### **Budget**

## INDIANA DEPARTMENT OF CHILD SERVICES FUNDING PERIOD: July 1st, 2013 to June 30th, 2014

Note: The budget submitted should be a one (1) year budget.

#### **EXPLANATION OF BUDGET JUSTIFICATION WORKSHEETS**

Please use the budget justification worksheets to calculate the amounts entered on this page. The following information is to be entered in the Total Proposed Program Costs column:

#### Item A. Personnel Costs

- 1. Salaries & Wages--Enter the total projected salary and wage expenses for personnel calculated on the budget justification worksheet.
- 2. Fringe Benefits--Enter the total projected fringe benefit expenses for personnel calculated on the budget justification worksheet.
- 3. Consultant/Contract Services--Enter all consultant and contracted services that will be purchased by applicant in order to provide the proposed services. Calculate at cost without fringe benefits. Use this section for subcontracts.

#### **Item B. Other Direct Costs**

- 1. Travel Expenses
- a. Staff--Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
- b. Clients--Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
- 2. Consumable Supplies and Printing--Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
- 3. Space Costs (Rent, Utilities and Custodial)--Enter the total projected expenses for space costs as calculated on the budget justification worksheet. Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
- 4. Insurance--Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
  - 5. Staff Training--Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
- 6. Telephone and Postage--Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
- 7. Other Administrative Expenses--Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
- 8. Other Direct Costs-Specify--Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.

#### Item C. Indirect Costs (Enter the Actual Percentage of Direct Cost)

- 1. Accounting Services--Enter the total projected expenses for accounting services as calculated on the budget justification worksheet.
- 2. Other Indirect Costs--Enter the total projected expenses for other indirect costs as calculated on the budget justification worksheet.

#### **Item D. Total Program Costs**

Enter the sum of the projected expenses listed in the Total Proposed Program Costs. This total is to include all known and anticipated costs required to provide the services described in the proposal.

## INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Program Title: YSB Administration Coordinations

Budget Period: From July 1st, 2013 to June 30th, 2014

Agency Name:							
Budget							
A. Personnel							
				aries & Wa		2. Fringe	Benefits
(A) Position/Job Title		(B) Average # of Hrs/ Month for	(C) Salary/Wage	(D) # of Months	(E) Salary/Wage for	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost
*Please list each staff position individually		Program	per Month for Program	(1-12)	Program	nate	Cost
			Total Salaries and V	Vages:		Total Fringe:	

Agency Name:				
A.  3. Consultant and Contract Services				
(A)	(B)	(C)	(D)	(E)
	Total Cons	ultant and Contract	t Services:	

BUDGET JUSTIFICATION WORKSHEET				
Program Title: YSB Administration Coordination Budget Period: From July 1st, 2013 to June 30th, 2014				
Agency Name:				
Budget (Continued)				
B. Other Costs				
1. Travel (Compute staff and client costs separately) Calculations/Descriptions:				
Include Separate Totals For 2a and 2b here. (Identify a separate total cost for Marketing and Communications expenses.)				
<b>2a. Consumable Supplies &amp; Printing</b> (Justify by type of expense) Calculations/Descriptions:				
Lack the control of t				
3. Space Costs (Show computations of each cost)				
Rent (Calculations/Descriptions):				
Utilities (Calculations/Descriptions):				
Custodial (Calculations/Descriptions):				

Agency Name:	
. Insurance (Sp	pecify by type: i.e. personal liability)
alculations/Des	criptions:
. Staff Training alculations/Des	g (Show factors included and computation)
	Criptions.
i. Telephone:	
Postage:	
Total:	
	istrative Expenses
alculations/Des	
Other Divers	Control Constitution of the control
alculations/Des	CostsSpecify (This category cannot exceed 5% of the total request)  criptions

Agency Name:				
C Indivert Costs (List on this indiver	t and annountable Continuetion	na va va alla valda avra avaa		
C. Indirect Costs (List each indired	it cost separately. See instruction			
Compute your Actual Indirect Co	st %	(Total Indirect Costs/Total Direct Costs = Percenta		
<b>1. Accounting Services</b> Calculations/Descriptions:				
L	mization if more space is needed	(k		
3. Other Revenue Sources: Identify and describe other sources	of funding that will be utilized to s	support the program if applicable.		

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET SUMMARY

Agency Name:	
Adency Name:	
J /	

Budget Summary				
(a) July 1, 2013 to June 30, 2014	Total Proposed Program Costs (totals from worksheets)			
A. Personnel				
*1. Salaries & Wages				
*2. Fringe Benefits				
*3. Consultant & Contract Services				
B. Other Direct Costs				
*1. Travel Expenses a. Staff b. Clients				
*2. Consumable Supplies & Printing and Marketing & Communications				
*3. Staff Training				
*4. Telephone & Postage				
*5. Insurance				
*6. Space Costs (Rent, Utilities, Custodial)				
*7. Rental/Lease/Prorated Share of Equipment Purchase (Per instructions)				
*8. Other Administrative Expenses				
*9. OtherSpecify				
C. Indirect Costs (Actual% of Direct Cost)				
*1. Accounting Services				
*2. Other (See Worksheet Justification)				
D. TOTAL PROGRAM COSTS				