EXAMPLE

BUDGET REQUEST FORM

Complete this form to show the budget for one year of the project. If there are subcontractor or collaborative agency budget involved, please complete an additional form for each and identify the subcontractor.

Agency Name: XXXXXXXXX	Check the appropriate box:		
Amount of Request: \$216,212	Planning Grant		
Budget period: July 2004 - June 2005	✓ Implementation Grant		

^{**} List in this column all other agency funds available to support the project, excluding the amount being requested from the Commission. Place an "NS" next to any amounts that are not yet secured.

I. PERSONNEL			Amount Requested	Leveraged Amount Available**	Total Program Budget
Position Title	Salary Range	# FTEs			
A. Program Coordinator	45,000-53,000	1.0	\$53,000	\$0	\$53,000
B. Community Outreach Workers	24,900-30,160	3.0	\$81,120	\$33,000	\$114,120
C.					
D.					
E.					
F.					
Taxes & Benefits @ 25 %			\$33,530	\$10,890	\$55,150
Subtotal - Personnel			\$167,650	\$43,890	\$222,270

II. OPERATING EXPENSES	Amount Requested	Leverage Amount Available **	Total Program Budget
A. Rent and Utilities	\$0	\$10,000	\$10,000
B. Office Supplies and Materials	\$2,400	\$0	\$2,400
C. Telephone/Communications	\$2,400	\$0	\$2,400
D. Postage/Mailing	\$1,000	\$0	\$1,000
E. Printing/Copying	\$1,000	\$2,000	\$3,000
F. Equipment Lease	\$0	\$0	\$0
G. Travel	\$1,050	\$4,800	\$5,850
H. Training/Conference	\$500	\$0	\$500
I. Consultants	\$10,000	\$0	\$10,000
J. Subcontractors	\$11,000	\$0	\$11,000
K. Other (please specify)	\$3,600	\$0	\$3,600
Subtotal - Operating Expenses	\$32,950	\$16,800	\$49,750

III. CAPITAL EXPENDITURES	Amount Requested	Leveraged Amount Available **	Total Program Budget
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made.			
A. 2 x Dell Computers	\$2,200	\$1,450	\$3,650
B.			
C.			
D.			
E.			
Subtotal - Capital Expenditures	\$2,200	\$1,450	\$3,650

IV. INDIRECT COSTS	Amount Requested	Leveraged Amount Available **	Total Program Budget
Personnel costs @ 8% (formula stated below)	\$13,412	\$1,663	\$10,142
Supports small % of Executive Director, administrative and accounting support staff and grants management staff.			
Subtotal - Indirect Costs	\$13,412	\$1,663	\$10,142

V. TOTAL PROGRAM COSTS	Amount Requested	Leveraged Amount Available **	Total Program Budget
Total of sections I - IV	\$216,212	\$63,803	\$285,812

IV. Indirect costs are determined by a percentage of personnel for administrative support and supervision provided to the staff working on this project.

Total \$ spent on indirect staff throughout the organization was divided by total \$ spent on direct staff throughout the organization is the determining factor, 8%. This is our organizations' formula for all indirect personnel expenses.

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (examples: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

In Kind Support: Total In-Kind Support is \$26,200 (18% of total project costs) and consists of the following:

Office Space \$10,000 Vounteer Hours \$5,000 Executive Director Time (10%) \$11,200