



THE OHIO CHILDREN'S TRUST FUND APPLICATION
BUDGET INSTRUCTIONS

COMPLETE A SEPARATE BUDGET SUMMARY AND DETAIL PAGES FOR EACH FISCAL YEAR OF THE GRANT .

BUDGET SUMMARY
COMPLETE ITEMIZED BUDGET SECTIONS BEFORE COMPLETING THE SUMMARY PAGE

ITEMIZED BUDGET

A. PERSONNEL

Include all regular and NON-PROFESSIONAL contract staff who work full-time or part-time for this program/ service. REGULAR STAFF are eligible for fringe benefits, but, individuals hired on contract DO NOT RECEIVE fringe benefits. Contract staff may include bookkeepers, clerical support, maintenance personnel, etc. Salaries and fringe benefits for staff in this program/ service *cannot exceed* the usual compensation paid by the implementing agency. Individuals providing PROFESSIONAL SERVICES who are not on the agency payroll are considered CONSULTANTS. Agency personnel working for this program/ service must be listed as REGULAR STAFF and cannot be paid as consultants.

FRINGE BENEFIT RATE

Determine your agency's fringe benefit rate and multiply this percentage times the subtotal of regular staff cost for this program/service.

NON-PROFESSIONAL CONTRACT STAFF

List the name, position, number of hours to be worked on this program/ service during the twelve (12) month grant period, and the hourly rate. Contract staff do not receive fringe benefits.

B. CONSULTANTS

Consultants are those individuals who provide specialized PROFESSIONAL services on a limited basis. Specify each consultant by name (do not use "To Be Determined"). The hourly rate should be reasonable and in accordance with local standards for the services. Travel and meal costs can be included if they directly relate to the services provided.

C. TRAVEL

This travel category includes expenses for regular staff only. Consultant travel costs must be itemized in section B. Estimate the monthly mileage for regular staff and use the mileage rate of the implementing agency. Multiply the monthly mileage by the rate by the number of months for the project to compute the total cost. Other Travel expenses may include parking fees, and taxi vouchers/ bus tickets for program participants.

PER DIEM

Includes food, lodging, workshops, conference fees & other related costs.

If conference fees and related costs are included, the conference title, content, sponsor & the its significance to the implementation of this program/ service must be specified in the Budget Justification section.

-continued

D. SUPPLIES

OFFICE

Includes consumable materials, such as pens, paper, folders, subscriptions, postage.

MAINTENANCE

Includes cleaning supplies, equipment repair, and related materials.

PROGRAM MATERIALS

Includes brochures, training materials, books, videotapes, educational toys which are *directly related* to carrying out the program or delivering the service. Refreshment costs or other incentives for program participants can be included in this category.

E. EQUIPMENT

List the item, quantity, and unit price. This category is for purchase of equipment *directly related* to the program. Do not include leased or rental equipment costs.
A detailed explanation of each item and its significance to carrying out program/ service activities *must be provided* in the Budget Justification section.

F. OTHER COSTS

A General Administration Fee/ Expense[@] is a personnel cost and must be itemized in Section A. Permissible costs in this category could include such expenses as: printing, rent, utilities, telephone expenses.

A brief explanation of these items *must be provided* in the Budget Justification section.



**THE OHIO CHILDREN'S TRUST FUND
ANNUAL BUDGET APPLICATION**
 Complete a separate budget summary page for each fiscal year
 STATE FISCAL YEAR _____

PROGRAM/SERVICE NAME

BUDGET SUMMARY

SPENDING CATEGORIES	OCTF FUNDS REQUESTED	LOCAL MATCH FOR OCTF FUNDS (20%)	OTHER FUNDING	BUDGET
A. PERSONNEL				
B. CONSULTANTS				
C. TRAVEL				
D. SUPPLIES				
E. EQUIPMENT				
F. OTHER				
TOTALS	\$	\$	\$	\$
% OF TOTAL		20%		100%

LOCAL CASH MATCH (10%)

SOURCE	AMOUNT
	\$
	\$
	\$
SUBTOTAL LOCAL CASH MATCH	\$

LOCAL IN-KIND MATCH (10%)

_____ # VOLUNTEER HOURS	X	\$_____ * HOURLY RATE	=	
<small>* Please explain on Budget Justification page if hourly rate exceeds minimum wage</small>				SUBTOTAL VOLUNTEER SERVICES
				\$

DESCRIBE IN DETAIL OTHER IN-KIND CONTRIBUTIONS FOR THIS PROGRAM/SERVICE	AMOUNT
	\$
	\$

GRAND TOTAL OF LOCAL MATCH
 (CASH + VOLUNTEERS + OTHER IN-KIND)

