

# Budget

## Funding Period September 1, 2012 to August 31, 2014

**Please complete the budget template for one year. This budget will be used for both years of the contract.**

|  |
|--|
| UNIT RATE FORMULAS   |
| FORMULA WORKSHEET:   |
| EXAMPLE:   |
| <p><i>Assessment Rate = Projected number of Assessments per month x 12 = total number of assessments to be completed. Add salaries of assessment staff + percent of program costs for Assessment = Total Costs of Assessments Divided by number of Assessments = Unit Rate \$</i></p> <p><i>Home Visiting Rate = Number of Home visiting staff x number of families per month x 12 = total number of families, Subtract costs of Assessment from total budget. Divide remaining budget by number of families = Home Visiting Rate \$</i></p> |

|   |  |                          |   |                                |  |
|---|--|--------------------------|---|--------------------------------|--|
| County:   | <input style="width: 90%;" type="text"/> | # of Families to assess: | <input style="width: 90%;" type="text"/>  | # of HFI (long term) families: | <input style="width: 90%;" type="text"/> |
| # of short term families:                                       | <input style="width: 90%;" type="text"/> | # of existing staff:     | <input style="width: 90%;" type="text"/>  | # of projected new hires:      | <input style="width: 90%;" type="text"/> |
| Projected expenditures September 1st, 2012 - August 31st, 2013: |  |                          | <input style="width: 100%;" type="text"/> |                                |  |

|                                |
|--------------------------------|
| UNIT RATE PER FAMILY PER MONTH |
|--------------------------------|

|              | Current Rate:                            | Proposed Rate:                           |
|--------------|--|--|
| Assessments: | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Long Term:   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Short Term:  | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

### Section 2.

**UNIT RATE/ASSESSMENT GUIDELINES:**

- DCS maximum rate for Assessment is \$350.00
- Programs are permitted a minimum of .25 FTE Assessment staff
- Outreach for Assessment guidelines will be changed to state that the activity level be a minimum of 3 'aggressive' attempts and a maximum of 8 total attempts to contact families. Total attempts refers to the total number of contacts with the family including communication for the purposes of setting an appointment, such as phone calls, letters, etc.
- DCS maximum rate for Long Term Home Visiting is \$386.00.
- DCS maximum rate Short Term Home Visiting is \$386.00.

NOTE: Administrative Personnel costs should never exceed 15%. Program managers should not be considered administrative costs. Program Managers should be included in Direct Costs.

Program Title: Healthy Families

Budget Period: From September 1, 2012 to August 31, 2014

County:

**Budget**

**A. Personnel**

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

Total Fringe:

County:

A. **3. Consultant and Contract Services**

| (A)                  | (B)                  | (C)                  | (D)                  | (E)                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Consultant and Contract Services:

**(H) Full-Time Equivalents by Position**

|                           |                      |                                  |                      |
|---------------------------|----------------------|----------------------------------|----------------------|
| Program Manager/Director: | <input type="text"/> | FSS:                             | <input type="text"/> |
| FRS Supervisor:           | <input type="text"/> | Other (please specify):          | <input type="text"/> |
| FSS Supervisor:           | <input type="text"/> | Total FTE (including all staff): | <input type="text"/> |
| FRS:                      | <input type="text"/> |                                  |                      |

# BUDGET JUSTIFICATION WORKSHEET

Program Title: Healthy Families

Budget Period: From September 1, 2012 to August 31, 2014

County:

## 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. Staff Training (Show factors included and computation)

Calculations/Descriptions:

#### 4. Telephone:

Postage:

Total:

#### 5. Rental/Lease/Prorate Share of Equipment Purchase

Calculations/Descriptions:

County:

**6. Other Administrative Expenses**

Calculations/Descriptions:

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

Calculations/Descriptions:

**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:

County:

## Budget Summary

| (a) September 1, 2012 to August 31, 2012                                 | <b>Total Proposed Program Costs<br/>(totals from worksheets)</b> |
|--|--|
| <b>A. Personnel</b>  |  |
| *1. Salaries & Wages   | <input style="width: 100%; height: 20px;" type="text"/>          |
| *2. Fringe Benefits  | <input style="width: 100%; height: 20px;" type="text"/>          |
| *3. Consultant & Contract Services                                       | <input style="width: 100%; height: 20px;" type="text"/>          |
| <b>B. Other Direct Costs</b>   |  |
| *1. Travel Expenses<br>a. Staff<br>b. Clients                            | <input style="width: 100%; height: 20px;" type="text"/>          |
| *2. Consumable Supplies & Printing and Marketing & Communications        | <input style="width: 100%; height: 20px;" type="text"/>          |
| *3. Staff Training   | <input style="width: 100%; height: 20px;" type="text"/>          |
| *4. Telephone & Postage  | <input style="width: 100%; height: 20px;" type="text"/>          |
| *5. Insurance  | <input style="width: 100%; height: 20px;" type="text"/>          |
| *6. Space Costs (Rent, Utilities, Custodial)                             | <input style="width: 100%; height: 20px;" type="text"/>          |
| *7. Rental/Lease/Prorated Share of Equipment Purchase (Per instructions) | <input style="width: 100%; height: 20px;" type="text"/>          |
| *8. Other Administrative Expenses  | <input style="width: 100%; height: 20px;" type="text"/>          |
| *9. Other--Specify   | <input style="width: 100%; height: 20px;" type="text"/>          |
| <b>C. Indirect Costs</b>   |  |
| (Actual ___% of Direct Cost)   | <input style="width: 100%; height: 20px;" type="text"/>          |
| *1. Accounting Services  | <input style="width: 100%; height: 20px;" type="text"/>          |
| *2. Other (See Worksheet Justification)                                  | <input style="width: 100%; height: 20px;" type="text"/>          |
| <b>D. TOTAL PROGRAM COSTS</b>  | <input style="width: 100%; height: 20px;" type="text"/>          |