

BUDGET NARRATIVE - SFY22						
Applicant Name:		Funding Source			Form 1	
Total Personnel Costs		Including Fringe Total: \$ 622,270.73				
		Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 39,520.00	10%	100%	12	\$ 43,472.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 41,600.00	10%	25%	12	\$ 11,440.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 37,440.00	10%	35%	12	\$ 14,414.40
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).						
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number:						

Applicant Name:		Funding Source				Form 1
Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	12 months FSS are providing direct care to youth and their families, conducting in home screenings and assessments, development of safety plans and implementation of necessary interventions, this may include direct 1:1 work with youth and their families through Forward Thinking and/or Step Up Curriculums. FSS will meet with youth and their families in their home, 6-8 per youth/family or more if needed. FSS will gear services to each youth and families unique needs to ensure safety plans are developed, crisis intervention is successful, and the youth and their family are set up with a long-term plan for success to address the underlying concerns.					
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	New employee Family Support Specialist (FSS) 12 months FSS are providing direct care to youth and their families, conducting in home screenings and assessments, development of safety plans and implementation of necessary interventions, this may include direct 1:1 work with youth and their families through Forward Thinking and/or Step Up Curriculums. FSS will meet with youth and their families in their home, 6-8 per youth/family or more if needed. FSS will gear services to each youth and families unique needs to ensure safety plans are developed, crisis intervention is successful, and the youth and their family are set up with a long-term plan for success to address the underlying concerns.					
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	New employee Family Support Specialist (FSS) 12 months FSS are providing direct care to youth and their families, conducting in home screenings and assessments, development of safety plans and implementation of necessary interventions, this may include direct 1:1 work with youth and their families through Forward Thinking and/or Step Up Curriculums. FSS will meet with youth and their families in their home, 6-8 per youth/family or more if needed. FSS will gear services to each youth and families unique needs to ensure safety plans are developed, crisis intervention is successful, and the youth and their family are set up with a long-term plan for success to address the underlying concerns.					
		\$ 47,840.00	10%	100%	12	\$ 52,624.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	Ana Orozco Lead Trainer 12 months Lead Trainers focus on quality care and fidelity of programming, ensuring all team members understand policies and procedures, daily tasks and responsibilities and case management expectations. Lead trainers support training all new employees. This specific lead trainer will focus 25% of her time on crisis services.					
		\$ 45,760.00	10%	25%	12	\$ 12,584.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	Keirsten Williams Lead Trainer 12 months Lead Trainers focus on quality care and fidelity of programming, ensuring all team members understand policies and procedures, daily tasks and responsibilities and case management expectations. Lead trainers support training all new employees. This specific lead trainer will focus 25% of her time on crisis services.					
		\$ 45,760.00	10%	25%	12	\$ 12,584.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	Samantha Day Senior Harbor Divisional Manager 12 months The Senior Harbor Divisional Manager is responsible for overseeing the development of the program and lending support as needed to ensure success; assisting with the development of policies and procedures, attending meetings for programming, training and on call support, hiring and training of implementation of the program, community engagement to increase awareness of program, direct supervision of the manager.					
		\$ 85,000.00	10%	15%	12	\$ 14,025.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	Brittany Hourigan Manager 10 months The Manager is responsible for the entire program; the development of policies and procedures, hiring and training staff, quality control and case management audits, direct supervision of team supervisors. The manager will step in to provide direct care and supports to youth and families as needed.					
		\$ 70,000.00	10%	100%	8	\$ 51,333.33
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	Monse Galindo Supervisor 10 months Supervisor will directly oversee FSS and Administrative and FSS team members, directly supporting all tasks and goals of the program. Supervisors will oversee scheduling, case management, quality assurance, staff retention, development, supervision and training.					
		\$ 57,000.00	10%	100%	8	\$ 41,800.00
Name of Employee: Title of position & Position Control Number: Length of time in Position: *Insert details to describe position duties as it relates to the funding (specific program objectives).	New Employee Supervisor 10 months Supervisor will directly oversee FSS and Administrative and FSS team members, directly supporting all tasks and goals of the program. Supervisors will oversee scheduling, case management, quality assurance, staff retention, development, supervision and training.					
		\$ 57,000.00	10%	100%	10	\$ 52,250.00

