



**CALIFORNIA OFFICE
OF TRAFFIC SAFETY**

**eGrants Application
Budget Worksheets**

Worksheet Page 1

Grant ID Number : _____

Budget Estimate– You will only be able to enter information into those fields specific to the type of grant you selected. These will be indicated by the presence of “Edit” Buttons in the line item area.

Personnel Costs: Enter classifications to be utilized, the monthly or hourly salary rate, and percentage of work time related to the grant. Reasonable cost of living increases or incentive increases should be estimated and included. A listing of applicable benefits and their % of salary are needed. Overtime Costs must be broken out separately and are based on operations rather than positions. Applicable overtime benefits and their %’s are needed. See Budget Pages 3 and 4.

Position Name: _____ (For each FT or HRLY position desired)

Brief description _____

If Full-time: Pay rate: _____ Avg. per month,
% time grant related _____

If Hourly: Pay rate: _____ per hour, # of hours: _____

Position Name: _____ (For each FT or HRLY position desired)

Brief description _____

If Full-time: Pay rate: _____ Avg. per month,
% time grant related _____

If Hourly: Pay rate: _____ per hour, # of hours: _____

Position Name: _____ (For each FT or HRLY position desired)

Brief description _____

If Full-time: Pay rate: _____ Avg. per month,
% time grant related _____

If Hourly: Pay rate: _____ per hour, # of hours: _____

Benefits: (Social Sec, FICA, OASDI, SDI, Worker’s Comp, Unemp, Retire., Health, etc.)

Type _____ % _____

Type _____ % _____

Type _____ % _____

Type _____ % _____

Type _____ % _____

Type _____ % _____

Worksheet Page 2

Overtime :

Type of Operation: _____

Hourly pay range employees involved: Min. _____ Max. _____

Type of Operation: _____

Hourly pay range employees involved: Min. _____ Max. _____

Type of Operation: _____

Hourly pay range employees involved: Min. _____ Max. _____

Type of Operation: _____

Hourly pay range employees involved: Min. _____ Max. _____

Type of Operation: _____

Hourly pay range employees involved: Min. _____ Max. _____

Benefits: (Social Sec, FICA, OASDI, SDI, Worker's Comp, etc.)

Type _____ % _____

Type _____ % _____

Type _____ % _____

Travel Expenses: Enter estimated cost of travel related to the grant, such as the Training and Leadership Seminar, Vehicular Homicide or other OTS training attendance. Costs include transportation, lodging, and per diem incurred by personnel identified in the budget, and must be segregated into "in-state" and "out-of-state" travel.

In-State:

Cost: _____

Anticipated Travel: _____

Justification: _____

Out-of-State

Cost: _____

Anticipated Travel: _____

Justification: _____

Worksheet Page 3

Equipment: Enter the estimated cost of each item of equipment to be purchased. Items that have a useful life of more than one year and cost \$5,000 or more should be included in this category. The total cost of equipment includes modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for grant purposes including tax, shipping, and installation, excluding any discounts.

Item Title: _____

Quantity: _____ Unit Cost: _____

Justification: _____

Item Title: _____

Quantity: _____ Unit Cost: _____

Justification: _____

Item Title: _____

Quantity: _____ Unit Cost: _____

Justification: _____

Item Title: _____

Quantity: _____ Unit Cost: _____

Justification: _____

Contractual Services: You must prepare a sub-budget for this item which will auto-populate the line item on the Budget Page. The sub-budget will mirror this budget layout exactly, however, it will be for the items provided or charged for by a vendor under contract. There should be no Equipment costs in a Contractual Services sub-budget.

Worksheet Page 4

Other Direct Costs: This category should include the line item titles of any other direct grant expenses not covered in previous categories including services not requiring contractual agreements and minor equipment. The following are examples of line item titles that may apply: office supplies, printing/duplication, educational materials, radar device, child safety seats, bicycle helmets, and checkpoint supplies.

Item Title: _____ **Quantity:** _____

Unit Cost: _____

Justification: _____

Item Title: _____ **Quantity:** _____

Unit Cost: _____

Justification: _____

Item Title: _____ **Quantity:** _____

Unit Cost: _____

Justification: _____

Item Title: _____ **Quantity:** _____

Unit Cost: _____

Justification: _____

Depending on the type of your grant, the Budget should now be complete!

Uploads : Your grant application must include a Problem Statement and Method of Procedure document. You must complete and upload a Problem Statement and Method of Procedure (PS-MOP) document from a link on the UPLOADS Page. You will select type of document to be uploaded from drop-down menu based on the type of grant for which you are applying. Save the document to your computer, so that you can complete the required statistical information and questions prior to completing the application. When you get to the Upload section you will upload the completed document from your computer into the eGrants Application.