

Applicants must submit a Budget Detail Form detailing how both the requested subgrant funds and the match, if applicable, will be used to implement the project. All costs must be itemized and the calculations used to determine the total project amounts must be shown.

Applicants must submit a separate Budget Narrative explaining costs listed on the Budget Detail Form. The narrative must include a justification and the computation for each cost element listed that will be charged to the project.

Refer to applicable Program Administration and Funding Guidelines for information on the Budget Detail Form and Budget Narrative.

Applicant: _____				Grant No: _____		
Budget Detail Form						
COST ELEMENT						
A. Personnel 1. Salaries and Wages List each name and position	% of time spent on grant project	% of salary paid with Subgrant Funds and/or Match	Annual Salary <u>or</u> Hourly Rate	Subgrant Funds	Match	Project Total
SUB-TOTAL SALARIES AND WAGES						

Applicant: _____

Grant No: _____

2. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed above and only for the percentage of time devoted to the project. Provide agency fringe rate and list each benefit and percentage (e.g., FICA, Workman's Comp, Disability) List name and position

Subgrant Funds	Match	Project Total

SUB-TOTAL FRINGE BENEFITS			
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TOTAL SALARIES, WAGES AND FRINGE			
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Applicant: _____				Grant No: _____		
Budget Detail Form						
COST ELEMENT				Subgrant Funds	Match	Project Total
B. Purchase of Services						
Name of Provider	Contracted Services Provided/ Seminar Registration/ Costs of professional services	Unit Cost/ Hourly Rate	Units/ Project Hours			
(e.g., cell phone service)						
TOTAL PURCHASE OF SERVICES						

C. Travel, Transportation, Subsistence (show food costs related to travel only)			Subgrant Funds	Match	Project Total
Purpose / Location	Item (e.g., # of Miles)	Computation (e.g., \$.31 per Mile)			
TOTAL TRAVEL, TRANSPORTATION, SUBSISTENCE					

Applicant: _____		Grant No: _____	
Budget Detail Form			
COST ELEMENT	Subgrant Funds	Match	Project Total
D. Consumable Supplies, Postage, Printing (list each item & show unit cost & calculations)			
TOTAL CONSUMABLE SUPPLIES			

E. Facilities, Office Space, Utilities (calculate monthly project cost & show cost allocation method)	Subgrant Funds	Match	Project Total
Rent (in budget narrative, indicate square footage and cost per square foot)			
Utilities (in budget narrative, specify utility)			
Telephone (landline)			
Other (specify)			
Other (specify)			
Other (specify)			
TOTAL FACILITIES			

Applicant: _____		Grant No: _____	
Budget Detail Form			
COST ELEMENT	Subgrant Funds	Match	Project Total
F. Equipment (List and explain in attached budget narrative; calculate per unit cost)			
TOTAL EQUIPMENT			

G. Victim Aid for VOCA, VAG, VAWA Grants Only (list each item & show unit cost & calculations)	Subgrant Funds	Match	Project Total
TOTAL VICTIM AID			

H. Indirect Cost	Subgrant Funds	Match	Project Total
TOTAL INDIRECT COSTS			

	Subgrant Funds	Match	Project Total
TOTAL PROJECT COST (Sections A thru G)			

SOURCES OF FUNDS

List **all** sources of funds received by the agency during the past State fiscal year (July 1 thru June 30). On the bottom of the form, list all funds received from the Division of Criminal Justice in the past three years.

Federal Sources

Name(s) of Federal Source	Date of Award	Amount

State Sources

Name(s) of State Source	Date of Award	Amount

County Sources	\$
Local and Other Sources	\$
Total of All Sources of Funds	\$
Indicate the percentage of <u>funds</u> used to support this project:	%

Division of Criminal Justice Funding

List funding awarded for the past three years:

Date of Award	Grant Number	Project Title	Amount