

Youth RFP 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:

Position	Time on Program	FTE
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 – Training and Support Costs

Provide the formula used to calculate total training costs (i.e. cost per training multiplied by the number of youth served, etc.) Identify the types of training being provided in the budget narrative. Provide the formula used to calculate total support costs. Youth support costs may include transportation, books, uniforms, tools, and other services that directly assist the youth in completing the program successfully. Identify the types of support being provided in the budget narrative.

Instructions - Detail - Youth Wages and Stipends Paid to Participants

Provide the formula used to calculate (i.e. number of youth multiplied by wage per hour) total youth wages for subsidized and/or unsubsidized wages depending on the proposal. Unsubsidized wages paid by the employer may be used to meet match requirement. Provide the formula used to calculate the stipends 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.

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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			
TOTAL STAFF COSTS			

Operational Costs

Travel			
Consumable Supplies			
Occupancy			
Insurance			
Indirect Costs			
Other - Miscellaneous			
Youth Training and Support Costs			
Youth Wages / Stipends			
TOTAL OPERATIONAL COSTS			

Equipment Costs

Small Equipment Purchases			
Leased and Rented Equipment			
TOTAL EQUIPMENT COSTS			

TOTAL BUDGET

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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						
Total Salary Cost						

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 -				
Total Payroll-Related Expenses					

C. DETAIL - CONSULTATION FEES

	Description	Estimated No. of Hours	Hourly Rate	Cost	75%	25%
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total Consultation Fees						

TOTAL STAFF COSTS

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			
Total Travel Cost				

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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			
Total Consumable Supplies Cost			

F. DETAIL - OCCUPANCY COSTS

	Cost	75%	25%
1 OPTION A - Rental /sq ft			
<i>or</i>			
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		
Total Insurance Cost			

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			
Total Insurance Cost			

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			
Total Indirect Cost			

Provide brief narrative justifying Administrative Cost above:

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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			
Total Other/Misc. Cost			

J. DETAIL - YOUTH TRAINING AND SUPPORT COSTS

(Indicate Formula Used)	# of Youth	Cost Per	Cost	75%	25%
1 Training					
2 Support (Transprt, Educ Supp, etc.)					
Total Training and Support Costs					

K. DETAIL -YOUTH WAGES and STIPENDS PAID TO PARTICIPANTS

(Indicate Formula Used)					
YOUTH WAGES (Subsidized)	# of Youth	Hourly Rate	Cost	75%	25%
1 Wage Per Hour					
2 Benefits					
Total Subsidized Wages					

YOUTH WAGES (Unsubsidized - Wages paid by the employer may be used to meet match requirement)

(Indicate Formula Used)	# of Youth	Hourly Rate	Cost	75%	25%
1 Wage Per Hour					
2 Benefits					
3 Other - please identify					
Total Youth Unsubsidized Wages					

STIPENDS (Indicate Formula Used)	# of Youth	Cost Per	Cost	75%	25%
1					
2					
3					
Total Stipends					

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L. 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					
Total Small Equipment Purchases					
				Budget Split	
				75%	
				25%	

M. 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 -					
Total Leased & Rented Equipment					
				Budget Split	
				75%	
				25%	

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