**Attachment 3**

**Budget Detail Worksheet and Justification Narrative**

**SFY 2015/16 CRTF Program**

**2015/16 Operating Budget Summary**

**Budget Category Amount**

A. Personnel --

B. Fringe Benefits --

C. Consultant Services --

D. Equipment --

E. Supplies --

F. Travel and Subsistence --

G. Rental of Facilities --

H. Alterations and Renovations --

I. All Other costs --

 **Total Operating Budget --**

**FY 2015/6 Operating Budget Narrative**

The following narrative supports the budget proposal to implement the 2015/16 NYS County Re-entry Task Force Program.

1. **Personal Services**

List each position by title and name of employee, if available. Show the annual rate, the percentage of time to be devoted to the project (percent of the FTE) and the cost.

**Name Position Salary Computation (basis, % of time) Cost**

**Narrative:** Describe responsibilities and duties of each position in relationship to fulfilling the CRTF performance milestones.

1. **Fringe Benefits**

Should be based on actual known costs or approved negotiated rate of the agency. Fringe benefits are for the personnel listed in budget category A, and for only the percentage of time devoted to the project.

**Approved Rate or Description of Actual Costs Computation (Base, Rate) Cost**

**Narrative:** Describe computation of fringe benefits to be charged to project.

1. **Consultants Services**

For each consultant, enter the name, service to be provided, hourly or daily fee, and estimated time on the project. Upload the signed consultant agreement as an Attachment in GMS.

**Name of Consultant Service Provided Computation Cost**

**Narrative:** Explain how the consultants are necessary to the success of the project, and discuss the procurement method to be used. Using the format of “F. Travel” category, list all expenses to be paid from the grant to the individual consultants in addition to their fees (travel, meals, lodging). This includes travel expenses for anyone who is not an employee of the applicant such as participants, volunteers, community partners.

1. **Equipment**

List non-expendable items that are purchased. List expendable equipment under the “Supplies” category, rented or leased equipment should be listed in this category.

**Item Computation Cost**

**Narrative:** Explain how the equipment is necessary for the success of the project, and describe the procurement method to be used.

1. **Supplies**

List supplies by type (office supplies, postage, training materials, copying paper, and expendable equipment, such as books, hand-held tape recorders, and show the basis of computation.

**Supply items Computation Cost**

**Narrative**: Discuss the supplies needed for the success of the project and indicate who will be using expendable materials.

1. **Travel and Subsistence**

Itemize travel expenses of staff by purpose (training, field work, meetings) and in reference to the program. Prior to any out-of-State travel, a written request for approval to use grant funds must be submitted to DCJS for written approval.

Show the computation (# people **X** travel mode and cost **X** lodging **X** Per Diem). Identify location, if known.

**Travel Purpose Location Computation Cost**

**Narrative:** Describepurpose of travel, indicate who is traveling and for what reason**.**

1. **Rental of Facilities**

Provide square footage of new space rented for the project and the cost per square foot for rent. Provide a monthly rental cost multiplied by the number of months to rent within the program period.

Units of local government may not charge rent to the grant for existing agency office space.

**Monthly rent x 12 months**

1. **Alterations and Renovations -- NOT APPLICABLE**
2. **All Other Costs**

List items, such as reproduction and telephone, by major type and the basis for computation.

**Description Computation Cost**

 **Administrative Overhead / Indirect Costs**

Funding for indirect costs is capped at a rate of 15 percent. Indirect costs are not an allowable expense for governmental organizations.

**Description Computation Cost**

**Budget Summary -** When the budget detail worksheet is completed, transfer the totals for each category to the

Spaces below.

|  |  |
| --- | --- |
| **BUDGET CATEGORY**  | **AMOUNT**  |
| 1. Personal Services
 | $0 |
| 1. Fringe Benefit
 | $0 |
| 1. Consultant Services
 | $0 |
| 1. Equipment
 | $0 |
| 1. Supplies
 | $0 |
| 1. Travel and Subsistence
 | $0 |
| 1. Rental of Facilities
 | $0 |
| 1. Alterations and Renovations
 | $0 |
| 1. All Other Expenses
 | $0 |
| **Total Operating Budget** | $0 |