

# Budget--Child Summary

## INDIANA DEPARTMENT OF CHILD SERVICES

July 1st, 2015 to June 30th, 2017

**Note: The budget submitted should be a one (1) year budget which will be used for the two (2) years.**

### EXPLANATION OF BUDGET JUSTIFICATION WORKSHEETS

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
  - a. Staff--Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
  - b. Clients--Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
2. Consumable Supplies and Printing--Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
3. Space Costs (Rent, Utilities and Custodial)--Enter the total projected expenses for space costs as calculated on the budget justification worksheet. Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
4. Insurance--Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
5. Staff Training--Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
6. Telephone and Postage--Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
7. Other Administrative Expenses--Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
8. Other Direct Costs-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)

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 the proposal.

#### Item E. Child Summary

Provide an explanation/breakout of how you calculated your rate for completion of initial child summaries and completion of child summary updates.

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Funding Period: From July 1st, 2015 to June 30th, 2016  
(One year budget for both years)

Agency Name:  Service Standard Title:

### Budget

#### A. Personnel

		1. Salaries & Wages				2. Fringe Benefits	
(A) Position/Job Title*	FTE	(B) Average # of Hrs/ 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							

Total Salaries and Wages: 
 Total Fringe:

Agency Name:

Service Standard Title:

<b>H. Full-Time Equivalents by Position:</b>	
<b>Title of Position</b>	<b>FTE</b>

**A.** **3. Consultant and Contract Services**

(A)	(B)	(C)	(D)	(E)

Total Consultant and Contract Services:

# BUDGET JUSTIFICATION WORKSHEET

Funding Period: From July 1st, 2015 to June 30th, 2016  
(One year budget for both years)

Agency Name:

Service Standard Title:

## Budget (Continued)

### B. Other 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 & 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):

Agency Name:

Service Standard Title:

**4. Insurance (Specify by type: i.e. personal liability)**

Calculations/Descriptions:

**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

Agency Name:

Service Standard Title:

**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

## BUDGET SUMMARY

Agency Name:

Service Standard Title:

### Budget Summary

July 1, 2015 to June 30, 2016	Total Proposed Program Costs (totals from worksheets)
<b>A. Personnel</b>	
*1. Salaries & Wages	<input style="width: 95%; height: 25px;" type="text"/>
*2. Fringe Benefits	<input style="width: 95%; height: 25px;" type="text"/>
*3. Consultant & Contract Services	<input style="width: 95%; height: 25px;" type="text"/>
<b>B. Other Direct Costs</b>	
*1. Travel Expenses a. Staff b. Clients	<input style="width: 95%; height: 40px;" type="text"/>
*2. Consumable Supplies & Printing and Marketing & Communications	<input style="width: 95%; height: 25px;" type="text"/>
*3. Space Costs (Rent, Utilities, Custodial)	<input style="width: 95%; height: 25px;" type="text"/>
*4. Insurance	<input style="width: 95%; height: 25px;" type="text"/>
*5. Staff Training	<input style="width: 95%; height: 25px;" type="text"/>
*6. Telephone & Postage	<input style="width: 95%; height: 25px;" type="text"/>
*7. Rental/Lease/Prorated Share of Equipment Purchase (Per Instructions)	<input style="width: 95%; height: 25px;" type="text"/>
*8. Other Administrative Expenses	<input style="width: 95%; height: 25px;" type="text"/>
*9. Other--Specify	<input style="width: 95%; height: 25px;" type="text"/>
<b>C. Indirect Costs</b>	
(Actual ___% of Direct Cost)	<input style="width: 95%; height: 25px;" type="text"/>
*1. Accounting Services	<input style="width: 95%; height: 25px;" type="text"/>
*2. Other (See Worksheet Justification)	<input style="width: 95%; height: 25px;" type="text"/>
<b>D. TOTAL PROGRAM COSTS</b>	
	<input style="width: 95%; height: 25px;" type="text"/>

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET SUMMARY

Agency Name:

Service Standard Title:

## Budget Summary

**E. If you are proposing a child summary or update rate, please explain how you calculated it.**

Proposed Billable Unit Definition	Unit Definition	Proposed Number of Units	Proposed Rate
Initial Child Summary	per summary	<input type="text"/>	<input type="text"/>
Child Summary Update	per summary	<input type="text"/>	<input type="text"/>