Attachment B

Budget

INDIANA DEPARTMENT OF CHILD SERVICES FUNDING PERIOD: July 1st, 2020 to June 30th, 2022

Note: The budget submitted should be a one (1) year budget.

EXPLANATION OF BUDGET JUSTIFICATION WORKSHEETS

Please use the budget justification worksheets to calculate the amounts entered on this page. The following information is to be entered in the Total Proposed Program Costs column:

Item A. Personnel Costs

- 1. Salaries & Wages--Enter the total projected salary and wage expenses for personnel calculated on the budget justification worksheet.
- 2. Fringe Benefits--Enter the total projected fringe benefit expenses for personnel calculated on the budget justification worksheet.
- 3. Consultant/Contract Services--Enter all consultant and contracted services that will be purchased by applicant in order to provide the proposed services. Calculate at cost without fringe benefits. Use this section for subcontracts.

Item B. Other Direct Costs

- 1. Travel Expenses
- a. Staff--Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
- b. Clients--Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
- 2. Consumable Supplies and Printing--Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
- 3. Space Costs (Rent, Utilities and Custodial)--Enter the total projected expenses for space costs as calculated on the budget justification worksheet. Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
- 4. Insurance--Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
 - 5. Staff Training--Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
- 6. Telephone and Postage--Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
- 7. Other Administrative Expenses--Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
- 8. Other Direct Costs-Specify--Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.

Item C. Indirect Costs (Enter the Actual Percentage of Direct Cost)

- 1. Accounting Services--Enter the total projected expenses for accounting services as calculated on the budget justification worksheet.
- 2. Other Indirect Costs--Enter the total projected expenses for other indirect costs as calculated on the budget justification worksheet.

Item D. Total Program Costs

Enter the sum of the projected expenses listed in the Total Proposed Program Costs. This total is to include all known and anticipated costs required to provide the services described in the proposal.

INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Program Title: Indiana Youth Advisory Board

Budget Period: From July 1st, 2020 to June 30th, 2022

AgencyName:							
Budget							
A. Personnel							
			1. Sala	aries & Wa	ges	2. Fringe Benefits	
(A) Position/Job Title* *Please list each sta	FTE off position	(B) Average # of Hrs/ Month for	(C) Salary/Wage per Month for	(D) # of Months	(E) Salary/Wage for Program	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost
individually	an position	Program	Program	(1-12)			
Total Salaries and				/ages:		Total Fringe:	

AgencyName:					
Α.					
3. Consultant and Contract Services					
(A)	(B)	(C)	(D)	(E)	
	Total Cons	sultant and Contract	Services:		

Γ

BUDGET JUSTIFICATION WORKSHEET Budget Period: From July 1st, 2020 to June 30th, 2020 Program Title: Indiana Youth Advisory Board Agency Name: Budget (Continued) B. Other Costs 1. Travel (Compute staff and client costs separately) Calculations/Descriptions: Include Separate Totals For 2a and 2b here. (Identify a separate total cost for Marketing and Communications expenses.) 2a. Consumable Supplies & Printing (Justify by type of expense) Calculations/Descriptions: 2b. Marketing & Communications (Justify by type of expense) Calculations/Descriptions: 3. Space Costs (Show computations of each cost) Rent (Calculations/Descriptions): Utilities (Calculations/Descriptions):

Custodial (Calculations/Descriptions):

gencyName:	
Insurance (Sp	pecify by type: i.e. personal liability)
lculations/Desc	criptions:
Staff Training alculations/Desc	(Show factors included and computation) criptions:
Telephone:	
Postage:	
Total:	
	istrative Expenses
alculations/Desc	
Other Direct On Italian Other Direct On Italian Other Direct Other	CostsSpecify (This category cannot exceed 5% of the total request)

Agency Name:						
C.IndirectCosts	(List each indirect cost	tseparately. See instructions r	e: non-allowable expenses			
Compute your Actual Indirect Cost %			(Total Indirect Costs/Total Direct Costs = Percentage)			
1. Accounting Second Calculations/Desc	ervices riptions:					
L	L					
3. Other Revenue		nding that will be utilized to sup	port the program if applicable.			

INDIANA DEPARTMENT OF CHILD SERVICES BUDGET SUMMARY

Agency Name:					
Budget Summary					
(a) July 1, 2020 to June 30, 2022	Total Proposed Program Costs (totals from worksheets)				
A. Personnel					
*1. Salaries & Wages					
*2. Fringe Benefits					
*3. Consultant & Contract Services					
B. Other Direct Costs					
*1. Travel Expenses a. Staff b. Clients					
*2. Consumable Supplies & Printing and Marketing & Communications					
*3. Staff Training					
*4. Telephone & Postage					
*5. Insurance					
*6. Space Costs (Rent, Utilities, Custodial)					
*7. Rental/Lease/Prorated Share of Equipment Purchase (Per					

_% of Direct Cost)

(Actual_

instructions)

D. TOTAL PROGRAM COSTS

C. Indirect Costs

*9. Other--Specify

*1. Accounting Services

*8. Other Administrative Expenses

*2. Other (See Worksheet Justification)