Applicant Name:		Funding Source			Form 1	
*Insert new row for each position funded or delete this row.						
	Total Fringe Cost	\$	47,036.07	Total:	\$ 622,270.73	
Travel/Training	*revise as needed to include costs of multiple trips.			Total:	\$ 122,351.60	
Out-of-State Travel Title of Trip & Destination such as CDC Conference: Airfare: Baggage fee: Per Diem: Lodging: Ground Transportation: Mileage: Parking:	Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.					
	<i>Line 89 Total is the total for In State Travel and Travel/Training. No Out of State travel or Training needed for the program</i>	Cost	# of Trips	# of Days	# of Staff	
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Justification: Who will be traveling, when and why, tie into program objective(s) or indicate required by funder. If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip	n/a n/a					

Applicant Name:		Funding Source		Form 1	
In-State Travel		*Revise as needed to include costs of multiple trips.		\$ 122,351.60	
Origin & Destination Airfare: Baggage fee: Per Diem: Lodging: Motor Pool: Mileage (FSS) Mileage (management): Parking:	(.535 x 20) x 1,560/12 months x 7 staff (.535 x 20) x 156/12 months x 3 staff \$10/day x # 1 trip/day x 5 days/week x 10 staff	Cost	# of Trips	# of Days	# of Staff
Justification: Who will travel and why					
If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.		n/a			
Operating		Total: \$ 43,521.00			
Office supplies:	List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.				
Occupancy	Office supplies for operations; paper, folders, binders, pens, highlighters, etc.			\$ 3,500.00	
Communications- Cell phone monthly charge	(\$30/month x 12 months x 7 FSS & 1 Admin) +(\$30/month x 8 months x 2 Manager & Supervisor) + (\$30/month x 10 months x 1 supervisor) = \$2,880 + \$480 + \$300 = 3,660			\$ -	
Rent:				\$ 3,660.00	
Utilities:				\$ -	
State Phone Line:				\$ -	
Voice Mail:				\$ -	
Conference Calls:				\$ -	
Long Distance:				\$ -	
Email:	(\$72/annually x 8 staff - 7 FSS & 1 Admin) + (\$6/months x 8 months x 2 staff - 1 Manager & 1 Supervisor) + (\$6/month x 10 months x 1 supervisor) = \$576 + \$96 + \$60 = \$732			\$ 732.00	
Background Check Expense	\$75/employee x 8 = \$600			\$ -	
Client Supplies (Items for families/flex funds)	See justification below			\$ 600.00	
Employee Uniforms	\$150/year x 11 = \$1,650			\$ 20,000.00	
Enterprise Supervision Accounts	(\$37.50 x 12 months x 7 FSS & 1 Admin) +(\$37.50 x 8 months x 2 Manager & Supervisor) + (\$37.50 x 10 months x 1 supervisor) = 3,600 + 600 + 375 = \$4,575.00			\$ 1,650.00	
Forward Thinking Facilitator Guides and Curriculum	Interactive journals, FSS will provide direct services to youth and families with use of Forward Thinking Journals. FSS will utilize a combination or journals based on the outcome to the screening and assessment. The 6 interactive journals are a structured and interactive writing process that encourages and supports individuals toward positive live changes. The journals focus on behavior change using 10 effective principles and the stages of change. Journals through, interactive work, will help identify motivators for change and guide the youth and their family to long-term positive through a Cognitive Behavioral Approach. Journals can be used to facilitate individual and group work. 6 journals will be in use; Family, Individual Change Plan, Responsible Behavior, Handling Difficult Feelings, Relationships and Communication, and Substance Using Behaviors; both facilitators guides and participant workbooks must be purchased. 6 Topics x 10 facilitators = 66 Facilitator guides. 66 Facilitaor guides at \$44/1 guide = \$2,904 + Forward Thinking FAMILY Journals \$5/journal (150 journals x 5) = \$750 + Forward Thinking INDIVIDUAL CHANGE PLAN Journal \$7.50/journal (150 x 7.50) = \$1,125 + Forward Thinking RESPONSIBLE BEHAVIORAL journals \$7.50/journal (150 x 7.50) = 1,125 + Forward Thinking HANDLING DIFFICULT FEELINGS Journal \$6.20/journal (150 x 6.20) = \$930, Forward Thinking RELATIONSHIPS & COMMUNICATION Journal \$6.20/journal (150 x 6.20) = \$930, AND SUBSTANCE USING BEHAVIORS Journal \$6.20/journal (150 x 6.20) = \$930. All costs for materials = (2,904 + 750 + 1,125 + 1,125 + 930 + \$40/12 months x \$3.75 fee twice a month/12 months x (\$8.50/5 gallons x 10/month) =\$40+ \$490 + \$510 = \$1,040			\$ 4,575.00	
Drinking Water Dispenser at Office				\$ 7,764.00	
Justification: Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.					

