

Instructions for Budget Template & Justification (Narrative)

FORM INSTRUCTIONS

1. COLUMN A - BUDGET FOR FIRST 5 MADERA

Insert budget totals for each line item in which you are requesting funding. Include the FTE for First 5 only. Also, include the appropriate percentages under Benefits and Admin/Indirect on the form. **DO NOT MODIFY THIS TEMPLATE. THESE ARE THE ONLY ALLOWABLE**

2. COLUMN B - OTHER REVENUE SOURCE

List ALL other sources of revenue that will be used to finance this project. It is important to demonstrate any/all leveraged funds to have a better understanding of the total cost of running this project.

3. COLUMN C - TOTAL BUDGET AMOUNT

This is the total budget allocated to each line item. This column will self-populate. Please assure accuracy before submitting the Budget Form.

4. PERSONNEL

This cost reflects staff providing a direct service. Identify each position/classification to be funded under the grant, the salary range, First 5's full time equivalency, and contribution/responsibilities within the program. Example: three (3) part time home visitors with a salary range from \$1,500 to \$2,000 per month, 1.5 FTEs. Include a description of each position's role & responsibility in relation to this project.

5. BENEFITS

List benefits as a percentage of the total salary allocations.

6. OPERATING EXPENSES

A. General Expenses: This includes consumable items, i.e. office supplies, maintenance, postage, literacy materials, assessment tools, etc. There should be separate line items for general operating expenses and program specific expenses. A cost allocation for each item must be included.

B. Communications: The costs of telephone, fax, cellular telephone, pagers, etc. List First 5's percentage as per cost allocation plan or itemized

C. Printing: The costs of duplication and reproduction of materials. List First 5's percentage as per cost allocation plan or itemized costs.

D. Equipment Rental: The costs of renting or leasing equipment not including rent - purchase or lease purchase options.

E. Travel/Training: The cost of travel and or training and its benefit to the project. Your agency should be able to identify appropriate trainings and workshops for the year based on activities and goals listed on the Measurable Outcomes Report. Travel should be calculated at your current agency's rate (x) the estimated miles to be travelled (x) number of personnel. Trainings would follow the same format: registration costs (x) number of attendees, hotel costs (x) number of attendees, etc.

For Example:

• Correct - Mileage = \$3,480 (500 x 12 x .58) To provide home visitation services, community outreach and attend project-related meetings at approximately 500 miles per month - 500 x 12 x .58 (current state rate) = \$3,480

• Incorrect - Mileage = \$3,480

H. Subcontract/Consultant: List all consultants and costs on separate budget forms with a justification for each. Include a breakdown of costs i.e. rate per hour, per diem, travel expenses, etc. Identify the expertise contributed to the project.

I. Other Costs: Define the source(s) of all costs over and above operational expenses that are related to the project and services provided. Field trips, food costs, book purchases, technology purchases (if it doesn't fall under Equipment Purchase parameters) could be included here. The cost breakdown must follow the Travel/Training guidelines.

7. TOTAL PERSONNEL & OPERATING

List total project expenses as outlined above.

8. INDIRECT/ADMINISTRATIVE COSTS

Indirect and administrative cost rates will be applied against salaries, benefits and operating expenses, excluding any capital expenses. In no instance will the indirect cost rate charged be greater than 10% of eligible contract costs. In no instance will the administrative cost rate charged be greater than 5% of eligible grant amounts. Identify the percentage being used for both indirect and administrative costs. Please refer to contract management policy Attachment H for further clarification.

9. EQUIPMENT COSTS

List any items to be purchased that have useful life of more than four years and an acquisition cost of \$1,000 or more per unit. Project funds may not be used to reimburse the contractor for equipment already purchased.

10. TOTAL FUNDS REQUESTED

Total Project Expenses less Other Revenue Sources equals the Total Funds Requested.

JUSTIFICATION/NARRATIVE INSTRUCTIONS

A separate narrative must be attached to the Budget Form. Please use a word document to outline the guidelines written above for each line item.



BUDGET FORM
2019-2020 PROGRAM YEAR
October 2019 - June 2020

APPLICANT/AGENCY NAME _____
 PROJECT TITLE _____

BUDGET CATEGORY		COLUMN A Budget for First 5 Madera County	COLUMN B Other Revenue Source(s)	COLUMN C TOTAL BUDGET
I. Personnel				
List Staff	FTE			
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Salary/Wages		0.00	0.00	0.00
Benefits (___%)				0.00
Personnel Subtotal		0.00	0.00	0.00
II. Operating Expenses				
General Operating				0.00
Communications				0.00
Printing				0.00
Equipment Rental				0.00
Travel/Training				0.00
Subcontracts/Consultants				
1.				0.00
2.				0.00
3.				0.00
Other Costs				
1.				0.00
2.				0.00
3.				0.00
Operating Expenses Subtotal		0.00	0.00	0.00
III. TOTAL PERSONNEL & OPERATING		0.00	0.00	0.00
IV. Indirect/Administrative Costs (___%)				0.00
V. Equipment Costs				0.00
VI. TOTAL FUNDS REQUESTED		0.00	0.00	0.00

If you will utilize a subcontractor, check the box below and complete a Budget Form for each subcontractor. Also include a justification using the guidelines found under 'Instructions'.

Subcontractor Budget

Other Revenue Source(s)

1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 4. _____ \$ _____

Note: This should be equal to the total reflected in Column B, Other Revenue Source(s).



BUDGET FORM
2020-2021 PROGRAM YEAR
July 2020 - June 2021

APPLICANT/AGENCY NAME _____
 PROJECT TITLE _____

BUDGET CATEGORY		COLUMN A Budget for First 5 Madera County	COLUMN B Other Revenue Source(s)	COLUMN C TOTAL BUDGET
I. Personnel				
List Staff	FTE			
1.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Salary/Wages		0.00	0.00	0.00
Benefits (___%)				0.00
Personnel Subtotal		0.00	0.00	0.00
II. Operating Expenses				
General Operating				0.00
Communications				0.00
Printing				0.00
Equipment Rental				0.00
Travel/Training				0.00
Subcontracts/Consultants				
1.				0.00
2.				0.00
3.				0.00
Other Costs				
1.				0.00
2.				0.00
3.				0.00
Operating Expenses Subtotal		0.00	0.00	0.00
III. TOTAL PERSONNEL & OPERATING		0.00	0.00	0.00
IV. Indirect/Administrative Costs (___%)				0.00
V. Equipment Costs				0.00
VI. TOTAL FUNDS REQUESTED		0.00	0.00	0.00

If you will utilize a subcontractor, check the box below and complete a Budget Form for each subcontractor. Also include a Subcontractor Budget

Other Revenue Source(s)

1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 4. _____ \$ _____

Note: This should be equal to the total reflected in Column B, Other Revenue Source(s).