

Attachment B

BUDGET WORKSHEET & JUSTIFICATION -PLANNING

Applicant Name:	
Fiscal Agent Name:	

A. PERSONNEL:

Position	Name	Annual/Salary/Rate	Level of Effort (hours or %)	Cost
				TOTAL

Justification:

B. FRINGE BENEFITS: LIST ALL COMPONENTS OF FRINGE BENEFITS AND INDICATE RATES

Component	Rate	Wage	Cost	
			TOTAL	

Justification:

C. TRAVEL: EXPLAIN NEED FOR ALL TRAVEL-INCLUDE PREVENTION WORKS AND IN-STATE TRAINING

Purpose of Travel	Location	Item	Rate/Cost
			TOTAL

Justification: Describe the purpose of travel and how costs are determined.

D. EQUIPMENT: AN ARTICLE OF TANGIBLE, NONEXPENDABLE, PERSONAL PROPERTY HAVING A USEFUL LIFE OF MORE THAN ONE YEAR AND AN ACQUISITION COST OF \$5,000 OR MORE PER UNIT-FEDERAL DEFINITION.

Item	Cost
TOTAL	

Justification:

E. SUPPLIES:

Items	Rate	Cost
		TOTAL

Justification:

F. CONTRACTUAL: THIS INCLUDES ALL SERVICES SECURED TO SUPPORT IMPLEMENTATION AND CAN INCLUDE CONSULTANTS.

(Consultant) Name	Service	Rate	Cost	Other
			TOTAL	

Justification: Explain the need for each agreement and how they relate to the overall project.

G. OTHER: EXPENSES NOT COVERED IN ANY OF THE PREVIOUS BUDGET CATEGORIES.

Item	Rate	Cost
		TOTAL

Justification: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

H. DIRECT REQUEST (A-H)

Total Request: \$

I. INDIRECT COST: (10% MAX)

Total Request: \$

Justification: Provide rationale and indicate percentage of total award being expended on indirect costs:

BUDGET SUMMARY:

Category	Request
A. Personnel	
B. Fringe	
C. Travel	
D. Equipment	
E. Supplies	
F. Contractual	
G. Other	
H. Direct Request	
I. Indirect Costs (10% max)	
J. Match (10%) If applicable	
Total Project Costs	