**ATTACHMENT E**

**BUDGET**

**Funding Period July 1, 2011 – June 30, 2013**

**INDIANA DEPARTMENT OF CHILD SERVICES**

**BUDGET JUSTIFICATION WORKSHEET**

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Standard Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Period:** **From July 1, 2011 to June 30, 2013 (One year budget for both years)**

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| **Budget** | | | | | | | | | | | |
| **A. Personnel** | | | | | | | | | | | |
|  | | | | **1. Salaries & Wages** | | | | | | **2. Fringe Benefits** | |
| **(A)**  **Position/Job Title\*** | **FTE** | **(B)**  **Average # of**  **Hours/ Month**  **for Program** | | **(C)**  **Salary/ Wage per month for Program** | | **(D)**  **# of Months (1-12)** | | **(E)**  **Salary/ Wage**  **For Program** | | **(F)**  **Fringe**  **Benefit**  **Rate** | **(G)**  **Fringe**  **Benefit**  **Cost** |
| **\*Please list each staff position individually.** | |
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| **Total Salaries and Wages:** | | | | | | | |  | | **Total Fringe:** |  |
| **A.**  **3. Consultant and Contract Services** | | | | | | | | | |
| **(A)** | | | **(B)** | | **(C)** | | **(D)** | | **(E)** |
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|  | | | **Total Consultant and Contract Services:** | | | | | |  |

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| **Budget (Continued If Necessary)**  **Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Service Standard Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **A. Personnel** | | | | | | | |
|  | | | **1. Salaries & Wages** | | | **2. Fringe Benefits** | |
| **(A)**  **Position/Job Title\*** | **FTE** | **(B)**  **Average # of**  **Hours/ Month**  **for Program** | **(C)**  **Salary/ Wage per month for Program** | **(D)**  **# of Months (1-12)** | **(E)**  **Salary/ Wage**  **For Program** | **(F)**  **Fringe**  **Benefit**  **Rate** | **(G)**  **Fringe**  **Benefit**  **Cost** |
| **\*Please list each staff position individually.** | |
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| **(H) Full-Time Equivalents by Position:** | | | |
| **Title of Position** | **FTE** |  |  |
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**INDIANA DEPARTMENT OF CHILD SERVICES**

**BUDGET JUSTIFICATION WORKSHEET**

**Agency Name:**

**Service Standard Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Period:** **From: July 1, 2011 – June 30, 2013.**

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| **Section IV Budget (Continued)** |
| **B. Other Direct Costs** |
| 1. **Travel (Compute Staff and client costs separately)**  Calculations/Descriptions: |
| Include Separate Totals For 2a and 2b here. (Identify a separate total cost for Marketing and Communications expenses.)    2a. **Consumable Supplies & Printing (Justify by type of expense)**  Calculations/Descriptions:    2b. **Marketing and Communications (Justify by type of expense)**  Calculations/Descriptions: |
| .  3. **Space Costs (Show computations of each cost)**  Rent: Calculations/Descriptions:  Utilities: Calculations/Descriptions:  Custodial: Calculations/Descriptions: |
| .  4. **Insurance (Specify by type: i.e., personal liability)**  Calculations/Descriptions: |

**INDIANA DEPARTMENT OF CHILD SERVICES**

**BUDGET JUSTIFICATION WORKSHEET**

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Standard Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Period:** **From July 1, 2011 - June 30, 2013**

|  |  |
| --- | --- |
| **Budget (Continued)** | |
| **B. Direct Costs (Continued)** | |
| 5. **Staff Training (Show factors included and computation)**  Calculations/Descriptions: | |
| 6. **Telephone**: |  |
| **Postage**: |
| **Total:** |
| 7. **Rental/Lease/Prorated Share of Equipment Purchase**  Calculations/Descriptions: | |
| 8. **Other Administrative Expenses**  Calculations/Descriptions: | |
| 9. **Other Direct Costs—Specify (This category cannot exceed 5% of the total request)**  Calculations/Descriptions: | |
| **C. Indirect Costs (List each indirect cost separately. See instructions re: non-allowable expenses**  **Compute your Actual Indirect Cost %** \_\_\_\_ **(Total Indirect Costs / Total Direct Costs = Percentage)** | |
| 1. **Accounting Services**  Calculations/Descriptions: | |
| 2. **Other Indirect Costs (Attach itemization if more space is needed.)**  Calculations/Descriptions: | |

**INDIANA DEPARTMENT OF CHILD SERVICES**

**JUSTIFICATION WORKSHEET**

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Standard Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BUDGET SUMMARY** | |
| July 1, 2011 – June 30, 2013 |  |
|  | **Total Proposed Program Costs**  **(totals from worksheets)** |
| **A. Personnel** |  |
| \*1. Salaries & Wages |  |
| \*2. Fringe Benefits |  |
| \*3. Consultant & Contract Services |  |
| B. Other Direct Costs |  |
| \*1. Travel Expenses  a. Staff  b. Clients |  |
| \*2. Consumable Supplies &  Printing and Marketing and Communications |  |
| \*3. Space Costs (Rent, Utilities  Custodial) |  |
| \*4. Insurance |  |
| \*5. Staff Training |  |
| \*6. Telephone & Postage |  |
| \*7. Rental/Lease/Prorated Share of Equipment Purchase (Per instructions) |  |
| \*8. Other Administrative Expenses |  |
| \*9. Other – Specify |  |
| **C. Indirect Costs** (Actual \_\_\_\_\_ % of Direct Cost) |  |
| \*1. Accounting Services |  |
| \*2. Other (See Worksheet Justification) |  |
| **D. TOTAL PROGRAM COSTS** |  |
| **E. If you are proposing a group rate, please explain how you calculated it.** | |

\*See applicable Budget Justification Worksheets for Details.

INDIANA DEPARTMENT OF CHILD SERVICES

**FUNDING PERIOD: July 1, 2011 – June 30, 2013**

EXPLANATION OF BUDGET JUSTIFICATION WORKSHEETS

Complete the budget for one year. This budget will be used for both years of the contract.

Please use the budget justification worksheets to calculate the amounts entered on this page. The following information is to be entered in the Total Proposed Program Costs column:

Item A. Personnel Costs

1. Salaries & Wages – Enter the total projected salary and wage expenses for personnel calculated on the budget justification worksheet.
2. Fringe Benefits – Enter the total projected fringe benefit expenses for personnel calculated on the budget justification worksheet.
3. Consultant/Contract Services -Enter all consultant and contracted services that will be purchased by applicant in order to provide the proposed services. Calculate at cost without fringe benefits.

Item B. Other Direct Costs

1. Travel Expenses
2. Staff – Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
3. Clients – Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
4. Consumable Supplies and Printing – Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
5. Space Costs (Rent, Utilities, and Custodial) - Enter the total projected expenses for space costs as calculated on the budget justification worksheet.
6. Insurance – Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
7. Staff Training - Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
8. Telephone & Postage - Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
9. Rental/Lease/Prorated Share of Equipment Purchase - Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
10. Other Administrative Expenses – Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
11. Other – Specify – Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.

Item C. Indirect Costs (Enter the Actual Percentage of Direct Cost from.

1. Accounting Services – Enter the total projected expenses for accounting services as calculated on the budget justification worksheet.
2. Other Indirect Costs – Enter the total projected expenses for other indirect costs as calculated on the budget justification worksheet.

Item D. Total Program Costs – Enter the sum of the projected expenses listed in

the Total Proposed Program Costs. This total is to include all known and

anticipated costs required to provide the services described in this proposal.

Item E. Group Rate – Provide an explanation/breakout of how you calculated your group rate.