

SF270 Template for Reimbursement, Supporting Documentation and Verification

GRANTEE NAME										
GRANT NO. / MO & YR										
PERSONNEL	JOB TITLE	ANNUAL SALARY	LEVEL OF EFFORT	TOTAL APPROVED BUDGET (NoA)	COSTS CLAIMED	COSTS ACCEPTED	COST NOT ACCEPTED	DGM EXPLANATION FOR UNACCEPTABLE COSTS	GRANTEE'S EXPLANATION/SUPPORTING DOCUMENTATION ATTACHED	
A. BROWN	PROG DIR	\$ 65,890	90%	\$65,889.10						
B. BROWN	PROG COORD	\$ 46,276	100%	\$46,275.00						
C. BROWN	TRTMNT COORD	\$ 35,000	100%	\$34,999.00						
D. BROWN	CASE MGR	\$ 28,000	33%	\$27,999.67						
G. BROWN	PEER LEADER	\$ 16,000	50%	\$15,999.50						
SUBTOTAL				\$191,162.27	\$0.00	\$0.00	\$0.00			
FRINGE BENEFITS		PERCENTAGE								
FICA	7.65%			\$14,623.91						
UNEMPLOYMENT INS.	2.50%			\$4,779.06						
HEALTH INS.	10.50%			\$20,072.04						
WORKMANS COMP	2.50%			\$4,779.06						
SUBTOTAL				\$44,254.07	\$0.00	\$0.00	\$0.00			
TRAVEL		COST PER TRIP								
SAMHSA MEETING	\$426 x 2 people x 2 trips			\$1,704.00						
LOCAL	3,000 miles x .38/mile			\$1,140.00						
TRAINING	\$200 x 2 people			\$400.00						
SUBTOTAL				\$3,244.00	\$0.00	\$0.00	\$0.00			
SUPPLIES		PER ITEM								
OFFICE SUPPLIES	\$50 X 12 months			\$600.00						
SUBTOTAL				\$600.00	\$0.00	\$0.00	\$0.00			
EQUIPMENT		COST OVER \$5,000								
SUBTOTAL				\$0.00	\$0.00	\$0.00	\$0.00			
CONTRACTUAL		RATE/SALARY								
EVALUATOR	\$30,000 x 10% level of effort			\$14,623.91						
ACCOUNTANT	\$40/hour X 225 hours			\$4,779.06						
AUDITOR	\$30/hour x 100 hours			\$20,072.04						
OTHER				\$4,779.06						
SUBTOTAL				\$15,000.00	\$0.00	\$0.00	\$0.00			
OTHER		ITEMIZED								
SPACE COSTS	\$15/sq. x 700 sq. feet			\$10,500.00						
DUES & SUBS	\$10 x 12 months			\$120.00						
PRINTING	\$0.10 x 1,000 copies			\$100.00						
TRNG/CONF/MTGS	\$200 x 2 meetings			\$400.00						
ADVERTISING	\$200 x 12 months			\$2,400.00						
INSURANCE	\$200 x 12 months			\$2,400.00						
OTHER COSTS				\$10,500.00						
SUBTOTAL				\$15,920.00	\$0.00	\$0.00	\$0.00			
DIRECT COST				\$270,180.34	\$0.00	\$0.00	\$0.00			
INDIRECT COST		IDC AGREEMENT/CTY COST ALLOCATION								
APPROVED RATE x BASE	10% x (Personnel - \$191,162)			\$19,116.23						
SUBTOTAL				\$19,116.23	\$0.00	\$0.00	\$0.00			
TOTAL FEDERAL SHARE (Direct + Indirect)				\$289,296.56	\$0.00	\$0.00	\$0.00			

SIGNATURE _____ DATE _____

The grantee may submit further explanations and additional documentation to SAMHSA to support the costs included in the "Amounts Not Accepted" column, but SAMHSA will not reconsider the allowability of these costs more than 30 days beyond the signature date shown above.

Cross reference all supporting documentation with requested costs and approved budget.