

ATTACHMENT K: BUDGET

LINE ITEM	Total Amount
WORK EXPERIENCE COSTS	
Participant Wages from participant wage worksheet	\$ -
Participant Fringe from participant wage worksheet	\$ -
Work Experience Participant Supports - must be detailed in budget narrative	\$ -
Total Work Experience Costs	\$ -
Work Experience as % of Budget	0.0%
PROGRAM COSTS	
Personnel	
Staff Salaries: from staff chart	\$ -
Fringe Benefits: from staff chart	\$ -
Total Other Program Personnel	\$ -
Staff Travel - must be detailed in budget narrative	\$ -
Facilities - from facilities worksheet	\$ -
Supplies - must be detailed in budget narrative	\$ -
Participant Training - must be detailed in budget narrative	\$ -
Participant Support - must be detailed in budget narrative	\$ -
Participant Stipends - must be detailed in budget narrative	\$ -
Other Direct Costs (Miscellaneous): list each cost not included in other lines; provide details and cost calculations in budget narrative.	\$ -
	\$ -
	\$ -
	\$ -
Total Miscellaneous	\$ -
Profit	\$ -
General Overhead/Administration or Indirect	\$ -
TOTAL - ALL COSTS	\$ -

BUDGET NARRATIVE

See budget forms for personnel, facilities, and participant wage/fringe costs

FACILITIES WORKSHEET

Budget period in months:

Space Costs

Facility Address	Rented (Yes/No)	Owned (Yes/No)	Total square feet of facility	Cost per square foot per year ¹	# of months used by program	Square feet used by program	Total Cost to program	Percent of facility used by program
							\$0.00	0.00%
							\$0.00	0.00%
							\$0.00	0.00%
Total Facility Costs							\$0.00	0.00%

¹ Generally, payment schedules under standard businesses leases are based on a price per square foot per year. If there is a different payment schedule for the facility, please convert the cost to the price per square foot per year. The cost per square foot is used to determine that the facility cost is reasonable in the local real estate market.

Example 1: Payment is \$1,000 per month for 1,000 sq. ft. Annual cost is $12 \times \$1,000 = \$12,000$. Price per square foot is $\$12,000/1,000 = \12 per sq. ft.

Example 2: Payment is \$55,000 per year for 2,000 sq. ft. Price per square foot is $\$55,000/2,000 = \27.50 per sq. ft.

Utilities and Related Costs - for each facility

Facility Address	Monthly Electricity	Monthly Heat	Monthly Cleaning/ Maintenance	Other Monthly Cost/describe in budget narrative	Other Monthly Cost/describe in budget narrative	Total monthly cost	Percent used by program	Total Cost to program
						\$0.00		\$0.00
0						\$0.00		\$0.00
0						\$0.00		\$0.00
Total Utilities Costs						\$0.00		\$0.00

Technology Costs

List phone/fax lines, cell phones ¹ , internet ² , leased/rented office equipment	# of devices or users	Monthly cost per device	# of months used by program	Percent used by program	Total Cost to program
Land - Lines					\$0.00
Internet					\$0.00
Copiers					\$0.00
					\$0.00
Total					\$0.00

¹ Staff with cell phones must be listed by name.

² Calculation of program's share of internet charges may be based on users, including participants.

³ Equipment, such as copiers, networked printers, and postage machines, that is leased should be listed here.

Summary:	
Total Space	\$0.00
Total Utilities	\$0.00
Total Communications	\$0.00
Total Facilities	\$0.00

PARTICIPANT WAGE WORKSHEET

WAGES	# of positions	# of weeks per position	# of hours per week	wage/hour	Total Wages	Fringe Rate	Total Fringe	Total Participant Costs
Participants					\$0.00	7.65%	\$0.00	\$0.00
Participants					\$0.00	7.65%	\$0.00	\$0.00
Participants					\$0.00	7.65%	\$0.00	\$0.00
Participants					\$0.00	7.65%	\$0.00	\$0.00
Total Participants	0			TOTAL WAGES:	\$0.00		TOTAL FRINGE:	\$0.00

FRINGE BENEFITS	Rate
FICA	7.65%
Workers Compensation	
UI (where applicable)	
Total Fringe Rate	7.65%

Apply to total wages.

STAFF CHART

Full time weekly hours:

Staff Salaries		Total Weeks	Hours per Week	Hourly Rate	Total Cost wks x hrs x rate
Position Title	Incumbent Name				\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Total Hours/Dollars		0.0			\$0.00

Insert additional rows if needed

FRINGE BENEFITS DETAIL

List each fringe benefit separately. Multiply the fringe rate by the amount of salary subject to the rate. Where a fringe benefit cost is not based on the total salary amount, note the explanation in the comment column.

Benefit	Rate	Base	Work Experience Fringe	Comments
FICA	0.0765	\$0.00	\$0.00	
Workers Compensation		\$0.00	\$0.00	
Unemployment			\$0.00	
Medical Benefits			\$0.00	
Other Insurance			\$0.00	
Retirement			\$0.00	
Other (Life insurance)			\$0.00	
Other (specify)			\$0.00	
Other (specify)			\$0.00	
Other (specify)			\$0.00	
TOTAL			\$0.00	

STAFF ALLOCATIONS

Position	Incumbent Name	Total Budget Period Salary	% charged to this contract	% charged to other CWP contracts	% charged to other sources	Amount charged to this contract
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total		\$ -				\$ -

How to use this form:

Column A: List each position that will NOT be 100% charged to this contract; do not list other positions.

Column B: List incumbent staff members names.

Column C: List staff position salaries for the budget period.

Column D: Provide the percentage of time each staff position is charged to this contract.

Column E: Provide the percentage of time each staff position is charged to other CWP contracts.

Column F: Provide the percentage of time each staff position is charged to non-CWP sources.

NOTE: Columns D, E, & F must add to 100% of time for each staff position.

Column G: Provide the amount of each allocated staff salary being charged to this contract (Column C x Column D)

Attach additional pages if needed