Budget

INDIANA DEPARTMENT OF CHILD SERVICES July 1st, 2015 to June 30th, 2017

Note: The budget submitted should be a one (1) year budget which will be used for the two (2) years. 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.

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.

Item E. Group Rate

The Respondent will calculate a total for Administrative Costs, Service Costs, and Costs to Students. Service Costs will include the cost of providing academic support services to students utilizing Education and Training Voucher Funds. There are no Service Costs associated with the College Dorm Placement Program. Other costs to administer these programs should be included under the Administrative Costs. Only those funds intended to be paid to students should be included in the Costs to Students amount.

INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Funding Period: From July 1st, 2015 to June 30th, 2016 (One year budget for both years)

Agency Name:

Budget

Service Standard Title:

A. Personnel							
			1. Salaries & Wages			2. Fringe Benefits	
(A) Position/Job Title* *Please list each sta individually	FTE aff position	(B) Average # of Hrs/ Month for Program	(C) Salary/Wage per Month for Program	(D) # of Months (1-12)	(E) Salary/Wage for Program	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost

Total Salaries and Wages:

Full-Time Equivalents by Position:			
Title of Position	FTE		

A. 3. Consultant and Contract Services				
(A)	(B)	(C)	(D)	(E)
Total Consultant and Contract Services:				

BUDGET JUSTIFICATION WORKSHEET

Funding Period: From July 1st, 2015 to June 30th, 2016

(One year budget for both years)

Agency Name:

Service Standard Title:

B. Other Costs

Budget (Continued)

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):

Agency Name:

4. Insurance (Specify by type: i.e. personal liability)

Calculations/Descriptions:

5. Staff Training (Show factors included and computation)

Calculations/Descriptions:

6. Telephone:

Postage:

Total:

7. Rental/Lease/Prorated Share of Equipment Purchase

Calculations/Descriptions

8. Other Administrative Expenses

Calculations/Descriptions:

9. Other Direct Costs--Specify (This category cannot exceed 5% of the total request) Calculations/Descriptions

Agency	Name:
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Service Standard Title:

C. Indirect Costs (List each indirect cost separately. See instructions re: non-allowable expenses

Compute your Actual Indirect Cost %	(Total Indirect Costs/Total Direct Costs = Percentage)
1. Accounting Services	
Calculations/Descriptions:	

2. Other Indirect Costs (Attach itemization if more space is needed)

Calculations/Descriptions:

INDIANA DEPARTMENT OF CHILD SERVICES BUDGET SUMMARY

Agency Name:		Service Standard Title:			
	Budget Summary				
	July 1, 2015 to June 30, 2016		ll Proposed Program Costs otals from worksheets)		
A. Personnel					
*1. Salari	ies & Wages				
*2. Fring	e Benefits				
*3. Cons	ultant & Contract Services				
B. Other Direct	Costs				
	el Expenses a. Staff b. Clients				
	umable Supplies & Printing and Marketing & nications				
*3. Space	e Costs (Rent, Utilities, Custodial)				
*4. Insura	ance				
*5. Staff	Training				
*6. Telephone & Postage					
*7. Rental/Lease/Prorated Share of Equipment Purchase (Per Instructions)					
*8. Other Administrative Expenses					
*9. OtherSpecify					
C. Indirect Costs	s (Actual% of Direct C	ost)			
*1. Accor	unting Services				
*2. Othe	r (See Worksheet Justification)				
D. TOTAL PROG	RAM COSTS				

INDIANA DEPARTMENT OF CHILD SERVICES **BUDGET SUMMARY**

Agency Name:

Service Standard Title:

Budget Summary

E. The Respondent will calculate a total for Administrative Costs, Service Costs, and Costs to Students. Service Costs will include the cost of providing academic support services to students utilizing Education and Training Voucher Funds. There are no Service Costs associated with the College Dorm Placement Program. Other costs to administer these programs should be included under the Administrative Costs. Only those funds intended to be paid to students should be included in the Costs to Students amount. Г

1. Service Costs	
2. Administrative Costs	
3. Costs to Students	
4. Total	