Print Form

Ohio Children's Trust Fund

Family & Children First Council/Local Advisory Board
Program Budget Template
State Fiscal Year 2012

Name of Organization	**County**	
Director/President	**Email**	**Phone**
Contact Person	**Email**	**Phone**
Total Amount Requested	**Funding Period Start Date**	**Funding Period End Date**
Service to be Provided:		

This form is to be completed by FCFCs/LABs that provide direct services. Please list expenditures for each budget category.

1. Personnel Services

- A breakdown of salaries for each of the people whose time is spent working directly with the program should be listed here; include fulltime and part-time staff, consultants and trainers.
- Fulltime equivalency (FTE) may be defined according to the agency's policy (i.e. 37-40 hours)
- Indicate the formula used to determine payroll related expenses (use percentages currently used by the agency)

Explanation:	Total Amount Requested:

2. Program Materials and Supplies

- Includes curriculums, brochures, training materials, books, videotapes, educational toys which are *directly related* to carrying out the program or delivering the service.
- Travel expenses for program participants can be included in this category.

Explanation:	Total Amount Requested:

3. Travel

- Travel must be relevant to the service being proposed.
- The state of Ohio mileage rates can be found at www.obm.ohio.gov .

Explanation:	Total Amount Requested:

4. Other

- Provide details of any necessary expenditure not captured by the above categories.

Explanation:	Total Amount Requested:

Budget Summary	
Please list the total amount requested from each category above.	
1. Personnel Services	
2. Program Materials and Supplies	
3. Travel	
4. Other	
Total Program Budget	