

## Budget Form Instructions

### Instructions - Salaries

**Direct Staff:** All staff whose time is spent working directly with the program should be listed in this section. Include full and part-time staff. If you include Agency Director or others here, you cannot include their salary in the Indirect Costs.

**Indirect Staff:** Only list indirect staff if you are not claiming indirect costs in the Indirect Cost section (Section H.) of this budget document. DO NOT LIST BOTH.

Full Time Equivalency may be defined according to your agency's policy (i.e., 37 - 40 hours or 2080 hours).

Note: If you include Agency Director (or others) here, you cannot include the salary in Indirect Costs.

### Instructions - Payroll-Related Expenses

Indicate the formula used to determine the payroll-related expenses (e.g., \$50,000 x .0765). Use percentages as currently used by the agency.

Hospitalization Insurance: If cost differs per individual, use the actual costs if known; otherwise, use an average premium cost for the staff involved in the service. If using an average cost per staff member, calculate the number of staff listed for hospitalization costs by determining how many FTEs receive insurance as follows:

<u>Position</u>	<u>Time on Program</u>	<u>FTE</u>
Intake Worker	100%	1.00
Intake Worker	75%	0.75
Secretary	50%	0.00 (part-time, no benefits)
Supervisor	25%	0.25
Total FTEs =		2.00

Any costs listed in "other" should be identified.

### Instructions - Consultation Fees

Employees of the agency are not eligible to be paid consultation fees. If consultants are used on a regular basis, such as an accounting service, this cost may be included in the indirect cost section or a percentage may be included here if the proposal claims no indirect costs.

Be specific about the kind of consultation that will be purchased and the basis for fees to be paid (e.g., \$50/hr, \$200/day, etc.)

### Instructions - Travel

Mileage rate for the proposal must be the same rate that is standard for the proposing agency, but cannot exceed 40 cents per mile. Costs related to conferences and meetings must be relevant to the service to be provided in this proposal.

Typically both vehicle expenses and mileage reimbursement are not included. However, if both are appropriate, identify which part of the service will include which kind of travel expense.

**Instructions - Consumable Supplies**

If costs for program supplies are particularly high, specify details on an attached sheet. Other consumable supplies should be described and costs should be reasonable.

**Instructions - Occupancy Costs**

If occupancy costs are included in this section, they will not be included in the indirect costs portion of the budget, unless there is other shared space that needs to be included in addition to the space being rented for the program operation, then those shared space costs can be reflected in indirect costs.

Either the rental line (item A) or the formula for usage allowance/depreciation (item B) should be filled out--not both. Determine "Program Sq. Footage Rate" by dividing PROGRAM square footage by PROVIDER square footage.

Maintenance and repair costs can be included only if the building is owned by the agency or if these costs are specified in a lease as the responsibility of the lessee. Heat, light and water may be included if specific to space occupied by this program and not included in the rent. Depreciation rate must be substantiated in an audit.

**Instructions - Detail - Insurance Costs**

Include insurance costs here if additional or specific coverage must be obtained for this service. A percentage of the total agency cost for insurance may be listed here only if not included in indirect costs.

**Instructions - Detail - Indirect Costs**

Show each expense that you consider Administrative Cost. The administrative Cost cannot exceed 10% of the total budget request. Please describe the justification of the requested Administrative Cost.

**Instructions - Other - Miscellaneous (including Media Costs)**

Memberships and subscriptions must be relevant or necessary for service to be provided. Advertising for unfilled positions is allowable if the position is needed for this service. If costs are listed as "Other," they must be specified on this form or in an attachment.

**Instructions - Detail - Stipends Paid to Participants**

Provide the formula used to calculate the total. Stipends are NOT wages.

**Instructions - Detail - Leased & Rented Equipment**

Leased and rented equipment should be included in Indirect Costs unless acquired specifically for this program. A percentage of the cost may be included here if no Indirect Costs are included in this budget.

**Ohio Department of Job and Family Services**  
**2007 Budget Proposal Form for Youth RFP**

**Applicant Information**

Agency Name			
Administrative Address		City	
State		Zip Code	
Executive Director/President		Phone	
Program Contact		Phone	

**Contract Information**

Contract Budget Period	From		To	
Amount Requested		Total No. Served (non-duplicated)		
Total Cost per Individual Served		Total Hours per Participant		

**Budget Summary Information**

Staff Costs	Total	75%	25%
Salaries			
Payroll Related Expenses			
Consultation Fees			
<b>TOTAL STAFF COSTS</b>			

**Operational Costs**

Travel			
Consumable Supplies			
Occupancy			
Insurance			
Indirect Costs			
Other - Miscellaneous			
Stipends			
<b>TOTAL OPERATIONAL COSTS</b>			

