

EXHIBIT B-BUDGET

CONTRACTOR _____	ADDRESS _____
SERVICE PROVIDED _____	PARISH(ES) SERVED _____
CONTRACT PERIOD _____	BUDGET PERIOD _____

NOTE: All budget justifications including computation of this budget must be retained and provided upon request. If more space is needed you may attach additional sheets utilizing the same format for the appropriate section.

SECTION A. SALARY – (Contracted/hourly employees not included)

Complete this section only for expenses that will be invoiced to the contract. Percentage of salary charged to contract must correlate to the actual percentage of time worked in the program.

(A) NAME POSITION/TITLE	(B) ANNUAL SALARY from all sources (Fringe Not Included)	(C) % OF TIME ALLOCATED TO PROGRAM	(D) (B*C=D) ALLOCATED ANNUAL SALARY AMOUNT TO PROGRAM	(E) TOTAL BUDGET PERIOD SALARY	(F) BUDGET PERIOD MATCH
TOTAL					

SECTION B. Fringe

Note: Itemize the fringe benefits for each position listed. Fringe benefits are not included in gross salary.

Position/Title	Retirement	Insurance	FICA 7.65%	UI	Workers Comp 3%	Other	% To Contract	Budget Period Total	Budget Period Match
TOTAL									

* Place % allocation used under to determine benefit amount under each category heading*

SECTION C. TRAVEL EXPENSES

Complete this section only for expenses identified to the contract. Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

LINE ITEM	BUDGET PERIOD TOTAL	BUDGET PERIOD MATCH
<i>CONFERENCE TRAVEL (Enter detail)</i>		
<i>ROUTINE TRAVEL</i>		
<i>OTHER (Enter detail)</i>		
TOTAL		

SECTION D. OPERATING EXPENSES

Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services. A copy of lease agreement should be attached.

LINE ITEM	BUDGET PERIOD TOTAL	BUDGET PERIOD MATCH
<i>BUILDING</i>		
<i>UTILITIES</i>		
<i>OTHER (Enter detail)</i>		
TOTAL		

SECTION E. SUPPLIES

Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business. List each type with complete description of item and costs. Attach a detailed explanation of these charges.

LINE ITEM	BUDGET PERIOD TOTAL	BUDGET PERIOD MATCH
TOTAL		

SECTION F. PROFESSIONAL

Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical, and dental. (Subcontracts and non-salaried personnel should be included in this section.)

CHARGE (Be Specific)	BUDGET PERIOD TOTAL	BUDGET PERIOD MATCH
TOTAL		

SECTION G. OTHER CHARGES

Complete this section only for expenses identified to the contract. Include expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents

LINE ITEM	BUDGET PERIOD TOTAL	BUDGET PERIOD MATCH
TOTAL		

SECTION H. EQUIPMENT

Complete this section only for expenses identified to the contract. Include tangible assets purchased for use in the operations of an office such as, office machines and furniture. Cost would include purchase price, delivery charges, taxes, and other purchase related costs. Equipment is defined as any item of value and/or has a useful life of more than one (1) year. The value of equipment is defined by the user agency and funding source. Contractor's required to obtain prior approval required from DCFS before making purchase.

LINE ITEM	BUDGET PERIOD TOTAL	BUDGET PERIOD MATCH
TOTAL		

SECTION I. INDIRECT COST

Complete this section only for expenses identified to the contract. Indirect costs should be no more than the agreed on budgeted amount. Attach a copy of the contractor's approved indirect rate agreement or rate plan.

LINE ITEM	BUDGET PERIOD TOTAL	BUDGET PERIOD MATCH
TOTAL		

BUDGET SUMMARY

BUDGET ITEM	BUDGET PERIOD TOTAL	CONTRACT TOTAL	BUDGET PERIOD MATCH TOTAL
Section A Salary			
Section B Fringe			
Section C Travel Expense			
Section D Operating			
Section E Supplies			
Section F Professional			
Section G Other Charges			
Section H Equipment			
Section I Indirect Cost			
TOTAL			

Budget reflects entire cost of services. Contractor is responsible for all cost incurred which are not agreed upon for providing services through this contract.

THIS AGREEMENT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. ALL PARTIES CERTIFY THAT THEY HAVE REVIEWED THE INFORMATION AND ARE AUTHORIZED TO ACT ON BEHALF OF THE RESPECTIVE AGENCY.

Contractor Name and Title

Date

DCFS Program Manager 1/2

Date

DCFS Program Director

Date