

# How to Fill Out the Open Window Budget Form in Excel

## Important Notes:

- Only enter information in yellow shaded cells only. Do NOT enter or delete anything in blue shaded cells.
- Numbers entered into the Amount cell must be whole dollars (no cents).
- Enter dollars and justifications that will use State/Federal Funds only. (If your contract has legally mandated Local Match, do not enter any dollars contributed by Local Match until the very end of the form).
- Budget narratives must show calculations for all budget line items and clearly justify/explain the need for these items. Budget costs must be in accordance with State rates, reasonable and justifiable. Budget must support the Scope of Work activities and objectives.
- All expenses that are shared across multiple programs (e.g., rent, utilities, insurance, etc.) must be prorated for this program and the narrative must include a detailed calculation which demonstrates how the agency prorates the items.

## Overview of Tabs:

Worksheet (Tab) 1: Contractor Budget Worksheet

Worksheet (Tab) 2: Salary and Fringe Worksheet

Worksheet (Tab) 3: Subcontractor Budget Worksheet

## Worksheet (Tab) 1: Contractor Budget Worksheet

Microsoft Excel - OpenWindowBudgetWorksheet rev092611.xls [Read-Only]

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Contract Number: [Yellow shaded cell]

Provider: [Yellow shaded cell]

Complete this form such that amounts for state funds are shown when entering line item detail. Add rows as needed. Enter information in yellow shaded cells only. Do NOT enter or delete anything in blue shaded cells. The aqua cells contain formulas that are NOT to be overridden. Be sure to complete the additional required worksheets by clicking on the word "detail".

Category	Line Item	Amount	Detail	Narrative
<b>Human Resources</b>				
	Salary/Wages	\$ -	detail	0
	Fringe Benefits	\$ -	detail	0
	Other			
	<b>Total Human Resources</b>	\$ -		
<b>Operational Expenses/Capital Outlays</b>				
Supplies and Materials				
	Furniture			
	Other			
Equipment				
	Communication			
	Office			
	IT			
	Assistive Technology			
	Medical			
	Vehicles			
	Scientific			
	Other			
Travel				
	Provider Staff			
	Board Members Expense			
Utilities				
	Gas			
	Electric			
	Telephone			



Worksheet (tab) 1

**Contract Number:** Leave this section blank. A contract number will be assigned to each agency selected for funding at a later date.

**Contractor:** Please insert the agency's full Legal Name.

**Human Resources:**

This section should be filled out for all employees of the agency, including full-time and part-time staff. Annual values must be used – do NOT prorate any of these items. The spreadsheet will prorate for you based on the number of months and percentage of time entered for each staff.

**Salary/Wages:** Do not enter anything into the shaded blue boxes. Click on word “detail” to complete the required Worksheet # 2: Salary and Fringe. The information you enter into Worksheet (Tab) #2: Salary and Fringe will carry over to the Worksheet (Tab) #1: Contractors Budget. Worksheet (Tab) #1 will show a Salary Subtotal of the personnel included on the grant. See page 7 of this document for detail.

**Fringe Benefits:** Do not enter anything into the shaded blue boxes. Click on word “detail” to complete the required Worksheet # 2: Salary and Fringe. The information you enter into Worksheet (Tab) #2: Salary and Fringe will carry over to the Worksheet (Tab) #1: Contractors Budget. Worksheet (Tab) #1 will show a Fringe Subtotal of the personnel included on the grant. See page 8 of this document for detail.

**Other:** Other would be used to document payments for human resources that are outside of the Contractor's staff but are not considered subcontractors. For example: temporary workers.

Total Human Resources: This field will automatically calculate the totals from Salary/Wages, Fringe Benefits, and other to give you the total amount for the Human Resources Category.

