# **Budget**

# INDIANA DEPARTMENT OF CHILD SERVICES July 1st, 2017 to June 30th, 2019

## 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 worksheet 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. Incentives--Enter the total projected expenses for the administration and distribution of incentives.

5. Insurance--Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.

6. Staff Training--Enter the total projected expenses for staff training as calculated on the budget justification worksheet.

7. Telephone and Postage--Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.

8. Rental/Lease/Prorated Share of Equipment Purchase--Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.

9. Other Administrative Expenses--Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.

10. 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

Provide an explanation/breakout of how you calculated your group rate.

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Funding Period: From July 1st, 2017 to June 30th, 2019 (One year budget for both years)

Agency Name:

Budget

Service Standard Title:

A. Personnel							
			1. Salaries & Wages			2. Fringe Benefits	
(A) F Position/Job Title* *Please list each staff individually	TE	(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:

Agency	/ Name:

. Full-Time Equivalents by Position:				
Title of Position	FTE			

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

## **BUDGET JUSTIFICATION WORKSHEET**

Funding Period: From July 1st, 2017 to June 30th, 2019

(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/Depreciation:

Rent (Calculations/Descriptions):

Utilities (Calculations/Descriptions):

Custodial (Calculations/Descriptions):

Aq	ency	Name:	

## 4. Incentives (Show computations of each component)

Calculations/Descriptions:

#### **5. Insurance (Specify by type: i.e. personal liability)** Calculations/Descriptions:

#### **6. Staff Training (Show factors included and computation)** Calculations/Descriptions:

#### 7. Telephone:

Postage:

Total:

### 8. Rental/Lease/Prorated Share of Equipment Purchase

Calculations/Descriptions

### 9. Other Administrative Expenses

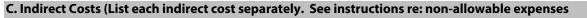
Calculations/Descriptions:

Agency	Name:
--------	-------

## 10. Other Direct Costs--Specify (This category cannot exceed 5% of the total request)

Calculations/Descriptions

#### Comments:



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 (**Compute your Actual Indirect Cost %)** :

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET SUMMARY

Agency Name:		Service Standard Title:	
	Budget S	ummary	
	July 1, 2017 to June 30, 2019		al Proposed Program Costs cotals from worksheets)
A. Personnel			
*1. Salar	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. Incer	ntives		
*5. Insur	ance		
*6. Staff Training			
*7. Telephone & Postage			
*8. Rental/Lease/Prorated Share of Equipment Purchase (Per Instructions)			
*9. Other Administrative Expenses			
*10. OtherSpecify			
C. Indirect Costs	s (Actual% of Direct C	ost)	
*1. Acco	unting Services		
*2. Other (See Worksheet Justification)			
D. TOTAL PROG	RAM COSTS		

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET SUMMARY

Agency Name:

Service Standard Title:

**Budget Summary** 

E. If you are proposing a group rate, please explain how you calculated it.



Please indicate if your agency is:

Certified Minority Owned Business

Certified Women Owned Business

🔲 Buy Indiana Entity