

RECAP OF BUDGET ITEMS

Estimated
Costs

I. STAFF COSTS

A. Salaries	\$ _____
A. Payroll Related Expenses	_____
A. Consultation Fees	_____
TOTAL STAFF COSTS	\$ _____

II. OPERATIONAL COSTS

A. Travel	\$ _____
A. Consumable Supplies	_____
A. Occupancy	_____
A. Insurance	_____
A. Indirect Costs	_____
A. Other - Miscellaneous	_____
TOTAL OPERATIONAL COSTS	\$ _____

III. EQUIPMENT COSTS

A. Equipment Subject to Depreciation	\$ _____
A. Small Equipment Purchases	_____
A. Leased and Rented Equipment	_____
TOTAL EQUIPMENT COSTS	\$ _____

IV. TOTAL PROFIT

	\$ _____
TOTAL PROGRAM BUDGET FOR SERVICE(S) UNDER CONTRACTS	\$ _____

I.A. SALARIES

Position Title	F/V	No. of Positions Required	Annual Salary	Hours per Week	Percent of Time to Service(s) Under Contract	Reimbursable Salary
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TOTAL \$ _____

II. A. TRAVEL

	Travel
AGENCY VEHICLES EXPENSE:	
a. Gasoline and Oil	\$ _____
a. Vehicle Repair	_____
a. Vehicle License	_____
a. Vehicle Insurance	_____
a. Other	_____
Mileage Reimbursement @ _____ mile	_____
Conference, Meetings, etc.	_____
Purchased Transportation	_____
TOTAL TRAVEL	\$ _____

II. B. CONSUMABLE SUPPLIES

	Consumable Supplies
Food	\$ _____
(Less) USDA	(_____)
Kitchen Supplies	_____
Office Supplies	_____
Cleaning Supplies	_____
Medical Supplies	_____
Program Supplies	_____
Other (Specify)	_____
TOTAL CONSUMABLE SUPPLIES	\$ _____

II. C. OCCUPANCY COSTS

- Rental @ \$ _____ per square foot _____
OR
 - Usage allowance/depreciation @ _____ % rate of original acquisition cost of \$ _____ by Program Square Footage Percentage (Program Square Footage _____ divided by Provider Square Footage _____ equals _____%) \$ _____
 - Maintenance and Repairs _____
 - Utilities* (*If not included in rent):
 - Heat & Light \$ _____
 - Telephone _____
 - Water _____
- TOTAL OCCUPANCY COSTS \$ _____

II. D. INSURANCE COSTS

- Liability \$ _____
 - Property _____
 - Accident _____
- TOTAL INSURANCE COSTS \$ _____

II. E. INDIRECT COSTS

Direct Staff Program Costs	Direct Staff Total Costs	Indirect Cost Pool	Percent Indirect Cost Applicable to Contract	Indirect Cost for Contracted Services
\$ _____	\$ _____	\$ _____	\$ _____ %	\$ _____

II. F. OTHER - MISCELLANEOUS

- Itemize Miscellaneous Costs:
 - _____ \$ _____
 - _____ \$ _____
- TOTAL MISCELLANEOUS COSTS \$ _____

III. A. EQUIPMENT SUBJECT TO DEPRECIATION
(Depreciation of any Item or Group of Items
Exceeding a Cost of \$500)

Equipment to be
Depreciated

New or Used

Date Purchased

Quantity

Total Actual
Cost

Salvage Value

Amount to be
Depreciated

Useful Life

Chargeable
Annual Depreciation

Percent
to Program

Net Amount
to Program

TOTAL DEPRECIATION CHARGES TO PROGRAM

\$

TOTAL INCOME FOR BUDGET PERIOD

A. INCOME FOR SERVICES UNDER CONTRACT:

- 1. Fees from Private Consumers \$ _____
- 1. Fees Generated by Contract for Recipients _____
- 1. Other Federal Support of Contracted Services

_____ _____
- 1. State, County, or Municipal Allocations _____
- 1. Contributions _____

_____ _____
- 1. Other Contracts _____
- 1. Miscellaneous _____

_____ _____

TOTAL INCOME FOR SERVICES(S) UNDER CONTRACT \$ _____

B. INCOME FOR OTHER SERVICES PROVIDED BY AGENCY OR UNIT NOT UNDER CONTRACT

- 1. From Private Consumers \$ _____
- 1. Federal Monies (Grants or Contracts) _____
- 1. State, County, or Municipal Allocations _____
- 1. Contributions _____
- 1. Miscellaneous _____

TOTAL OTHER SERVICES INCOME \$ _____

TOTAL AGENCY INCOME \$ _____
(Section A + B)