**Operational Expenses/Capital Outlays:**

*Note: For all expenses that fall under the Operational Expenses/Capital Outlays Category enter to the total amount in the yellow shaded box. Then include a detail narrative in the pink shaded box to justify the total amount declared in the yellow shaded box. Budget narratives must show calculations for all budget line items and must clearly justify/explain the need for these items. All expenses that are shared across multiple programs (e.g., rent, utilities, insurance, etc.) must be prorated for this program and the narrative must include a detailed calculation which shows how the amount is prorated.*

The next section will highlight, define and give examples for each line item. The examples listed below are to give you an idea of items that might be allowable per your grant. **The items below are not required; they are just listed as examples. If you need clarity please contact your Contract Administrator for additional details.**

Note: Do NOT add new line items to the budget such as “Sponsored Meeting Expenses”. The line items included in the Budget reflect the budget categories in the NC DHHS online contracts system, NC DHHS Open Window. All budget expenses must fit in one of the line items listed. Please use the guidance below to place your expense in the proper budget line item.

Major Line Items are listed below in **BOLD**.

Subcategories of Major Line Items are listed below that item and UNDERLINED.

## **Supplies and Materials:**

Furniture: Desks, Bookshelves, chairs, file cabinets, etc.

Other: Additional Supplies and Materials purchased such as Educational items, Curriculums, Videos, Books, Training manuals, Office supplies, Postage, Business cards, etc. Stand alone, purchased software, under \$500 (such as Peachtree Accounting or similar) is also considered a supply. Disposable (one-time-use) medical supplies are also considered a supply.

*Justification Sample*: Routine office supplies: \$50 per person per month (2 staff members @ \$50 x 12 = \$1,200).  
2 cartridges for laser printer @ \$50 = \$100.

**Equipment**: Equipment is for items that are purchased outright – not rented or leased. Typically, an item considered “Equipment” is a depreciable asset.

Communication: Telephone System. Note: this is not monthly usage, but rather the initial purchase of these items. Monthly usage should be entered under Utilities.

Office: Copier Machine, Fax Machine.

IT: Personal Computers, laptops, iPads, scanners, desk printers, PC speakers.

Assistive Technology: Assistive, adaptive and rehabilitative devices for people with disabilities examples: hearing aids.

Medical: Wheelchairs, stethoscopes, blood pressure machines, EKG monitors. This is durable equipment purchased for long-term use.

Vehicles: A vehicle that is purchased for program use. Note: Certain grants may not exceed \$2,000 per item.

Scientific: Centrifuge, Microscope, Lab equipment.

Other: Use this for any equipment item that does not fit in one of the defined categories above.

*Justification Sample for IT Equipment*: Desktop Computer: 2 Computers @ \$500 each for the Program Manager and Coordinator to use for writing reports, capture data, and entering data into online database = \$1,000; 2 laser printers @ \$150 each for the Program Manager and Coordinator to print reports, materials, program policies, etc. = \$300.

## **Travel:**

Please note: Reimbursements for travel should not exceed current State Rates as defined by the State of North Carolina Office of State Budget and Management.

Contractor Staff: Include any travels, meals, mileage for staff members listed under the salary and fringe section.

Board Members Expense: Includes any travel, meals, mileage for board members or community partners.

*Justification Sample for Contractor Staff Travel*: Overnight accommodations for Program Coordinator and Program Assistant to attend required XYZ Training: 2 nights x \$67.30 = \$134.60. 418 miles round trip from Greensboro, NC to Wilmington, NC for training x \$0.575/mile = \$240.35. 2 staff x (1 breakfast at \$8.30 each + 2 lunches at \$10.90 each + 2 dinners at \$18.70 each) = \$135.00. Total travel: \$134.60 + \$240.35 + \$135.00 = \$509.95.

**State Rates, effective July 1, 2015:**

- In-state meals - \$8.30 breakfast, \$10.90 lunch, \$18.70 dinner.
- In-state lodging (excluding tax) \$67.30/night.
- Out-of-state meals - \$8.30 breakfast, \$10.90 lunch, \$21.30 dinner.
- Out-of-state lodging (excluding tax) \$79.50/night.
- Breaks - The state can only reimburse \$4.50 per day for breaks for sponsored events; 20 persons must be in attendance for breaks to be charged to state funds.

