**Attachment C - Budget Sheet**

**Attachment C- Budget and Justification Worksheet**

|  |  |
| --- | --- |
| **Applicant Name:** | Click here to enter text. |
| **Fiscal Agent Name:**  (If Applicable) | Click here to enter text. |

**A. Personnel:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Name** | **Annual Salary/Rate** | **Level of Effort** | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  | TOTAL | Click here to enter text. |

**JUSTIFICATION:** Describe the role and responsibilities of each position.

|  |  |
| --- | --- |
| **Total Personnel Request:** | **$**Click here to enter text. |

**B. Fringe Benefits**: List all components of fringe benefits and indicate rates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Rate** | **Wage** | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  | TOTAL | Click here to enter text. |

**JUSTIFICATION:**

|  |  |
| --- | --- |
| **Total Fringe Benefits Request:** | **$**Click here to enter text. |

**C. Travel:** Explain need for all travel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of Travel** | **Location** | **Item** | **Rate** | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  | TOTAL | Click here to enter text. |

**JUSTIFICATION:** Describe the purpose of travel and how costs were determined.

|  |  |
| --- | --- |
| **Total Travel Request:** | **$**Click here to enter text. |

**D. Equipment**: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit – federal definition.

**JUSTIFICATION:** Explain need for all equipment.

|  |  |
| --- | --- |
| **Total Equipment Request:** | **$**Click here to enter text. |

**E. Supplies**:

|  |  |  |
| --- | --- | --- |
| Item(s) | Rate | Cost |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | TOTAL | Click here to enter text. |

**JUSTIFICATION:** Describe need and include explanation of how costs were estimated.

|  |  |
| --- | --- |
| **Total Supplies Request:** | **$**Click here to enter text. |

**F. Contractual**: This includes all services secured to support implementation and can include consultants.

**(Consultant)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Service | Rate | Other | Cost |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  | TOTAL | Click here to enter text. |

**JUSTIFICATION:** Explain the need for each agreement and how they relate to the overall project.

**(Contract)**

|  |  |  |
| --- | --- | --- |
| Entity | Product/Service | Cost |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | TOTAL | Click here to enter text. |

**JUSTIFICATION:** Explain the need for each agreement and how they relate to the overall project.

|  |  |
| --- | --- |
| **Total Contractual Request:**  (combine the total of consultant and contract) | **$**Click here to enter text. |

**G. Other**: expenses not covered in any of the previous budget categories

|  |  |  |
| --- | --- | --- |
| Item | Rate | Cost |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | TOTAL | Click here to enter text. |

**JUSTIFICATION:** Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

|  |  |
| --- | --- |
| **Total Other Request:** | **$**Click here to enter text. |

**H. Direct Request** (A-J)

|  |  |
| --- | --- |
| **Total Request:** | Click here to enter text. |

**I. Indirect Costs (10% Max)**

|  |  |
| --- | --- |
| **Total Request:** | Click here to enter text. |

**JUSTIFICATION:** Provide rational and indicate percentage of total award being expended on indirect costs**.**

**BUDGET SUMMARY:**

|  |  |
| --- | --- |
| **Category** | **Request** |
| 1. Personnel | Click here to enter text. |
| 1. Fringe | Click here to enter text. |
| 1. Travel | Click here to enter text. |
| 1. Equipment | Click here to enter text. |
| 1. Supplies | Click here to enter text. |
| 1. Contractual | Click here to enter text. |
| 1. Other | Click here to enter text. |
| 1. Direct Request | Click here to enter text. |
| I. Indirect Costs *(10% max)* | Click here to enter text. |
| **Total Project Costs** | Click here to enter text. |