

COVID-19 Response Budget Form

County Name: _____

Respondent Name: _____

Respondent Email Address: _____

PERSONNEL

Area of Need	Description	Rate per Hour	# of Hours	# of Staff	Total Cost
New Hires <i>(Staff hired to meet increasing demand resulting from COVID-19)</i>					
Overtime Expenses <i>(overtime costs for new and/or existing staff due to increasing demand resulting from COVID-19)</i>					
Total					

Area of Need	Description	Cost Per Employee	Number of Employees	Total Cost
Fringe Benefits <i>(i.e. benefits for new hires, overtime, etc.)</i>				
Total				

(continued below)

OTHER OPERATIONAL EXPENSES

Area of Need	Brief Explanation	Total Cost
<p style="text-align: center;">Travel</p> <p><i>(i.e. local mileage, rental car, etc.)</i></p>		
<p style="text-align: center;">Equipment</p> <p><i>(i.e. additional equipment needed as a result of COVID-19, etc., >\$500 only)</i></p>		
<p style="text-align: center;">Supplies</p> <p><i>(i.e. office supplies, Personal protective equipment (PPE), etc.)</i></p>		
<p style="text-align: center;">Contractual</p> <p><i>(i.e. contract fees, professional fees, etc.)</i></p>		
<p style="text-align: center;">Other</p> <p><i>(Any other COVID-19 related expenses that do not fit within the above categories)</i></p>		

TOTAL BUDGET

Total Personnel Expenses	
Total Other Operational Expenses	
Total Expenses	