**Equipment Costs**

Small Equipment Purchases			
Leased and Rented Equipment			
<b>TOTAL EQUIPMENT COSTS</b>			

**TOTAL BUDGET**

**TOTAL MATCH AMOUNT**

Year 1 - Match Plan by Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total 1st Year Match
Year 2 - Match Plan by Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total 2nd Year Match

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**A. DETAIL - SALARIES**

	Position Title	No. of Positions	Total Salary for Budget Period	Cost	75%	25%
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total Salary Cost</b>						

**B. DETAIL - PAYROLL-RELATED EXPENSES**

	Indicate Formula Used	Cost	75%	25%
1	Social Security			
2	Worker's Compensation			
3	Unemployment Insurance			
4	Retirement Expense			
5	Hospitalization Insurance Premium			
6	Other -			
7	Other -			
8	Other -			
9	Other -			
10	Other -			
<b>Total Payroll-Related Expenses</b>				

**C. DETAIL - CONSULTATION FEES**

	Description	Estimated No. of Hours	Hourly Rate	Cost	75%	25%
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total Consultation Fees</b>						
<b>TOTAL STAFF COSTS</b>						

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**D. DETAIL - TRAVEL EXPENSE**

	Cost	75%	25%
1 Gasoline & Oil			
2 Vehicle Repair			
3 Vehicle License			
4 Vehicle Insurance			
5 Other - please identify			
6 Mileage Reimbursement @ _____ / mile			
7 Conference, Meetings, etc.			
8 Purchased Transportation			
<b>Total Travel Cost</b>			

**E. DETAIL - CONSUMABLE SUPPLIES EXPENSE**

	Cost	75%	25%
1 Office Supplies			
2 Program Supplies			
3 Other - please identify			
4 Other - please identify			
5 Other - please identify			
6 Other - please identify			
7 Other - please identify			
8 Other - please identify			
<b>Total Consumable Supplies Cost</b>			

**F. DETAIL - OCCUPANCY COSTS**

	Cost	75%	25%
1 OPTION A - Rental _____ /sq ft			
or			
OPTION B - Usage Allowance/Depreciation			
Original Acquisition Cost _____			
Program Sq. Footage Rate _____ 0. %			
2 Maintenance and Repairs			
3 Utilities-if not included in rent			
Heat & light			
Phone			
Water			
<b>Total Insurance Cost</b>			

**G. DETAIL - INSURANCE COSTS**

	Cost	75%	25%
1 Liability			
2 Property			
3 Accident			
4 Other - please identify			
5 Other - please identify			
6 Other - please identify			
7 Other - please identify			
8 Other - please identify			
<b>Total Insurance Cost</b>			

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**H. DETAIL - INDIRECT COSTS (i.e., Administrative Overhead)**

	Cost	75%	25%
1 Other - please identify			
2 Other - please identify			
3 Other - please identify			
4 Other - please identify			
5 Other - please identify			
6 Other - please identify			
7 Other - please identify			
8 Other - please identify			
9 Other - please identify			
10 Other - please identify			
<b>Total Indirect Cost</b>			

Provide brief narrative justifying Administrative Cost above:

**I. DETAIL - OTHER/MISC (including media costs)**

	Cost	75%	25%
1 Memberships/Subscriptions			
2 Printing			
3 Mailing/Postage			
4 Other - please identify			
5 Other - please identify			
6 Other - please identify			
7 Other - please identify			
8 Other - please identify			
9 Other - please identify			
10 Other - please identify			
<b>Total Other/Misc. Cost</b>			

**J. DETAIL - STIPENDS PAID TO PARTICIPANTS**

Indicate Formula Used	Cost	75%	25%
1			
2			
3			
<b>Total Stipends</b>			

**K. DETAIL - SMALL EQUIPMENT PURCHASES (Under \$500)**

A	B	C	D	E	F
Item of Equipment	Qty Charged to Program	Cost per Item	Total Cost (B x C)	% Used for Program	Amt. Charged to Program (D x E)
1 Item					
2 Item					
3 Item					
4 Item					
5 Item					
6 Item					
7 Item					
<b>Total Small Equipment Purchases</b>					
<b>Budget Split</b>					
75%					
25%					

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**L. DETAIL - LEASED & RENTED EQUIPMENT**

	A	B	C	D	E	F
	Item of Equipment (include model & year)	Qty Charged to Program	Cost per Item	Annual Usage/ Rental Charge (B x C)	% Used for Program	Amt. Charged to Program (D x E)
1	Item -					
2	Item -					
3	Item -					
4	Item -					
5	Item -					
6	Item -					
7	Item -					
				<b>Total Leased &amp; Rented Equipment</b>		
				<b>Budget Split</b>		
				<b>75%</b>		
				<b>25%</b>		

**M. Provide brief budget narrative here justifying the total cost proposal:**