

SECTION 14: BUDGET DETAIL WORKSHEETS

Instructions for Completing the Budget Detail Worksheets

The following Budget Detail Worksheets are designed to allow all COPS grant and cooperative agreement applicants to use the same budget forms to request funding. Allowable and unallowable costs vary widely and depend upon the type of COPS program. The maximum federal funds that can be requested and the federal/local share breakdown requirements also vary.

Please refer to the program-specific Application Guide to determine the allowable/unallowable costs, the maximum amount of federal funds that can be requested, and the federal/local share requirements for the COPS program for which your agency is applying. To assist you, sample Budget Detail Worksheets are included in each Application Guide.

Please complete each section of the Budget Detail Worksheets applicable to the program for which you are applying (see the program-specific Application Guide for requirements). If you are not requesting anything under a particular budget category, please check the appropriate box in that category indicating that no positions or items are requested.

All calculations should be rounded to the nearest whole dollar. Once the budget for your proposal has been completed, a budget summary page will reflect the total amounts requested in each category, the total project costs, and the total federal and local shares.

If you need assistance in completing the Budget Detail Worksheets, please call the COPS Office Response Center at 800.421.6770.

B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel**No Civilian/Non-Sworn Positions Requested** ☐**Part 1: Instructions:** Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

A. Base Salary Information	Year 1 Salary	Year 2 Salary (As applicable)	Year 3 Salary (As applicable)
Position Title <input type="text"/>	Enter the <u>current first year</u> base salary for one civilian/non-sworn position.	Enter the <u>second year</u> base salary for one civilian/non-sworn position.	Enter the <u>third year</u> base salary for one civilian/non-sworn position.
Description <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(One position per worksheet)	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

B. Fringe benefit costs should be calculated for each year of the grant term.

FRINGE BENEFITS:	Year 1 Fringe Benefits	Year 2 Fringe Benefits	Year 3 Fringe Benefits
	COST: % OF BASE	COST: % OF BASE	COST: % OF BASE
Social Security Exempt: <input type="checkbox"/> 6.2% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 6.2% of Total Base Salary.	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Medicare Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 1.45% of Total Base Salary.	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Health Insurance			
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Life Insurance	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Vacation Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Sick Leave Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Retirement Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total (A+B) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position): \$ If requesting additional positions with exact budget check here ☐ Indicate # of positions If requesting other position(s) with different budget(s), check here ☐**Civilians/Non-Sworn Personnel Total** \$

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(One position per worksheet)	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =
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Medicare Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 1.45% of Total Base Salary.	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Health Insurance			
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Life Insurance	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Vacation Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Sick Leave Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Retirement Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total (A+B) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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Medicare Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 1.45% of Total Base Salary.	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Health Insurance			
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Life Insurance	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
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Retirement Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
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Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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Health Insurance			
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Life Insurance	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
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Sick Leave Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
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Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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Health Insurance			
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Life Insurance	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Vacation Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
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Retirement Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
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Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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Retirement Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
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Total (A+B) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position): \$ If requesting additional positions with exact budget check here ☐ Indicate # of positions If requesting other position(s) with different budget(s), check here ☐**Civilians/Non-Sworn Personnel Total** \$

B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel**No Civilian/Non-Sworn Positions Requested** ☐**Part 1: Instructions:** Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

A. Base Salary Information	Year 1 Salary	Year 2 Salary (As applicable)	Year 3 Salary (As applicable)
Position Title <input type="text"/>	Enter the <u>current first year</u> base salary for one civilian/non-sworn position.	Enter the <u>second year</u> base salary for one civilian/non-sworn position.	Enter the <u>third year</u> base salary for one civilian/non-sworn position.
Description <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(One position per worksheet)	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