Applicant Name:			Funding Source			Form 1
Equipment			Total: \$ 9,913.74			
	List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.					
Laptop Computers and Protective Carrying Cases (8)	\$600/laptop + \$16/carrying case x 8 = \$4,928	\$ 4,928.00				
Desktop and Dual Monitors	1 Desktop & 2 monitors = \$1,240	\$ 1,240.00				
Desktop Printers (2)	\$426.99/printer x2 = \$853.98	\$ 853.98				
Printer Ink Subscription(2)	\$40.98/every other month x 2 = \$40.98 x2 = \$81.96/6 months = 491.76	\$ 491.76				
Cell Phone Purchases (8)	\$300/phone x 8 = \$2,400	\$ 2,400.00				
Contractual		*Revise this formula as needed to include each Contractor listed	Total: \$ -			

Applicant Name:		Funding Source		Form 1		
Name of Contractor/Subrecipient: Method of Selection: Period of Performance: Scope of Work: *Sole Source Justification: Define if sole source method, not needed for competitive bid Method of Accountability: Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work. *Add additional Contractor/Subrecipients here with justification or delete this row.	Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a componet of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.					
	This project will be contracted to Eagle Quest as stated in the Narrative with oversight supervision from Clark Count Department of Juvenile Justice Services.				\$	-
						\$
	Other		Total: \$ 40,400.00			
Printing Services: Copier/Printer Lease: Property and Contents Insurance per year Car insurance: Postage: Audit Vehicle Maintenance and Insurance Offset Public Marketing and Awareness Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.	Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included ehre, but require special justification.					
TOTAL DIRECT CHARGES		\$ 838,457.07				
Indirect		Total: \$ 83,845.71				
Identify Indirect Expenses Add more as necessary and adjust formula in F112 to reflect changes.	Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculated 10%. Applicants may override this formula only to request a lower indirect rate.					
	Adminstrative services, business operations (risk prevention and management) human resources, hiring, IT, fiscal and accounting, quaity assurance, and staff retention and training.				\$	-
					\$	-
					\$	-
TOTAL BUDGET		Total: \$ 922,302.78				

PROPOSED BUDGET SUMMARY - SFY21

Applicant Name:	0	Funding Source	Form 2
-----------------	---	----------------	--------

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Match	TOTAL
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ 922,302.78	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 922,302.78

EXPENSE CATEGORY									
Personnel	\$ 622,270.73							\$ -	\$ 622,270.73
Travel/Training	\$ 122,351.60							\$ -	\$ 122,351.60
Operating	\$ 43,521.00							\$ -	\$ 43,521.00
Equipment	\$ 9,913.74							\$ -	\$ 9,913.74
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ 40,400.00							\$ -	\$ 40,400.00
Indirect	\$ 83,845.71							\$ -	\$ 83,845.71

TOTAL EXPENSES	\$ 922,302.78	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 922,302.78
----------------	---------------	------	------	------	------	------	------	------	---------------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------------------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$ 83,845.71
Indirect % of Budget	10%

Total Agency Budget			\$ 922,302.78
Percent of Agency Budget			1

B. Explain any items noted as pending:

(Form Revised
January 2020)

Applicant Name:

Form 3

MATCH BUDGET NARRATIVE - SFY21

Total Personnel Costs

*revise this formula as needed to include each position listed

including Fringe Total: \$ -

Name of Employee:

Title of position & Position Control Number:

*Insert details to describe position duties as it relates to the funding (specific program objectives).

If known, otherwise state new position

Annual Salary

Fringe Rate

% of Time

Months

Amount Requested

\$ -

Name of Employee:

Title of position & Position Control Number:

*Insert details to describe position duties as it relates to the funding (specific program objectives).

If known, otherwise state new position

\$ -

Name of Employee:

Title of position & Position Control Number:

*Insert details to describe position duties as it relates to the funding (specific program objectives).

If known, otherwise state new position

\$ -

Name of Employee:

Title of position & Position Control Number:

*Insert details to describe position duties as it relates to the funding (specific program objectives).

If known, otherwise state new position

\$ -

*Insert new row for each position funded or delete this row.

