**Attachment C-Budget and Justification Worksheet**

|  |  |
| --- | --- |
| **Task Force/Coalition Name:** |  |
| **Fiscal Agent Name:** |  |

1. **Personnel:** List all positions, name if known, annual salary/rate, level of effort and total cost for each staff person describe the role and responsibilities for each position.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Name** | **Annual Salary/Rate** | **Level of Effort** | **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

**JUSTIFICATION:**

**TOTAL REQUEST:**

1. **Contract/Consultant:** This includes all services secured to support implementation of specific services provided to meet grant objectives.

|  |  |  |
| --- | --- | --- |
| **Entity** | **Product/Service** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**JUSTIFICATION:**

**TOTAL REQUEST:**

1. **Public Awareness**: List all components of public awareness to be utilized within the community through bill boards, banners, face book advertising, newsprint, purchase of ad space, radio, television, and internet advertising.

|  |  |  |
| --- | --- | --- |
| **Entity** | **Product/Service** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**JUSTIFICATION:**

**TOTAL REQUEST:**

1. **Supplies**:

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**JUSTIFICATION:**

**TOTAL REQUEST:**

**E. Equipment**: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5000 or more per unit.

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
|  |  |  |
| **TOTAL** |  |  |

**JUSTIFICATION:**

**TOTAL REQUEST:**

**F. Implementation**

Provide an estimate of funds needed to carry out strategic plan; a more detailed implementation budget will be required at the completion of the planning phase.

|  |  |
| --- | --- |
| **Implementation Cost Estimate:** |  |

**G. Travel:** Explain need for all travel.

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose of Travel** | **Location** | **Rate** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:** |  |  |  |

**JUSTIFICATION:**

**TOTAL REQUEST:**

**H. Other:** Expenses not covered under any other line-item.

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
| **TOTAL** |  |  |

**JUSTIFICATION:**

**TOTAL REQUEST:**

1. **Indirect**: Describe costs attributed to overhead or general operating expenses. Indirect costs may not exceed 8% of total budget.

|  |  |  |  |
| --- | --- | --- | --- |
| **Entity** | **Service** | **Rate** | **Cost** |
|  |  |  |  |
| **TOTAL** |  |  |  |

**JUSTIFICICATION:**

**Attachment D- Budget Narrative**

**TOTAL REQUEST:**

**BUDGET SUMMARY:**

|  |  |
| --- | --- |
| **Category** | **Request** |
| 1. Personnel
 |  |
| 1. Contractual/Consultant
 |  |
| 1. Public Awareness
 |  |
| 1. Supplies
 |  |
| 1. Equipment
 |  |
| 1. Implementation Estimate
 |  |
| 1. Travel
 |  |
| 1. Other
 |  |
| *Subtotal (Direct Costs)* |  |
| 1. Indirect Costs (not to exceed 8%)
 |  |
| **Total Project Costs:** |  |