B. Fringe benefit costs should be calculated for each year of the grant term.

FRINGE BENEFITS:	Year 1 Fringe Benefits		Year 2 Fringe Benefits		Year 3 Fringe Benefits	
	COST:	% OF BASE	COST:	% OF BASE	COST:	% OF BASE
Social Security Exempt: <input type="checkbox"/> 6.2% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 6.2% of Total Base Salary.	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Medicare Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 1.45% of Total Base Salary.	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Health Insurance						
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Life Insurance	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Vacation Number of Hours Annually: <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Sick Leave Number of Hours Annually: <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Retirement Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/> %
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>		\$ <input type="text"/>		\$ <input type="text"/>	
Total (A+B)	\$ <input type="text"/>		\$ <input type="text"/>		\$ <input type="text"/>	

D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position): \$ If requesting additional positions with exact budget check here ☐ Indicate # of positions If requesting other position(s) with different budget(s), check here ☐**Civilians/Non-Sworn Personnel Total** \$

B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel**No Civilian/Non-Sworn Positions Requested** ☐**Part 1: Instructions:** Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

A. Base Salary Information	Year 1 Salary	Year 2 Salary (As applicable)	Year 3 Salary (As applicable)
Position Title <input type="text"/>	Enter the <u>current first year</u> base salary for one civilian/non-sworn position.	Enter the <u>second year</u> base salary for one civilian/non-sworn position.	Enter the <u>third year</u> base salary for one civilian/non-sworn position.
Description <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(One position per worksheet)	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =	x <input type="text"/> % of time on project =
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

B. Fringe benefit costs should be calculated for each year of the grant term.

FRINGE BENEFITS:	Year 1 Fringe Benefits	Year 2 Fringe Benefits	Year 3 Fringe Benefits
	COST: % OF BASE	COST: % OF BASE	COST: % OF BASE
Social Security Exempt: <input type="checkbox"/> 6.2% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 6.2% of Total Base Salary.	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Medicare Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/> Cannot exceed 1.45% of Total Base Salary.	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Health Insurance			
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Life Insurance	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Vacation Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Sick Leave Number of Hours Annually: <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Retirement Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Worker's Compensation Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Unemployment Insurance Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Other <input type="text"/>	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %	\$ <input type="text"/> <input type="text"/> %
Benefits Sub-Total Per Year (1 Position)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total (A+B) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position): \$ If requesting additional positions with exact budget check here ☐ Indicate # of positions If requesting other position(s) with different budget(s), check here ☐**Civilians/Non-Sworn Personnel Total** \$

C. EQUIPMENT/TECHNOLOGY**No Equipment/Technology Requested ☐**

Instructions: List non-expendable items that are to be purchased. **Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.** Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the **“SUPPLIES”** or **“OTHER”** categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the **“CONTRACTS / CONSULTANTS”** category.

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="checkbox"/> More Equipment/Technology Entries Required	Equipment/Technology Total:	\$ <input type="text"/>

D. SUPPLIES**No Supplies Requested** ☐

Instructions: List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). **Provide a specific description for each item and explain how it supports the project goals and objectives outlined in your application.** Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more than lines please check the available box.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="checkbox"/> More Supply Entries Required	Supplies Total:	\$ <input type="text"/>

E. TRAVEL/TRAINING**No Travel/Training Requested ☐**

Instructions: Itemize grant-related travel expenses of grantee personnel (excluding consultants, whose expenses are listed in Section F) by event (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Identify the location of travel whenever possible, and show the number of staff expected to attend each event. Training fees, transportation, lodging and per diem rates for trainees should be listed as separate travel items. Grantee travel costs specific to the grant project may be based on the grantee's written travel policy, assuming the costs are reasonable. Grantees without a written travel policy must follow the established federal rates (found at www.gsa.gov) for lodging, meals, and per diem. For all grantees (with or without a written travel policy), airfare travel costs must be one of the following: the lowest discount commercial airfare, standard coach airfare, or the federal government contract airfare (if authorized and available). Note: Any local training costs (within a 50-mile radius) should be listed under Section G ("Other Costs").

