

**INDIANA DEPARTMENT OF CHILD SERVICES
BUDGET JUSTIFICATION WORKSHEET/MONTHLY INVOICING JUSTIFICATION***

*This form has a dual purpose. It is to be used as part of the application as the Budget Justification Worksheet. If a contract is awarded, this form will be used to provide document for the monthly invoice/Purchase Order.

Agency Legal Name: _____

Service Standard Title: Indiana Heart Gallery

Funding Period: From September 1, 2012 to August 31, 2013

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.							
1.0							
1.1							
Total Salaries and Wages:							
						Total Fringe:	

Budget (Continued)

Other Direct Costs

2.0 Rent and Utilities (Show computations of each cost)

2a. Rent:

Calculations/Descriptions:

2b. Utilities:

Calculations/Descriptions:

3.0 Telephone, Postage, Supplies:

3a. Telephone:

Calculations/Descriptions:

3b. Postage:

Calculations/Descriptions:

3c. Supplies:

Calculations/Descriptions:

4.0 Equipment Purchase

4a. Equipment Purchase

Calculations/Descriptions:

Facebook Page Maintenance/Updates:

Calculations/Descriptions:

Printing and Supplies:

Calculations/Descriptions:

Media Coordination:

Calculations/Descriptions:

Travel:

Calculations/Descriptions: