INSTRUCTIONS AND EXAMPLES FOR CATEGORICAL

**BUDGET JUSTIFICATION**

**AGENCY NAME**

**BUDGET**

**For the Period Covered March 01, 2019 – February 28, 2020**

##### PERSONNEL $114,948

[List each position by title and name of employee, if available. Show the annual salary rate by the percentage of time by the number of months to be devoted to this project.]

**EXAMPLE:**

Executive Director (Ms. A) $1,800

$60,000/year x 3% x 12mos

This position is a full time position overseeing the agency’s overall operations and staff.

Program Director (Mr. B) $5,198

$51,987/year x 10% x 12mos.

This position is a full-time position overseeing the programmatic implementation including program planning, hiring and supervision of staff, oversight of subcontractors, financial management, reporting and to ensures compliance with contract requirements.

Program Coordinator (Ms. C) $31,195

$41,593/year x 75% x 12mos.

 This is a full-time position overseeing all aspects in the proposed program and other

efforts including coordination, recruitment, training, placement, supervision and evaluation. Prepares all required program reports, designs and maintains data collection system.

Community Health Outreach Worker (Mr. D) $32,916

$32,916/year x 100% x 12mos.

Conducts street and community outreach, networking and advocacy, collects accurate data, assists in program development, makes appropriate referrals for services and distributes health education materials.

Data Input Clerk/Admin Assistant (Mr. E) $13,650

$27,300/year x 50% x 12mos.

This full-time position provides clerical and administrative support through all phases of the project.

Bookkeeper (Ms. F) $ 7,200

$36,000/year x 20% x12 mos.

This is a full-time position managing the program accounts payable, invoicing, preparing audits and other related fiscal matters to this project.

**B. FRINGE BENEFITS $ 22,990**

[Itemize the cost of fringe benefits. Fringe Benefits should be based on actual known cost or an established formula. Fringe benefits are for the personnel listed in the budget category (A) and only for the percentage of time devoted to the project.]

EXAMPLE:

Our fringe benefit rate is 25% and consists of Health Insurance (7.70%), Pension (5%), Long Term Disability (0.25%), Parking (0.90%), State Unemployment Insurance (1.3%), Worker’s Compensation (2.20%) FICA (7.65%).

# C. TRAVEL $ 5,735

[List all travel anticipated to occur during the budget/contract period, be specific about who will travel, where, when and why the travel is necessary. All travel must directly and be specific to the work supported by the contract. Local travel should include reimbursement rate (current rate is .345). Out of Eligible Metropolitan Area travel should be calculated at per diem rates and allocated for each individual traveling: Air fare, ground transportation, lodging, per diem and a total.

Local Transportation/Mileage - $625.

Since most of our activities will be street and community outreach, these expenses are primarily for local mileage to meetings, outreach locations, parking. (151 miles x $.345 mile x 12 mos.)

## Air Fare/Per Diem - $ 5,110

This line item is primarily for travel outside of the local area to HRSA/OOA recommended or required conferences for the above staff.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title of Conf. 2 staff | Title of Conf. 2 staff | Title of Conf. 2 staff |   Total |
| Hotel |  450 |  800 |  450 |  1,700 |
| Air Fare |  700 |  700  |  300 |  1,700 |
| Per diem |  360  |  900 |  450 |  1,710 |
| Sub-total |  1,510 |  2,400 |  1,200 |  5,110 |

##### CONTRACTURAL/SUB-CONTRACTS $20,000

[Include cost such as consultants, contractors, or other Community Based Organizations contracted for the purpose of providing services to clients under the contract. Separate program objectives, evaluation requirements, days and hours of operation and budgets must be submitted for each subcontract.

## Agency ABC - $15,000

## This sub-contractor will help our agency to meet the objectives of the program.

## Arts Consultants – $5,000

## Our agency will hire consultants, local artists from the community to provide the arts instruction for out multi-week workshop sessions. Arts consultants will include film/videographers, spoken word artists, visual artists, percussionists, musicians, etc.

## No. of consultants x rate per hr. x no. of hours x no. of sessions

### FURNITURE & FIXTURE/EQUIPMENT $2,000

[List only equipment that is being purchased from contract funds. Be specific in describing what furniture or equipment is being purchased, who will use the equipment and why it is necessary to purchase the equipment. Cost sharing must be applied when equipment will be used for other funded activities. Equipment purchased by Contractor, valued over $5,000 becomes property of Alameda County at the termination of the Master Contract. **At the end of the Fiscal Year, all agencies that has equipment, computers and furniture and fixtures expenditures are required to submit a list and copy of receipts to the Office of AIDS.**]

**EXAMPLE:**

#### Computer - $ 1,200

The Computer will be used by the Community Health Outreach Worker to analyze case and data and intelligence information.

#### Video Camera - $ 800

The camera will used to record workshop sessions.

F. Supplies $2,600

[A general description of the type of items classified as supplies must be must provided. Computer software should be included in this category. Health Education Materials are the supplies to be used/help in doing outreach such as condoms, lube packets and supplies for risk reduction and prevention strategies such as brochures and pamphlets.

EXAMPLE:

Office Supplies - $ 1,100

These expenses are for the standard office supplies requires to conduct the business of the program, including paper, floppy disks, filing supplies, etc. at the average of $92.00 per month x 12. mos.

Health Education Materials - $ 1,500

These expenses are includes supplies for safer sex kits (lubricants, oral sex condoms, etc.)

G. OTHER OPERATING EXPENSES $14,717

 [List items (e.g. rent, printing, communications,) by major type and the basis of computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

**EXAMPLE:**

## Rent/Lease/Space - $ 7,800

Our facility is lease at 150 square feet at $1.07 per square foot per FTE per month (252 x $1.07 x 2.4x12). Costs include direct staff office space plus portion of the usage common areas required for the work of the program such as conference rooms, private counseling rooms, etc.

## Utilities/Maintenance/Janitorial - $2,707

This line cost includes all utilities, janitorial services and any maintenance repair costs for the facility. The cost is calculated as $.032 per square feet per FTE per month (252 x 2.4 x $0.323x12 mos.)

## Communications - $1,000

These expenses include monthly phone, internet, facsimile costs as well as lease of phone equipment. ($35 per mo. X FTE 2.4 x 12 mos.).

## Postage - $200

These expenses are for sending outreach materials, newsletters, correspondence and reporting activities.

## Printing/Duplicating - $700

These expenses are for large volume duplication through vendors for outreach, correspondence, information flyers, evaluation and assessment forms, etc.

## Equipment Lease - $ 1,150

These expenses are for lease and maintenance of our copy machine and other office equipment ($40.00 per mo. X FTE 2.4 x 12 mos.).

## Training/Registration Fees - $ 1,160

This expense will be used to support any pre-approved conferences, training, workshops, and in-services for program staff.

**H. TOTAL PERSONNEL & OPERATING EXPENSES $160,000**

# I. TOTAL BUDGET $160,000