**Mileage Rate, effective January 1, 2015:**

- Mileage rate: \$0.575/mile.

**Utilities:** (If not included in the rent)

Gas: Monthly Gas bill prorated for program share

Electric: Monthly Electricity bill prorated for program share

Telephone: Monthly Phone or Cell service prorated for program share

Water: Monthly Water bill prorated for program share

Other: Use this for any utility item that does not fit in one of the defined categories above, such as internet service (unless combines with telephone), security monthly monitoring cost, etc.

*Justification Sample:* Prorated share of electric bill: 25% of \$100 monthly cost; 12 months x \$25 = \$300.

**Repair and Maintenance:** Custodial Services or basic Repairs and Maintenance not billed in the Professional Service area.

*Justification Sample:* Custodial Services for services and maintenance of space used by programs and Program Coordinator's office @ 12 months x \$65 = \$780.

**Staff Development:** Conference, Workshops, Continuing Education for Contractor staff.

*Justification Sample:* Quarterly training costs for staff: 2 staff x \$75 per class x 4 classes = \$600.

**Media/Communications:**

Advertising: Newspaper, Billboard, etc. Can be ads for program or staff recruitment.

Audiovisual Presentations, Multimedia, TV, Radio Presentations: Development of PowerPoint presentations, YouTube video productions, TV and/or Radio spots.

Logos: Cost associated to create a program logo.

Promotional Items: Any giveaway items used to promote program to the general public, e.g.: keychains, t-shirts, mugs. (Items purchased as incentives for program participants belong in the Incentives & Participants category, under Other.)

Publications: Items that the Contractor is responsible for designing and producing or printing such as brochures, posters, fact sheets, etc.

PSAs and Ads: Placement costs for Public Service Announcements or Ads for television and/or radio.

Reprints: Duplication of an existing publication; photocopies.

Text Translation: Cost associated with translation of documents into another language.

Websites and Web Materials: Costs to create website, maintain website, etc.

*Justification Sample for Reprints*: Program flyers for community program (1000 @ \$.10 = \$100); photocopies for use in program sessions (400/month @ \$.05 = \$240).

**Rent:**

Office Space: Office Space, Program Meeting Space – must include square footage. Calculations must define totals and prorated amounts for the program.

Equipment: This category is for equipment that is rented or leased, such as a Copier Machine or Phone System.

Furniture: Rented or Leased office furniture.

Vehicles: Long-term leases of Cars, Vans or Buses. (Vehicles rented for short-term *staff* travel belong under Contractor Staff travel. Vehicles rented for short-term *participant* travel belong under Incentives and Participants.)

Other: Use this for any rented or leased item that does not fit in one of the defined categories above that is necessary per the grant deliverables.

*Justification Sample for Office Space Rent*: Example 1: Prorated rent: 25% of \$1,600 monthly rent (1200 sq.ft.): 12 months @ \$400 = \$4,800.

*Sample 2*: Square feet rented: 3,000 @ \$10/sq ft. = \$30,000. Prorated share: 25% = \$7,500).

**Professional Services**: These are services that are purchased to support the overhead of the agency.

Legal: Legal services retained by the Contractor

IT: Information Technology or IT-related technical services retained by the Contractor

Accounting: Accounting, bookkeeping services retained by the Contractor

Payroll: Payroll services retained by the Contractor

Security: Security services, in the form of personnel such as a security guard, retained by the Contractor. (Purchase of a security system belongs under Equipment - Other. Monthly security monitoring belongs under Utilities – Other.)

*Justification Sample for Accounting*: 8 hours per month at \$40/hour budgeted for program accounting work such as generating financial reports, reimbursement requests, accounts payable, etc. 8 hours x \$40 x 12 months = \$3,840.

