

**OHIO FATHERHOOD
INITIATIVES
APPLICANT INFORMATION
TANF 93.558**

AWARD#

SFY 12/13

Attachment D

Vendor Name

Address

Federal Tax ID:
text>

Project Title:

Primary Contact:

Phone:

E-mail:

**Secondary
Contact:**

Phone:

E-mail:

OHIO FATHERHOOD INITIATIVES BUDGET

BUDGET CATEGORIES	TOTAL
Personnel	<input style="width: 100%; height: 20px;" type="text"/>
Fringe	<input style="width: 100%; height: 20px;" type="text"/>
Outreach	<input style="width: 100%; height: 20px;" type="text"/>
Equipment	<input style="width: 100%; height: 20px;" type="text"/>
Supplies	<input style="width: 100%; height: 20px;" type="text"/>
Contractual	<input style="width: 100%; height: 20px;" type="text"/>
Travel (In-State Only)	<input style="width: 100%; height: 20px;" type="text"/>
Incentives (That link father participation with their children. These must have an agenda for learning)	<input style="width: 100%; height: 20px;" type="text"/>
Participant Activities	<input style="width: 100%; height: 20px;" type="text"/>
Other (Specify)	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL DIRECT CHARGES	<input style="width: 100%; height: 20px;" type="text"/>
Administrative Costs (Below 15%)	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL INDIRECT CHARGES	<input style="width: 100%; height: 20px;" type="text"/>
TOTAL	<input style="width: 100%; height: 20px;" type="text"/>
* Please attach a page with an explanation of items to be included in each category	

**OHIO FATHERHOOD INITIATIVES
APPLICANT BUDGET**

Employee Salaries and Wages
Date/Duration of Project:

Total Project Cost		Forecasted Cash Needs (UP TO A 12 MONTH PERIOD ONLY)						
		Monthly o Hourly Rate	Number of hour worked	Percent of Time (FTE)	Amount Charged t Project	Fringe Benefits		Total Costs
Rate	Amount							
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
Total Employee Salary								

Percentage of Total Project devoted to Salary