

**ATTACHMENT 5
Budget Summary Template**

BUDGET INFORMATION

SECTION A – BUDGET SUMMARY						
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Grant Program	Florida Statutes	State	Cash Match 33% of budget	In-Kind	Other Funding	Total
1. CTG Grant Program	381.7351-381.7356					

SECTION B – BUDGET CATEGORIES						
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Identify source of cash match – what cash will pay for and what in-kind will cover

	State	Cash Match	In-Kind	Total
2. Personnel				
2a. Fringe Benefits				
3. Travel				
4. Rental or Use of Space				
5. Supplies				
6. Contractual				
7. Other (Specify)				
8. Total Direct Cost				
1. Indirect Cost (Must not exceed 10% of salary and fringe)				
10. Totals				

ATTACHMENT 6

BUDGET NARRATIVE TEMPLATE

A justification for all costs associated with the proposed program must be provided. The Budget Narrative **must provide detailed** information to support each line item contained in the proposed Budget Summary. All contracts resulting from this RFA will be cost-reimbursement. The Budget Narrative should include, at a minimum, the following:

PERSONNEL (SALARY AND BENEFITS)

A. **Personnel** – List each position by title or name of employee (if available). Show the annual salary rate and the percentage of time to be devoted to the program. Compensation paid to employees engaged in grant activities must be consistent with that paid for similar work within the prospective applicant’s organization.
Cost

Name/Position	Computation of Salary (Annual Salary)	(% of Time)	Hourly Rate	Cost

B. **Fringe Benefits** – Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the Personnel category and only for the percentage of time devoted to the program.

Name/Position	Time of Benefit	(% Rate)	Cost
	FICA		
	Health Insurance (permanent employees only)		
	Unemployment		
	other		

C. **Contracted Program Staff** – These are program staff employed on a contractual basis to provide direct services related to program implementation and for which the organization directs and controls when, where and how the employee performs the work.. List each position by title or name of employee (if available). Show the hourly rate and the percentage of time to be devoted to the program. Compensation paid to such employees must be consistent with that paid for similar work within the prospective Applicant’s organization.

Name/Position	Hourly Rate	(% of Time)	Cost

EXPENSES

D. **Staff Travel** – Itemize the cost of local travel and mileage expenses for personnel by purpose. Show the basis of the calculation. Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes. Mileage is reimbursed at \$0.445 cents per mile. Travel should also include the CTG mandatory training.

Position Traveling	Total Miles	State Mileage Rate	Total Travel
Project Director	500	.445	222.50

E. **Training and Seminars** – Itemize costs associated with required or anticipated staff training or seminars by purpose, and include associated costs (i.e., mileage, per diem, meals, hotel, registration fees, etc.). Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes. No out-of-state travel may be paid with funds provided under this RFA. . **All conference travel must be requested and approved in writing by the Department prior to the date of travel.**

Description of Travel	Benefit to state	Position Traveling	Mileage/Air Fare	Hotel/Lodging	Meals	Rental	TOTAL COST

F. **Consumable Office Supplies** – Itemize program related supplies separately by type (office supplies, copy paper, postage, etc.) that are expendable or consumed during the course of the program and show the formula used to arrive at total program costs.

Items Computation Cost

Supply Type	Units	Unit Cost	Total	State Funds Requested

G. **Rent/Telephone/Utilities** – Itemize program specific costs to implement the program by prorated share or applicable percentage of the total costs of these items. List each item separately and show the formula used to derive at total program costs.

Expenditure	Month price	Cost Sharing %	Total	State Funds Requested
Rent/lease/mortgage	Cost per month x # of months			

H. **Curricula and Other Educational Material** – Itemize the costs of program related curricula, including consumable workbooks, and other educational material proposed to be used by the program.

Description	Quantity	Unit Cost	Total	State Funds Requested

N. **Promotion and Marketing Materials** – Itemize the type and costs of materials to be purchased or developed for use in promoting and marketing the program in the local community. Detail the programmatic benefits to be derived from the promotion and marketing materials and how they relate to achievement of the programmatic goals and objectives.

Description	Quantity	Unit Cost	Total	State Funds Requested

O. **Media Advertising** – Itemize the costs of media advertising related to marketing and promotion of the program and marketing. Detail the programmatic benefits to be derived from the advertising and how it relates to achievement of the programmatic goals and objectives.

Media Type	Total Reach of Type	Quantity	Unit Cost	Total	State funds Requested
TV					
Radio					
Newspaper					

P. **Other** – List and describe any other expenses related to the program that is not specifically listed above. Breakout and show the computation for each line item

Description	Quantity	Unit Cost	Total	State Funds Requested