**Dues and Subscriptions**: Dues for professional associations/affiliations; Subscriptions to related or required periodicals; Subscriptions to web-based applications such as Survey Monkey or Constant Contact that are leased at a rate per month.

*Justification Sample for Dues and Subscriptions*: 1 Organizational Membership to Healthy Teen Network x \$250 = \$250.

**Other:**

Audit Services: Cost associated with annual financial audits performed. NOTE: Contractors must be a Level 3 Contractor with the State (i.e., receive more than \$500,000 in State dollars) for audit costs to be allowable in their budget. Audit costs are NOT allowable at all in Purchase of Service (POS) contracts.

Service Payments: Costs associated with a retained service, or medical activity such as the processing of blood work by a lab, physical examination, or the monitoring of a person's blood pressure where the practitioner is paid for the particular service rendered, rather than receiving a salary.

Incentives and Participants: Costs associated with: Incentives given to participants or comparison group members (e.g., gift cards, meals, diaper bags, etc.); Participant Costs (field trips, enrichment activities, etc.); Open Houses; Parents' Nights, etc.

Insurance and Bonding: Liability Insurance to cover staff and participants while field trip or daily activities.

Other: Use this for any item that does not fit in any other category.

Note: Per NC DHHS, Tuition for Graduate Students in the UNC network belongs in this category.

*Justification Sample for Incentives & Participants*: Backpacks for 100 participants at \$8.00 each = \$800.

**Total Operational Expenses/Capital Outlays**: This field will automatically calculate the totals from everything included under the Operational Expenses/Capital Outlays to give you the total amount for the Operational Expenses/Capital Outlays Category.

*Reminder: Only enter information in yellow shaded cells only. Do NOT enter or delete anything in blue shaded cells.*

**Subcontracting and Grants**: Use this tab When the Contractor is subcontracting out the program work to another entity. Note: do not include any Professional Services (legal, accounting) as they are captured in the "Professional Services" category listed above.

Examples:

The Contractor is giving a portion of the funds to another entity who will also render services to participants such as providing education.

The contract is for an evaluation and the building of a database to track recipients of service, number of services received, etc. The Contractor hires an IT vendor to build the database. In this instance, the IT vendor is a subcontractor because the work is program-related.

The information you enter into Worksheet (Tab) #3: Subcontractor Budget will carry over to the Worksheet (Tab) #1: Contractors Budget.

**Indirect Cost**: Enter the total amount of Indirect Cost in the yellow box. Then in the pink area please justify what is designated an indirect cost per this grant.

**Please read before declaring indirect cost**: If indirect cost is requested, appropriate documentation is required, which consists of either:

1. a copy of the indirect cost approval letter to the contractor from the cognizant federal agency or
2. a letter from a certified public accountant that establishes this rate for the agency.

Per NC DPH Policy:

Indirect costs may not exceed 10% of the total direct cost;

Indirect costs may not be charged in contracts for direct medical services;

Indirect costs may not be charged when it is unallowable by program legislation, the procurement process (RFAs/RFPs), or the grant itself.

**Federal Share:** Leave this section blank. The Contract Administrator will enter the total amount of Federal Funds awarded (if applicable).

**Contractor Match:** This is the only entry in the budget that should account for Local Match dollars, required by TPPI contracts only in the NC Division of Public Health. Enter the total amount of Local Match required per grant (e.g., Adolescent Parenting Program, \$14,000 or Adolescent Pregnancy Prevention Program, \$25,000) in the yellow box. Then complete the justification for local match items in the pink justification area.

**Total Budget Expenditures:** The field will automatically calculate the totals from Human Resources, Operational Expenses/Capital Outlays, Subcontracting/Grants, Indirect Cost, and Contractor Match to give you the total amount.

