

Healthy Aging Full Proposal *Project* and Organization Budget Form

Organization Name: ABC Organization	Reporting Other Grants: When reporting grants received for the project, be sure to list the amount dedicated to this project - not to the organization in general. For example, if May Day Inc. provided ABC Organization with a \$10,000 grant, and \$8,000 of that grant will be used for the Aerobic Elder project, \$8,000 is the number that should be reported.
Name of Proposed Project: Aerobic Elders (AE)	

PROJECT Budget

Income	1	2	Expenses	3	4
Source	THPF	Other Sources	Item	THPF	Other Sources
THP Foundation Request	\$137,000		Salaries and Wages		
Other Grants - Committed			<i>Nurse Case Manager (\$68,000)</i>	\$68,000	\$0
<i>United Way</i>		\$2,500	<i>Medical Director (\$36,000)</i>	\$25,000	\$11,000
<i>May Day Inc.</i>		\$8,000	<i>Program Coordinator (\$50,000)</i>	\$25,000	\$25,000
			<i>Administrative Assistant (\$13,000)</i>	\$2,600	\$10,400
Other Grants - Pending			Other Personnel Costs		
<i>Anytown Community Foundation</i>		\$5,000	<i>Web Designer</i>	\$3,000	
<i>MA Dept. of Public Health</i>		\$25,000			
Salaries and Wages: <small>List the titles of the staff who will be contributing to this project and their total compensation (including fringe costs) for the project during the proposed grant period. In the adjoining columns, indicate the amount of this salary you are requesting from THPF or from other sources. You do not have to include positions for which you are not seeking funding from THPF. In the Notes section, identify each position by title and (1) base salary, the percentage of time that individual will devote to the project (FTE%), and the cost of related benefits and taxes allocable to these salaries (fringe), or (2) the individual's hourly rate, the number of hours dedicated to this project, and fringe costs, if applicable. See example in NOTES & COMMENTS section.</small>					
			Travel	\$2,000	\$0
			Equipment	\$0	\$0
			Supplies	\$0	\$300
Program Fees		\$775	Professional Development & Training	\$1,000	\$0
Fundraising		\$10,000	Stipends	\$500	\$0
Individual Contributions		\$750	Printing & Copying	\$0	\$550
Earned Income		\$0	Utilities	\$0	\$0
Interest Income		\$0	Occupancy/Rent	\$0	\$0
Other Income (specify)			Indirect costs (@ 7%)	\$9,590	\$5,225
<i>In-Kind</i>		\$450	Other (specify)		
<small>List any other income sources such as In-kind income, which is payment made in the form of goods and services, rather than cash.</small>			<i>Parking</i>	\$310	\$0
Total (Column 1)	\$137,000		Total (Column 3)	\$137,000	
Total (Column 2)		\$52,475	Total (Column 4)		\$52,475
Total Income (Column 1 + Column 2)		\$189,475	Total Expenses (Column 3 + Column 4)		\$189,475

Notes & Comments:

Salary and Wages:

Nurse Case Manager (\$68,000) - \$60,000 annual base salary (1 FTE) + \$8,000 fringe (fringe rate is %13)

Medical Director (\$36,000) - \$62,000 annual base salary (.5 FTE) + \$5,000 fringe

Program Coordinator (\$50,000) - \$50,000 base salary, no benefits

Administrative Assistant (\$13,000) - 20 hrs/week @ \$20/hr x 32 weeks

In-Kind income - XYZ Aerobic Supplies has agreed to provide the ABC Organization Inc. with pedometers for this project.

Professional Development and Training - as part of this project, 2 staff members will attend the "Aerobic Seniors" seminar, @ \$500/person.

Notes & Comments:

In addition to the breakdown of salaries and wages, this section should also include any explanation, comment or detail that will serve to clarify your proposed project budget.

Healthy Aging Full Proposal Project and Organization Budget Form

Organization Name: ABC Organization Name of Proposed Project: Aerobic Elders (AE)	Salaries and Wages: In Column 7, provide the sum total of all salaries and wages (including both PTE and FTE) for this specific project. In Column 8, provide the sum total of all salaries and wages for the organization as a whole.
--	---

ORGANIZATION Budget

Income	5	6	Expenses	7	8
Source	Total Project	Organization	Item	Total Project	Organization
All Committed Grants (from government, corporate, or other):			Other Personnel Costs: List any other personnel costs, i.e. professional fees, consultants, sub-contractors etc.		
<i>United Way</i>	\$2,500	\$522,100	Salaries and Wages - Total	\$424,000	\$1,245,000
<i>May Day Inc.</i>	\$8,000	\$58,000	Salaries and Wages - Top Three		
All Pending Grants - please list:			1 AE Program Director	\$167,000	
<i>Administration on Aging</i>	\$0	\$225,000	2 Sk. Nurse Case Manager	\$90,000	
<i>4 separate foundations (see notes)</i>	\$0	\$200,000	3 Nurse Case Manager	\$68,000	
<i>Hoot Owl Corporation</i>	\$0	\$512,000	1 Executive Director		\$250,000
<i>THPF</i>	\$137,000	\$137,000	2 New England Grants Director		\$200,000
<i>MA Dept. of Public Health</i>	\$25,000	\$25,000	3 AE Program Director		\$167,000
<i>Anytown Comm. Foundation</i>	\$5,000	\$5,000	Other Personnel Costs		
Program Fees	\$775	\$10,025	Web Designer	\$3,000	\$15,000
Fundraising	\$10,000	\$170,000	Strategic Planning (ABC Firm)	\$0	\$300,000
Individual Contributions	\$750	\$1,000	Travel	\$2,000	\$10,000
Earned Income	\$0	\$0	Equipment	\$0	\$5,000
Interest Income	\$0	\$4,600	Supplies	\$300	\$7,000
Other Income (specify)			Professional Development & Training	\$1,000	\$6,000
<i>In-Kind</i>	\$450	\$450	Stipends	\$500	\$2,500
Non-profit Pending: Included in this amount is the THPF grant for which you are currently applying. This applies to both columns 5 and 6.			Printing & Copying	\$550	\$2,000
Column 5: In column 5, record the amount dedicated to THIS PROJECT for each type of income source.			Utilities	\$0	\$4,000
Top 3 Salaries and Wages: List the titles and salaries for the 3 highest paid employees, starting with the Project (with the corresponding dollar amount in column 7), and then for the Organization (with the corresponding dollar amount in column 8). These numbers will NOT be included in the totals of column 7 or column 8 at the bottom. They will be automatically removed from the equation by the preset formulas in those cells.			Occupancy/Rent	\$0	\$150,000
			Indirect costs (@ 7%)	\$14,815	\$122,675
			Other (specify)		
			Parking	\$310	\$1,000
			Indirect costs are costs that are not directly accountable to a particular function or product. Indirect costs include taxes, administration, personnel and security costs, and are also known as overhead. Also list your indirect cost rate.		
Total (Column 5)	\$189,475		Total (Column 7)	\$446,475	
Total (Column 6)		\$1,870,175	Total (Column 8)		\$1,870,175
Project's Percentage of Organization's Income		10%	Project's Percentage of Total Organization's Expenses		24%

Notes & Comments:

Grants: four \$50,000 grants each from non-profits Red Robin Foundation, Bluebird Foundation, Black Crow Foundation & Yellow Chickadee Foundation, \$42K of which dedicated to project; Strategic plan to begin next month and contracted for one year; Prof. Dev. fees for training of program coordinators on project (CDSM train the trainer program)