUDGET** |  $75,000 |

|  |  |
| --- | --- |
| Budget Worksheet |  |
| (can attach additional sheets if necessary) |  |
|  |  |
| **Category / Description** | **Amount** |
| Salary / Wages  |   |
| List each position title: Directors, Supervisors, Healthcare Workers, Nutritionist, Drivers, Case Managers, Janitors, Instructors, Coordinators, etc |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Total: Salary / Wages |   |
|  |  |
| Fringe Benefits |   |
| Proportionate for above labor including Social Security, unemployment compensation, life insurance, worker's compensation, health insurance, pension, etc. that will be paid by the Agency |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Total: Fringe Benefits |   |
|  |  |
| Travel / Training |   |
| Include any programs staff are required to attend. Mileage reimbursement shall be no more than the IRS allowable amount. Subscriptions and association dues may be included in this category |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Total: Travel / Training |   |

Budget Worksheet Page 2

|  |  |
| --- | --- |
| **Category / Description** | **Amount** |
| Contractual  |   |
| Include the portions of rent, utilities, telephone, internet, Insurance, maintenance, etc that will be paid by the Agency |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Total: Contractual |   |
|  |  |
|  |  |
| Supplies |   |
| Include office supplies, supplies for routine building maintenance (janitorial), medical supplies, program supplies, and other related expenses |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Total: Supplies |   |
|  |  |
|  |  |
| Other Equipment |   |
| Specify Items or lots costing $1000.00 or more and having a useful life of more than one year |   |
|   |   |
|   |   |
|   |   |
| Total: Other Equipment |   |

Budget Worksheet page 3

|  |
| --- |
| Indirect Costs –Maximum Allotment for this contract is **$8250.00** Identify any line items contributing to total costs not delineated in the above sections  |
|   |   |
|   |   |
|   |   |
| Total: Indirect Costs |  $8250.00 |