## Worksheet (Tab) 2: Salary and Fringe

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85%

Arial 10

E8

1 Salary & Fringe Worksheet Contract Number: 0

3 Provider: 0

4

5 Complete this form such that amounts for state funds are shown when entering line item detail. Add rows as needed.  
Enter information in yellow shaded cells only. Do NOT enter anything in blue shaded cells. The blue cells contain formulas that are NOT to be overridden.

6 Use the Salary Section to fill out the Salary Detail Worksheet (located in the Provider Budget in Open Window).

PERSONNEL - SALARY (Provide the total annual amounts for each person listed (all should be employees of organization). The formula will calculate the amount to come from the contract)	Hourly Rate (dollars per hour)	Annual Rate	OR	Annual Salary <small>If using hourly rate, do NOT enter a salary</small>	Months Worked on this Contract	Percent of Time Worked on this Contract %	Do not use this column	Budgeted Amount (Prorated)
8 Enter title in this cell		\$ -	or					\$ -
9 Enter title in this cell		\$ -	or					\$ -
10 Enter title in this cell		\$ -	or					\$ -
11 Enter title in this cell		\$ -	or					\$ -
12 Enter title in this cell		\$ -	or					\$ -
13 Enter title in this cell		\$ -	or					\$ -
14 Enter title in this cell		\$ -	or					\$ -
15 Enter title in this cell		\$ -	or					\$ -
16 Enter title in this cell		\$ -	or					\$ -
17 Enter title in this cell		\$ -	or					\$ -
18 Enter title in this cell		\$ -	or					\$ -
19 Enter title in this cell		\$ -	or					\$ -
20 Enter title in this cell		\$ -	or					\$ -
21 (For more staff, copy a row above, then insert the copied cell.)								
22 Salary Subtotal								\$ -
23 Narrative - enter in pink area brief description name and duties for each staff listed above.								

ProviderBudget SalaryandFringe SubcontractorBudget

Ready NUM



Worksheet (Tab) 2

*Note: Only enter information in yellow, pink or white shaded cells box. Do NOT enter or delete anything in blue shaded cells.*

Contract Number: This information will carry over from Worksheet (tab) 1: Contractor Budget

Contractor: This information will carry over from Worksheet (tab) 1: Contractor Budget

### Personnel-Salary

Personnel Salary: Provide the Names and Position Title.

Annual Rate: This blue field will automatically calculate for you.

*Note: You can opt to either enter personnel salary as a Hourly Rate or Annual Salary.*

Option A: Hourly Rate: Dollars per hour

Months Worked on this Contract: Enter Number of months covered under contract  
example: 12

Percent of Time Worked on this Contract: Enter a percentage of time example: 50%

Annual Rate: Will calculate for you. Do not enter anything into this box.



**OR**

Option B: Annual Salary: Enter the full annual salary of each staff person.  
Months Worked on this Contract: Enter Number of months covered under contract  
example: 12  
Percent of Time Worked on this Contract: Enter a percentage of time example: 50%

Budgeted Amounts State Funds: This blue field will automatically calculate for you.

Salary Subtotal: This blue field will automatically calculate for you.

Pink Narrative Box: Provide justification of all personnel including staff names, titles and descriptions of job duties as they relate to the program. Note: Narratives for staff in contracts with any State (UNC) Universities MUST include the staff person's university employment status as SPA, EPA, EPA Physician, etc.

*Narrative Sample for Staff:* Mary Jones, Program Manager – Supervises the Program Coordinators, provides oversight to program activities, generates activity reports and contributes to financial reports.

**Personnel-Fringe Benefits**

Personnel Name and Titles: Will carry down from the Salary/Hourly Rate field, above.

Enter the percent of salary or method of calculating each fringe benefit in the following cells: Retirement/401K, Health/Medical, Unemployment Insurance, Worker's Comp Insurance, and other. List each benefit and include percentage for each.

FICA is calculated automatically with a formula embedded in the spreadsheet. Current FICA calculations are 6.2% in Social Security up to \$117,000 in salary (starting 1/1/14) and 1.45% in Medicaid with no limit.