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

Event Title and Location	Event Costs	Number of Staff	Per Event Subtotal
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> More Travel/Training Entries Required	Travel/Training Total:		\$ <input type="text"/>

F. CONTRACTS/CONSULTANTS**No Contracts/Consultants Costs Requested** ☐

Instructions: See the program-specific Application Guide for a list of allowable/unallowable costs for the particular program to which you are applying.

1. Contracts: Provide a cost estimate for the product or service to be procured by contract. Applicants are encouraged to promote free and open competition in awarding contracts. If awarded, requests for sole source procurements of equipment, technology, or services in excess of \$100,000 must be submitted to the COPS Office for prior approval. (See Application Guide for more information on the required submission.)

Contract Name	Per Contract Subtotal
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Contracts Subtotal:	

2. Consultant Fees: For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Unless otherwise approved by the COPS Office, approved consultant rates will be based on the salary a consultant receives from his or her primary employer. Consultant fees in excess of \$550 per day require additional written justification and must be pre-approved in writing by the COPS Office if the consultant is hired via a noncompetitive bidding process.

Consultant Name/Title	Service Provided	Computation (Cost X # Days or # Hours)	Per Consultant Fee Subtotal
<input type="text"/>	<input type="text"/>	(<input type="text"/> X <input type="text"/>) Select one: Days <input type="checkbox"/> Hours <input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	(<input type="text"/> X <input type="text"/>) Select one: Days <input type="checkbox"/> Hours <input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	Consultant Fees Subtotal:	\$ <input type="text"/>

3. Consultant Travel: List all travel-related expenses to be paid from the grant to the individual consultants (e.g., transportation, meals, lodging) separate from their consultant fees.

Consultant Name/ Event Title	Event Costs	Number of Staff	Per Consultant Travel Subtotal
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Registration \$ <input type="text"/> Transportation \$ <input type="text"/> Lodging \$ <input type="text"/> Per diem \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Consultant Travel Subtotal:			\$ <input type="text"/>

4. Consultant Expenses: List all travel-related expenses to be paid from the grant to the individual consultants separate from their consultant fees and travel expenses (e.g., computer equipment and office supplies).

Consultant Name/Title	Item(s)	Per Consultant Subtotal
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	Consultant Expenses Subtotal:	\$ <input type="text"/>

Contracts/Consultants Total:

Contracts (F1) + Consultant Fees (F2) + Consultant Travel (F3) + Consultant Expenses (F4)

\$

G. OTHER COSTS**No Other Costs Requested** ☐

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. **Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.**

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="text"/>	(<input type="text"/> X <input type="text"/>)	\$ <input type="text"/>
<input type="checkbox"/> More Other Costs Entries Required	Other Costs Total:	\$ <input type="text"/>

H. INDIRECT COSTS**No Indirect Costs Requested** ☐

Instructions: Indirect costs are allowed under a **very limited** number of specialized COPS programs. Please see the program-specific Application Guide for a list of allowable/unallowable costs for the particular program to which you are applying.

If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.

Indirect Cost Description	Approved Indirect Cost Rate	Indirect Cost Total
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

BUDGET SUMMARY

Instructions: Please review the category totals and the total project costs below. If the category totals and project amounts shown are correct, please continue with the submission of your application. Should you need to make revisions to a budget category, click the "Edit" button for that category.

	Budget Category	Category Total	Edit
A.	Sworn Officer Positions	\$ <input type="text"/>	
B.	Civilian/Non-Sworn Personnel	\$ <input type="text"/>	
C.	Equipment/Technology	\$ <input type="text"/>	
D.	Supplies	\$ <input type="text"/>	
E.	Travel/Training	\$ <input type="text"/>	
F.	Contracts/Consultants	\$ <input type="text"/>	
G.	Other Costs	\$ <input type="text"/>	
H.	Indirect Costs	\$ <input type="text"/>	
Total Project Amount:		\$ <input type="text"/>	
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)		\$ <input type="text"/>	<input type="text"/> %
Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)		\$ <input type="text"/>	<input type="text"/> %

Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail Address: _____