

ATTACHMENT 1: LINE ITEM BUDGET

Organization Name:

Project Title:

EXPENSE ITEM	COST / EXPENSE	COST DESCRIPTION
ADMINISTRATION - Cost Category=Admin¹		
Admin Staffing		
Staff Salaries		<i>Refer to Next Page</i>
Fringe Benefits		
Admin Operating Expenses		
Communications (Telephone, Postage, Internet, etc.)		
Facilities – Rent		
Facilities – Maintenance & Utilities		
Insurances		
Other Admin Operational Expenses		
Staff Travel		
Audit & Payroll Services		
Subcontracts, Service Contracts, Consultants		
Equipment - Lease		
Supplies (Office Supplies & Consumable Supplies)		
Admin Indirect Costs ⁶		
Other Admin Expenses (please list):		
ADMIN SUBTOTAL	\$	
PROGRAM SERVICES - Cost Category=Program		
Program Staffing		
Staff Salaries		<i>Refer to Next Page</i>
Fringe Benefits		
Program Operating Expenses		
Communications (Telephone, Postage, Internet, etc.)		
Facilities – Rent		
Facilities – Maintenance & Utilities		
Insurances		
Other Program Operational Expenses		
Staff Travel		
Staff Professional Development		
Subcontracts, Service Contracts, Consultants		
Special Events		
Equipment - Lease		
Program Service & Costs for Participants (Refer to page Error! Bookmark not defined. of the RFP for more information on each line item)		
Office & Consumable Supplies		
Academic Instruction & Occupational Training Costs		
Outreach & Recruitment Costs		
Supportive Services		
Incentive Payments		
Youth Work Experience Payments & Fringe		
Other Program Expenses (please list):		
PROGRAM SUBTOTAL	\$	
PROJECT TOTAL	\$	

¹ The total of Administrative **cannot exceed 10%** of the project total. Indirect Costs are only allowed as an administrative expense and organizations must have a current, federally approved Indirect Rate Agreement. Profit is only allowable as an Administrative cost.

ATTACHMENT 1: LINE ITEM BUDGET - STAFF SALARIES COST DESCRIPTION

Please provide the following detail about staff that you plan to charge to this grant if awarded – add additional lines as needed.

ADMINISTRATIVE STAFF

Position Title	Annual Salary	# of Positions	# of Months Charged to the Grant	% of Time Charged to the Grant	Total Amount Charged to the Grant
ADMIN SALARY SUBTOTAL			<i>Refer to Line Item Budget</i>		

PROGRAM STAFF

Position Title	Annual Salary	# of Positions	# of Months Charged to the Grant	% of Time Charged to the Grant	Total Amount Charged to the Grant
PROGROAM SALARY SUBTOTAL			<i>Refer to Line Item Budget</i>		

SALARY TOTAL	\$				
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ATTACHMENT 1: BUDGET NARRATIVE

Please provide brief descriptions (no more than 150 words) per item below.

Provide detail about your organization's cost allocation method if expenditures are not one hundred percent directly charged to this grant. Attach a separate copy of your cost allocation plan if appropriate.

If subcontracting for service contracts, consultants, etc., provide detail regarding the plan for services and list names of entities who will be providing services.

If applicable, provide detail for costs associated with Academic Instruction & Occupational Training services.

Referring to page **Error! Bookmark not defined.** of the RFP, please list the types of Supportive Services that will be offered to participants based on the amount in the budget.

Referring to page **Error! Bookmark not defined.** of the RFP, please list the types of youth work experience payments that will be offered to participants based on the amount in the budget.