In each yellow cell, enter the total ANNUAL fringe rates for each staff. Do NOT prorate the fringe amounts in the yellow cells. The final column (in blue) will prorate these amounts based on the number of months and percent of time worked on this contract.

Fringe Subtotal: This blue field will automatically calculate for you.

Pink Narrative Box: Provide justification narrative for fringe (i.e., explaining what "Other" is and how it is calculated).

*Narrative Sample for Fringe\*:* FICA at 7.65%; Retirement at 5% (only applies to Program Manager); Unemployment at 2% and Other at 3% (includes life insurance, AD&D and liability insurance). Health insurance is calculated based on the individual.

\*Note: Some programs are required to show individual calculations per staff.

## Worksheet (Tab) 3: Subcontractor Budget

Category	Line Item	Amount	Detail	Narrative
<b>Human Resources</b>				
	Salary/Wages			
	Fringe Benefits			
	Other			
	<b>Total Human Resources</b>	\$ -		
<b>Operational Expenses/Capital Outlays</b>				
Supplies and Materials				
	Furniture			
	Other			
Equipment				
	Communication			
	Office			
	IT			
	Assistive Technology			
	Medical			
	Vehicles			
	Scientific			
	Other			
Travel				
	Provider Staff			
	Board Members Expense			
Utilities				
	Gas			
	Electric			
	Telephone			
	Water			



Worksheet (Tab 3)

*Note: Only enter information in yellow, pink or white shaded cells box. Do NOT enter or delete anything in blue shaded cells.*


Enter all the data required for any Subcontractor(s). Subcontractors are agencies or individuals who are contracted (by the Grantee) to perform program-related direct services. Do not enter items such as Bookkeeper, Auditing, Legal Services, etc. under “Subcontractor”; enter them under the “Professional Services” section of Tab 3.

There is only one tab for all the Subcontractors. Total all the Salaries/Equipment/Travel, etc. for all the Subcontractors and enter that amount in the appropriate line, using the same guidelines for each line item as previously outlined. The Justification for each line item must spell out exactly how much is going to which Subcontractor at what rate.

*Subcontractor Salary Justification Sample (Total \$4,480): Sally Jones will serve as the Peer Youth Trainer, she will prepare materials and deliver the curriculum: \$40 per hour for 2 hours a week for 32 weeks = \$2,560. ABC Babysitting Services will provide licensed, insured child care workers for these sessions: \$15 per hour x 2 child care workers x 2 hours x 32 weeks = \$1,920.*

## **BEFORE YOU PRINT:**

Make sure print a sample to proofread prior to submitting your budget. It is advisable to run a spell check on all tabs and proofread each worksheet to eliminate spelling and grammatical errors. It will also be helpful to have a staff member (who is not involved with creating the budget) look it over for clarity and use an adding machine or calculator to verify the arithmetic in the budget – especially in the justification narratives.

Additionally, some rows may need to be expanded if a lot of text has been entered (e.g. the rows that contain justification narrative). Be sure to look at your print out carefully and expand the row as needed to ensure that all the text entered in the cell has printed. To expand the row, click the row so it's highlighted, then move your cursor toward the bottom of the row until you see this boundary symbol , then drag the boundary down until the row is the height that you want.

For long justification narratives, you may need to do more than expand the cells. After a certain character limit, Excel will not auto-wrap cell contents and you may need to manually enter a hard carriage return. To do this in Excel, press the keys Alt + Enter at the end of each line. Excel moves to the next line—but not the next cell. You will likely then need to expand the height of your cell to include all the text entered.

Expanding the cells and entering manual returns where needed allows the reviewers to view all the details included in the pink justification field. Neither the Contract Administrator nor NC DPH staff will be held responsible for any information hidden within the cells.

Be sure to save your revisions.

Print all worksheets that contain information for submission to the Contract Administrator.