

## INSTRUCTIONS FOR COMPLETION OF BUDGET

Funds awarded through this budget solicitation are only to be used to cover costs appropriate to the project funded. Funds shall not be used to supplant or duplicate currently funded services. To the extent possible, all costs associated with the project should be shown as direct costs. Indirect costs for administrative expenses that cannot be charged directly will be limited to 8% of the total award.

1. Page 2 is a Budget Summary. Itemize the budget on pages 3, 4, and 5 and then prepare the Budget Summary. List the total funds requested from DSS for each category, then the total indirect costs, if any, and finally any other funds that will go to fund the project. Explain how all costs were determined.
2. List all staff positions and provide the information requested for each. Add an additional page if more than five staff will be funded by the grant. Total the benefits for all staff listed in the Employee Benefits section. NOTE: Indirect costs for staff may only be claimed in the case of administrative support staff.
3. List the costs that will be charged to the grant in addition to personnel costs, by category. For each, show costs that will be charged as indirect, if any.

**TANF Funding Pool  
BUDGET SUMMARY - REVISED - DSS FUNDS**

CONTRACT PERIOD: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTRACTOR NAME: \_\_\_\_\_

<b>BUDGET CATEGORY</b>	<b>JUSTIFICATION (How costs were determined)</b>	<b>TOTAL DSS REQUEST</b>	<b>TOTAL INDIRECT COSTS (If any)</b>	<b>TOTAL OTHER FUNDS (If any)</b>
SALARIES				
EMP. BENEFITS				
POSTAGE				
OFFICE				
EQUIPMENT				
PRINTING				
CONSUMABLE SUPPLIES				
TRAVEL				
RENT				
OTHER (Specify)				
OTHER (Specify)				
OTHER (Specify)				
<b>TOTAL REQUESTED FROM DSS</b>				

Indirect costs cannot exceed 8% of total amount requested from DSS.

**ITEMIZED BUDGET – REVISED - SALARIES AND EMPLOYEE BENEFITS**

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTRACTOR NAME: \_\_\_\_\_

<b>SALARIES STAFF POSITION</b>	<b>HOURS PER WEEK</b>	<b>% OF TIME ON PROJECT</b>	<b>ANNUAL SALARY</b>	<b>AMOUNT REQUESTED FROM VDSS</b>
1.				
2.				
3.				
4.				
5.				
<b>TOTAL SALARIES REQUESTED FROM DSS</b>	-----	-----	-----	

**EMPLOYEE BENEFITS – Totals for Employees Listed Above**

<b>NAME OF BENEFIT</b>	<b># STAFF POSITIONs</b>	<b>% OR RATE</b>	<b>ANNUAL COST</b>	<b>AMOUNT REQUESTED FROM DSS</b>
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
<b>TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS</b>	-----	-----	-----	

**ITEMIZED BUDGET – REVISED - OTHER PROPOSED EXPENSES**

CONTRACT PERIOD: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTRACTOR NAME:\_\_\_\_\_

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS	INDIRECT COSTS, IF ANY
<i>POSTAGE TOTAL</i>			
<i>OFFICE TOTAL</i>			
Utilities			
Telephone			
<i>EQUIPMENT TOTAL</i>			
Equipment Purchase			
Equipment Rental			
<i>PRINTING TOTAL</i>			
<i>CONSUMABLE SUPPLIES TOTAL</i>			

Indirect costs cannot exceed 8% of total amount requested from DSS.

**ITEMIZED BUDGET – REVISED - OTHER PROPOSED EXPENSES**

CONTRACT PERIOD: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTRACTOR NAME: \_\_\_\_\_

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS	INDIRECT COSTS, IF ANY
<i>TRAVEL TOTAL</i>			
<i>RENT TOTAL</i>			
<i>OTHER TOTAL</i>			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

Indirect costs cannot exceed 8% of total amount requested from DSS.

**TOTAL AMOUNT REQUESTED FROM DSS:** \$ \_\_\_\_\_

**Total Indirect Costs:** \$ \_\_\_\_\_

**Percentage of indirect costs to total costs:** \_\_\_\_\_%