BUDGET NARRATIVE - SFY23

Total Personnel Costs		Including Fringe	Total:	\$	*revise this formula as
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, an	nd total cost to this grant.				needed to include each position listed
	Annual Salary Fringe Rate	% of Time	Months	Amount Re	equested
No Personnel Cost Requested					
Total Fringe Cost	\$ -		Total:	\$	-
Travel/Training		,	Total:	\$	-
Identify staff who will travel, the purpose, frequencey, and projected costs. Utilize GSA ra a guide unless the organization's policies specify lower rates for these expenses. Out-of				s for mileage (54.	0 cents) as
No no travel training Requested					
Out-of-State Travel				\$	*revise as needed to
In-State Travel				\$	*Revise as needed to
No Travel Requested Operating			Total:	\$	_
No operating request			i Olai.	Ψ	
Equipment			Total:	\$	-
No Equipment Requested			Total.	Ψ	-
Contractual			Total:	\$	*Revise this formula as needed to include each
No Contractual Requested					Contractor listed
Other			Total:	\$ 51	7,567.09
Identify and justify these expenditures, which can include virtually any relevant expendit			, car insuranc	e, client transpor	tation, etc.
Stipends or scholarships that are a component of a larger project or program may be inc	cluded ehre, but require special j	ustification.			
			Months		
Client Stipends: Increase for 18-20 263 clients x \$ 200 x 2 months plus 10 FAFFY (_	288 Total	
Client Stipends: Increase for 16-18 15 x \$ 200 x 2 months	15 20	- , , ,			
		\$ (832.9 \$ -	1)		
		<u> </u>			
		\$ -	_		
		Ψ -			
Justification: Include narrative to justify any special budget line items included in this c	ategory such as stipends scho	olarships marketing	brochures o	r public informati	ion Tie
budget piece to project deliverables.		g	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					<u></u>
TOTAL DIRECT CHARGES				\$ 51	7,567.09
<u>Indirect</u>			Total:	\$	-
No indirect requested					
TOTAL BUDGET			Total:	\$ 51	7,567.09

Applicant Name: Clark County Family Services

PROPOSED BUDGET SUMMARY - SFY22

(Form Revised January 2020)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERIDE - SEE INSTRUCTIONS

FUNDING SOURCES		GMU	Other Funding		Other Funding		Other Funding		Other Funding		Other Funding		Other Funding			Match			T	-	TOTAL	
PENDING OR SECURED																						
ENTER TOTAL REQUEST	\$	517,567.09	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$,		-		\$ 5	17,567.09	
EXPENSE CATEGORY																						
	Φ.				_				_		_		_		Ι φ				- 1	Φ		
Personnel	\$	-													\$			-		\$	-	
Travel/Training	\$	-													\$,		-		\$	-	
Operating	\$	-													\$,		-		\$	-	
Equipment	\$	-													\$,		-		\$	-	
Contractual/Consultant	\$	-							Î						\$,		-		\$	-	
Other Expenses	\$	517,567.09							Î						\$,		-		\$ 5	17,567.09	
Indirect	\$	-							1						\$,		-		\$	-	
TOTAL EXPENSES	\$	517,567.09	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$,		-		\$ 5	17,567.09	
These boxes should equal 0	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$;		-		\$	-	
		·																				
Total Indirect Cost	\$	-							Total Agency Budget \$ 517,567.09													
Indirect % of Budget	10°	%							Percent of Agency Budget 1													

B. Explain any items noted as pending: