|  |  |  |
| --- | --- | --- |
|  | 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 |  |
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|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
| 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 |