Total Fringe Cost

\$ -

Total: \$ -

Travel/Training

*revise as needed to include costs of multiple trips

Total: \$ -

Out-of-State Travel

Title of Trip & Destination such as CDC Conference:

Airfare:

Baggage fee:

Per Diem:

Lodging:

Ground Transportation:

Mileage:

Parking:

Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Cost per trip (origin & destination) x # of trips x # of staff

\$ amount per person x # of trips x # of staff

\$ per day per GSA rate for area x # of trips x # of staff

\$ per day +\$ tax = total \$ x # of trips x #of nights x # of staff

\$ per r/trip x # of trips x # of staff

(rate per mile x # of miles per r/trip) x # of trips x # of staff

\$ per day x # of trips x # of days x # of staff

Cost

of Trips

of Days

of Staff

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip

MATCH BUDGET NARRATIVE - SFY21																																												
Applicant Name:		Form 3																																										
Funding for Match Received From (State Funding Source):																																												
In-State Travel Origin & Destination Airfare: Baggage fee: Per Diem: Lodging: Motor Pool: Mileage: Parking: Justification: Who will travel and why If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip.		*Revise as needed to include costs of multiple trips. cost per trip (origin & designation) x # of trips x # of staff \$ amount per person x # of trips x # of staff \$ per day per GSA rate for area x # of trips x # of staff \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days (rate per mile x # of miles per r/trip) x # of trips x # of staff \$ per day x # of trips x # of days x # of staff		<table border="1"> <thead> <tr> <th>Cost</th> <th># of Trips</th> <th># of Days</th> <th># of Staff</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$ -</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$ -</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$ -</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$ -</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$ -</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$ -</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$ -</td> </tr> </tbody> </table>	Cost	# of Trips	# of Days	# of Staff						\$ -					\$ -					\$ -					\$ -					\$ -					\$ -					\$ -
Cost	# of Trips	# of Days	# of Staff																																									
				\$ -																																								
				\$ -																																								
				\$ -																																								
				\$ -																																								
				\$ -																																								
				\$ -																																								
				\$ -																																								
Operating		Total: \$ -																																										
Office supplies: Occupancy Communications Rent: Utilities: State Phone Line: Voice Mail: Conference Calls: Long Distance: Email: Justification: Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.		List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here. \$ Amount x # of FTE staff x # of months \$ per month x 12 months x # of FTE \$ per quarter x 4 quarters \$ per month x 12 months x # of FTE \$ per month x 12 months x # of FTE \$ per month x 12 months \$ per month x 12 months x # of FTE		<table border="1"> <tbody> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> <tr><td>\$ -</td></tr> </tbody> </table>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																															
\$ -																																												
\$ -																																												
\$ -																																												
\$ -																																												
\$ -																																												
\$ -																																												
\$ -																																												
\$ -																																												
\$ -																																												
Equipment		Total: \$ -																																										
Describe equipment		List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.																																										
		<table border="1"> <tbody> <tr><td>\$ -</td></tr> </tbody> </table>			\$ -																																							
\$ -																																												
Contractual		Total: \$ -																																										
Name of Contractor/Subrecipient: Method of Selection: Period of Performance: Scope of Work: *Sole Source Justification: Method of Accountability: Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.		*Revise this formula as needed to include each Contractor listed Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a componet of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. Explain, i.e. sole source or competitive bid July 1, 2021 - June 30, 2022 Define Scope of Work Define if sole source method, not needed for competitive bid																																										
		<table border="1"> <tbody> <tr><td>\$ -</td></tr> </tbody> </table>			\$ -																																							
\$ -																																												

MATCH BUDGET NARRATIVE - SFY21			
Applicant Name:		Form 3	
Funding for Match Received From (State Funding Source):			
*Add additional Contractor/Subrecipients here with justification or delete this row.			\$ -
Other		Total:	\$ -
	Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.		
Printing Services:	\$ amount/month x 12 months	\$	-
Copier/Printer Lease	\$ amount/month x 12 months	\$	-
Property and Contents Insurance per year		\$	-
Car insurance	\$ per month x 12 months	\$	-
Postage:	\$ per month x 12 months	\$	-
Audit		\$	-
Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.			
TOTAL DIRECT CHARGES			\$ -
Indirect		Total:	\$ -
	Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculated 10%. Applicants may override this formula only to request a lower indirect rate.		
Identify Indirect Expenses		\$	-
Add more as necessary and adjust formula in F112 to reflect changes.		\$	-
		\$	-
TOTAL BUDGET		Total:	0