

Budget Template

Section 2.5

Attachment C1

INDIANA DEPARTMENT OF CHILD SERVICES FUNDING PERIOD:

July 1st, 2020 to June 30th, 2022

Note: The budget submitted should be a one (1) year budget.

EXPLANATION OF PRO FORMA BUDGET WORKSHEETS

Budget 2: Collaborative Care Placement & Supervision

Collaborative Care Placement and Supervision includes placement costs and supervision for youth for whom DCS has placement and care. Supervision for older youth includes preparing the youth to live independently by serving as a broker of services to connect youth to community service providers as defined in the service standards. Please use 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:

- The estimated percentage of CHINS youth entering Collaborative Care at age 18 or older is projected to be 25%
- The estimated percentage of probation youth entering Collaborative Care at age 18 or older is projected to be 10%

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. Use this section for subcontracts.

Item B. Other Costs

1. Travel Expenses
 - Staff—Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
 - Client—Enter the total projected client/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 Direct Costs-Specify--Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet. Review Attachment N to determine projected cost.
 - a. Child Care Cost
 - b. Driver's Education: Minimum of \$355 per youth; not to exceed a maximum of \$450 per youth
 - c. Global Service
8. Personal Allowance—Please include \$300 for each youth

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

Total Administrative Expenses from C1 and C2

1. Direct Administrative Expenses--Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet. (Enter the detailed projected direct administrative expenses for this program component. Administrative expenses include general administration & management, accounting & finance, human resources, management information systems, quality assurance and management, legal expenses, professional fees & dues, and a reasonable profit margin for those providers that are not tax-exempt agencies. Direct administrative expenses are those administrative expenses directly attributable to Collaborative Care).
2. Indirect Cost—Enter the total projected expenses for other indirect cost as calculated on the budget justification worksheet (Enter the detailed projected indirect administrative expenses for the program component). Administrative expenses include general administration & management, accounting & finance, human resources, management information systems, quality assurance and management, legal expense professional fees & dues, and a reasonable profit margin for those providers that are not tax-exempt

agencies. Indirect administrative expenses are those administrative expenses which have been incurred for the benefit and support of other programs in addition to Collaborative Care. Detail and explain any administrative expense allocations.

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. Other Revenue Source

Enter all other revenue sources (e.g. public grants, private grants, United Way, fund raising, donations) that will be utilized to support the program

Item F. Net Program Cost

Enter item C less Item D.

Item G. Number of Client Days Served

Estimated total number of client days served. For example, if 10 clients each for the full 365 day year, total number of client days served = $10 \times 365 = 3,650$.

Item H. Please propose a cost escalation factor for Year 2

This should be shown as a percentage increase.

INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Program Title: Collaborative Care Placement and Supervision

Budget Period: From July 1st, 2020 to June 30th 2022

Service Area:

Agency Name:

Budget

A. Personnel

	1. Salaries & Wages	2. Fringe Benefits
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(A) Position/J	FTE	(B) Average # of Hrs./ Month for Program	(C) Salary/Wage per Month for Program	(D) # of Mont hs (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:

A. 3. Consultant and Contract Services				
(A)	(B)	(C)	(D)	(E)
Total Consultant and Contract Services:				

BUDGET JUSTIFICATION WORKSHEET

Program Title: Collaborative Care Placement and Supervision

Budget Period: From July 1st, 2020 to June 30th, 2022

Service Area:

Agency Name:

Budget (Continued)

B. Other Costs

1. Travel (Compute Staff and Client Cost separately)

Calculations/Descriptions:

2. Include Separate Totals for 2a and 2b here. (Identify a separate total cost for Marketing and Communication expenses).

2a. Consumable Supplies & Printing (Justify by type of expense)

Calculations/Descriptions:

2b. Marketing & Communication (Justify by type of expense)

Calculations/Descriptions:

3. Space Cost (Show computations for each cost)

Rent (Calculations/Descriptions):

Utilities (Calculations/Descriptions):

Custodial (Calculations/Descriptions):e.g. phone, furniture

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:

Agency Name:

7. Other Direct Cost—Specify

Calculations/Descriptions:

8. Personal Allowance

Calculations/Descriptions: (\$300 per youth)

C. Indirect Cost (List each indirect cost separately. See instructions re: non-allowable expenses)

(Total Indirect Costs/Total Direct Cost = Percentage)

Compute your Actual Indirect Cost%

1. Direct Cost

Calculations/Descriptions:

2. Indirect Cost (Attach itemization if more space is needed)

Agency Name:

Calculations/Descriptions:

3. Other Revenue Sources:

Identify and describe other sources of funding that will be utilized to support the program if applicable

INDIANA DEPARTMENT OF CHILD SERVICES

BUDGET SUMMARY

Agency Name:

Budget 1: Collaborative Care Placement and Support

Service Area:

Budget Summary

(a) July 1, 2020 to June 30, 2022	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 & Communications	
*3. Occupancy Costs a. Client (Rent, Utilities, Custodial) b. Staff Rent, Utilities, Custodial Rental / Lease / Prorated Share of Equipment Purchase (Per instructions)	a.
	b.
*4. Incidentals	
*5. Insurance	
*6. Staff Training	
*7. Telephone & Postage	
*8. Other Direct Cost Child Care Cost, Driver's Education, Global Service	
*9. Personal Allowance	
C. Indirect Costs (Actual ___% of	

*1. Direct Administrative Expenses	
*2. Indirect Administrative Expenses	
D. TOTALPROGRAMCOSTS	
E. Other Revenue Source	
F. Net Program Cost	
G. Number of Client Days Served:	
H. Proposed Cost Escalation Factor for Year 2:	

Please indicate if your agency is:

- Certified Minority Owned Business
- Certified Women Owned Business
- Buy Indiana Entity

For more information, please visit the Indiana Department of Administration website: <http://www.in.gov/idoa>