BUDGET WORKSHEET

Name of Fiscal Agent:

List counties served in alphabetical order:

Total Amount Requested	$0.00

A. REGULAR SALARY: The coordinator must be available to work during normal business hours (8:00 a.m. to 5:00 p.m.) with occasional work beyond normal business hours, i.e. evenings and weekends. If the name of the person who will fill the position is unknown at the time the application is submitted, enter "To be hired." The Annual Salary is the total 12-month salary for the position. The form will automatically calculate the salary for the funding period. ENTER "IN KIND" IF NO FUNDING IS REQUIRED.

	Name of Coordinator	Annual Salary	Percentage of Time Spent	Amount Requested Year 1
1			0.00%	$0.00
2			0.00%	$0.00
3			0.00%	$0.00
	Total Salary			**$0.00**

Note: Figures rounded must not exceed line item budget.

B. FRINGE BENEFITS: Provide the rate for computing fringe benefits for each position. Fringe benefits are allowable as a direct cost in proportion to the salary charged to the grant, to the extent that such payments are made under formally established and consistently applied organizational policies. NOTE: Dependent care health insurance is not an allowable cost to the grant. ENTER "IN KIND" IF NO FUNDING IS REQUIRED.

	Fringe Benefit Type - Employee One	Annual Salary	Rate	Amount Requested Year 1
1		$0.00	0.00%	$0.00
2		$0.00	0.00%	$0.00
3		$0.00	0.00%	$0.00
4				$0.00
5				$0.00
	Fringe Benefit Type - Employee Two			
1		$0.00	0.00%	$0.00
2		$0.00	0.00%	$0.00
3		$0.00	0.00%	$0.00
4		$0.00		$0.00
5		$0.00		$0.00
	Total Fringe Benefits			**$0.00**

Note: Figures rounded must not exceed line item budget.

C. M&O: Select items from the "drop down" list and provide a justification describing how the items will be used to support work plan activities. Identify the related objectives when appropriate.

	Item	Justification	Cost	Amount Requested Year 1
1			$0.00	$0.00
2			$0.00	$0.00
3			$0.00	$0.00
4			$0.00	$0.00
5			$0.00	$0.00
6			$0.00	$0.00

Total M&O	**$0.00**

Note: Figures rounded must not exceed line item budget.

D. NONEXPENDABLE ITEMS AND EQUIPMENT: A nonexpendable item is defined as an item which has a continuing use, is not consumed in use with an expected service life of one or more years and has an acquisition cost of less than $500 per unit. Equipment is defined as an item having a useful life of one or more years and an acquisition cost of $500 or more per unit. Select items from the "drop down" list and provide a justification describing how the items will be used to support work plan activities. Identify the related objectives when appropriate.

	Item	Justification	Cost	Amount Requested Year 1
1			$0.00	$0.00
2			$0.00	$0.00
3			$0.00	$0.00
4			$0.00	$0.00
5			$0.00	$0.00
6			$0.00	$0.00
7			$0.00	$0.00
8			$0.00	$0.00
9			$0.00	$0.00
10			$0.00	$0.00
11			$0.00	$0.00

Total Equipment	**$0.00**

Note: Figures rounded must not exceed line item budget.

E. OTHER: Use this category for items not included in any of the other budget categories, including Indirect/Administrative Cost. Media and Health Communication costs should also be included in this category and MUST be at least 5% of the total direct budget. NOTE: The budget template will automatically calculate Media and Health Communication costs. Identify the related objectives when appropriate. Media and Health Communication items MUST have a related objective identified in the justification.

	Item	Justification	Cost	Amount Requested Year 1
1				$0.00
2				$0.00
3				$0.00
4				$0.00
5				$0.00
6				$0.00

Other (Subtotal)	**$0.00**

Note: Figures rounded must not exceed line item budget.

	Media and Health Communication	Justification	Cost	Amount Requested Year 1
1				$0.00
2				$0.00
3				$0.00
4				$0.00

Media and Health Communication should be at least this amount:

Media and Health Communication (Subtotal)	**$0.00**

	Total Other, including Media and Health Communication	**$0.00**

Note: Figures rounded must not exceed line item budget.

F. CONTRACTOR/CONSULTANT SERVICES: List each contractor by name (if known) and provide a justification that identifies the related object(s). NOTE: All fees paid to contractors/consultants must be reasonable and at the current market rate for similar services.

	Name of Contractor	Justification	Costs	Amount Requested Year 1
1				$0.00
2				$0.00
3				$0.00
4				$0.00
		Total Contractor/Consultant Services		**$0.00**

Note: Figures rounded must not exceed line item budget.

G. IN-STATE TRAVEL: Select the travel related cost from the "drop down" list and provide a justification that includes the purpose of the trip and the destination. Identify the related objective(s) when appropriate.

	Travel Cost	Justification	Cost	Amount Requested Year 1
1			$0.00	$0.00
2			$0.00	$0.00
3			$0.00	$0.00
4			$0.00	$0.00
5			$0.00	$0.00
6			$0.00	$0.00
		Total In-State Travel		**$0.00**

Note: Figures rounded must not exceed line item budget.

I. INDIRECT/ADMINISTRATIVE COST: Cost in this category cannot exceed 10% of the total Direct cost. Select items from the "drop down" list and provide a justification that describes the method used to determine the cost. NOTE: Only items in the drop down box can be charged in this category.

	Item	Justification	Cost	Amount Requested Year 1
1			$0.00	$0.00
2			$0.00	$0.00
3			$0.00	$0.00
4			$0.00	$0.00
5			$0.00	$0.00
		Indirect/Administrative Cost should not exceed this amount:	**$0.00**	
		Total Indirect/Administrative Cost		**$0.00**

In-Kind Contributions			$0.00