\$



**THE OHIO CHILDREN'S TRUST FUND
ITEMIZED BUDGET APPLICATION**
Complete a separate itemized budget for each fiscal year

STATE FISCAL YEAR _____

PROGRAM/ SERVICE NAME _____

***INCLUDE ONLY THE AMOUNT BEING REQUESTED THROUGH THE OHIO CHILDREN-S TRUST FUND.
DO NOT BASE ITEMIZED FIGURES ON TOTAL PROGRAM/ SERVICE BUDGET.**

PERSONNEL: REGULAR STAFF WHO WORK FOR THIS PROGRAM/SERVICE

NAME & POSITION	# OF HOURS FOR THIS PROGRAM	x HOURLY RATE	= COST

**SUBTOTAL
REGULAR STAFF COST**

\$

FRINGE BENEFIT COST FOR REGULAR STAFF WHO WORK FOR THIS PROGRAM/SERVICE

% RATE FOR FRINGE BENEFITS	X	TOTAL PROGRAM STAFF SALARIES	=	SUBTOTAL BENEFIT COST
				\$

NON-PROFESSIONAL CONTRACT STAFF WHO WORK FOR THIS PROGRAM/SERVICE

NAME & POSITION	# OF HOURS	X	HOURLY RATE	=	COST

**SUBTOTAL
NON-PROFESSIONAL CONTRACT STAFF**

\$

TOTAL PERSONNEL COST
(Subtotals of Regular Staff + Benefit Cost + Non-Prof/Contract Staff)
**INSERT AS (A) ON BUDGET SUMMARY PAGE*

\$



**THE OHIO CHILDREN'S TRUST FUND
ITEMIZED BUDGET APPLICATION**

STATE FISCAL YEAR _____

PROGRAM/SERVICE NAME _____

CONSULTANT FEES

NAME	SERVICES TO BE PERFORMED	HOURLY FEE X	# OF HOURS =	COST
SUBTOTAL CONSULTANT FEES				\$

CONSULTANT EXPENSES

NAME	TRAVEL +	MEALS	= COST
SUBTOTAL CONSULTANT EXPENSES			\$

TOTAL CONSULTANT COST
(Subtotal of Fees + Expenses)
**INSERT AS (B) ON BUDGET SUMMARY PAGE*

\$

TRAVEL: DO NOT INCLUDE ANY CONSULTANT TRAVEL COSTS

	TOTAL ESTIMATED MONTHLY MILEAGE X	RATE PER MILE	X # OF MONTHS FOR PROGRAM/ SERVICE	COST
Auto Mileage				
Other			Rate/Fare	
Per Diem			Rate/Fare	

TOTAL TRAVEL COST
**INSERT AS (C) ON BUDGET SUMMARY PAGE*

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THE OHIO CHILDREN'S TRUST FUND
ITEMIZED BUDGET APPLICATION

STATE FISCAL YEAR _____

PROGRAM/ SERVICE NAME _____

SUPPLIES

LIST SPECIFIC SUPPLIES BY TYPE FOR THIS PROGRAM/ SERVICE	COST
OFFICE	
MAINTENANCE	
PROGRAM MATERIALS	

TOTAL SUPPLIES COST \$
*INSERT AS (D) ON BUDGET
SUMMARY PAGE

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EQUIPMENT

ITEM	COST

TOTAL EQUIPMENT COST \$
*INSERT AS (E) ON BUDGET
SUMMARY PAGE

--

OTHER COSTS FOR THIS PROGRAM/ SERVICE

ITEM	COST

TOTAL OTHER COSTS \$
*INSERT AS (F) ON BUDGET
SUMMARY PAGE

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THE OHIO CHILDREN'S TRUST FUND APPLICATION
BUDGET JUSTIFICATION
Complete a separate Budget Justification for each fiscal year

STATE FISCAL YEAR _____

PROGRAM/ SERVICE NAME

Please provide a narrative with information which will justify any non-typical or special budget expenses and help the reviewers better understand the fiscal needs of this program/ service. ***IN ORDER TO BE CONSIDERED***, the application ***must address the following issues***:

- \$ If the program/ service was being funded by sources other than the Ohio Children's Trust Fund, identify those sources and explain why that support is no longer available. ***PLEASE NOTE: Trust Fund monies cannot be used to supplant existing funding.***
- \$ If ***volunteer hourly rate*** exceeds minimum wage, please explain.
- \$ Why are ***consultant services*** needed to provide this program/ service ?
- \$ Why it is necessary to have staff attend a ***conference*** (specify the title, content & sponsor of the conference and explain why it is significant to implementation of this program/ service).
- \$ Why is ***equipment*** listed necessary to implement this program/ service ?
- \$ Specify why items listed in the ***AOTHER COST*** category are needed to carry out the program/ service.