

Budget

INDIANA DEPARTMENT OF CHILD SERVICES July 1st, 2017 to June 30th, 2019

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 worksheet 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. Incentives--Enter the total projected expenses for the administration and distribution of incentives.
5. Insurance--Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
6. Staff Training--Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
7. Telephone and Postage--Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
8. 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.
9. Other Administrative Expenses--Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
10. 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. Group Rate

Provide an explanation/breakout of how you calculated your group rate.

Agency Name:

Service Standard Title:

H. Full-Time Equivalents by Position:	
Title of Position	FTE

A.				
3. Consultant and Contract Services				
(A)	(B)	(C)	(D)	(E)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Consultant and Contract Services:				<input type="text"/>

BUDGET JUSTIFICATION WORKSHEET

Funding Period: From July 1st, 2017 to June 30th, 2019
(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/Depreciation:

Rent (Calculations/Descriptions):

Utilities (Calculations/Descriptions):

Custodial (Calculations/Descriptions):

Agency Name:

Service Standard Title:

4. Incentives (Show computations of each component)

Calculations/Descriptions:

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

Calculations/Descriptions:

6. Staff Training (Show factors included and computation)

Calculations/Descriptions:

7. Telephone:

Postage:

Total:

8. Rental/Lease/Prorated Share of Equipment Purchase

Calculations/Descriptions

9. Other Administrative Expenses

Calculations/Descriptions:

Agency Name:

Service Standard Title:

10. Other Direct Costs--Specify (This category cannot exceed 5% of the total request)

Calculations/Descriptions

Comments:

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 (Compute your Actual Indirect Cost %) :

INDIANA DEPARTMENT OF CHILD SERVICES BUDGET SUMMARY

Agency Name:

Service Standard Title:

Budget Summary

July 1, 2017 to June 30, 2019	Total Proposed Program Costs (totals from worksheets)
A. Personnel	
*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. Other Direct Costs	
*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. Incentives	<input style="width: 95%; height: 25px;" type="text"/>
*5. Insurance	<input style="width: 95%; height: 25px;" type="text"/>
*6. Staff Training	<input style="width: 95%; height: 25px;" type="text"/>
*7. Telephone & Postage	<input style="width: 95%; height: 25px;" type="text"/>
*8. Rental/Lease/Prorated Share of Equipment Purchase (Per Instructions)	<input style="width: 95%; height: 25px;" type="text"/>
*9. Other Administrative Expenses	<input style="width: 95%; height: 25px;" type="text"/>
*10. Other--Specify	<input style="width: 95%; height: 25px;" type="text"/>
C. Indirect Costs	
(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"/>
D. TOTAL PROGRAM COSTS	
	<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 group rate, please explain how you calculated it.

TOTAL:

Please indicate if your agency is:

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