

COST PROPOSAL

Budget

INDIANA DEPARTMENT OF CHILD SERVICES

Note: The budget submitted should be a one (1) year budget which will be used for the four (4) years.

EXPLANATION OF BUDGET JUSTIFICATION WORKSHEETS

Please use the budget justification worksheets to calculate the amounts entered on this page. The following information is to be entered in the Total Proposed Program Costs column:

Item A. Personnel Costs

1. Salaries & Wages--Enter the total projected salary and wage expenses for personnel calculated on the budget justification worksheet.
2. Fringe Benefits--Enter the total projected fringe benefit expenses for personnel calculated on the budget justification worksheet.
3. Consultant/Contract Services--Enter all consultant and contracted services that will be purchased by applicant in order to provide the proposed services. Calculate at cost without fringe benefits.

Item B. Other Direct Costs

1. Travel Expenses
 - a. Staff--Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
 - b. Clients--Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
2. Consumable Supplies and Printing--Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
3. Space Costs (Rent, Utilities and Custodial)--Enter the total projected expenses for space costs as calculated on the budget justification worksheet. Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
4. Insurance--Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
5. Staff Training--Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
6. Telephone and Postage--Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
7. Other Administrative Expenses--Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
8. Other Direct Costs-Specify--Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.

Item C. Indirect Costs (Enter the Actual Percentage of Direct Cost)

1. Accounting Services--Enter the total projected expenses for accounting services as calculated on the budget justification worksheet.
2. Other Indirect Costs--Enter the total projected expenses for other indirect costs as calculated on the budget justification worksheet.

Item D. Total Program Costs

Enter the sum of the projected expenses listed in the Total Proposed Program Costs. This total is to include all known and anticipated costs required to provide the services described in the proposal.

Item E. Group Rate

Provide an explanation/breakout of how you calculated your group rate.

INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

(One year budget for all years)

Agency Name:

Service Standard Title:

Budget

A. Personnel

		1. Salaries & Wages	2. Fringe Benefits	
(A) Position/Job Title*	FTE	(E) Salary/Wage for Program	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost
*Please list each staff position individually				

Total Salaries and Wages:

Total Fringe:

Agency Name:

Service Standard Title:

A. 3. Consultant and Contract Services				
(A)	(B)	(C)	(D)	(E)
Total Consultant and Contract Services:				

BUDGET JUSTIFICATION WORKSHEET

(One year budget for all years)

Agency Name:

Service Standard Title:

Budget (Continued)

B. Other Costs

1. Travel (Compute staff and client costs separately)

Calculations/Descriptions:

Include Separate Totals For 2a and 2b here. (Identify a separate total cost for Marketing and Communications expenses.)

2a. Consumable Supplies & Printing (Justify by type of expense)

Calculations/Descriptions:

2b. Marketing & Communications (Justify by type of expense)

Calculations/Descriptions:

3. Space Costs (Show computations of each cost)

Rent (Calculations/Descriptions):

Utilities (Calculations/Descriptions):

Custodial (Calculations/Descriptions):

Agency Name:

Service Standard Title:

4. Insurance (Specify by type: i.e. personal liability)

Calculations/Descriptions:

5. Staff Training (Show factors included and computation)

Calculations/Descriptions:

6. Telephone:

Postage:

Total:

7. Rental/Lease/Prorated Share of Equipment Purchase

Calculations/Descriptions

8. Other Administrative Expenses

Calculations/Descriptions:

9. Other Direct Costs--Specify (This category cannot exceed 5% of the total request)

Calculations/Descriptions

Agency Name:

Service Standard Title:

C. Indirect Costs (List each indirect cost separately. See instructions re: non-allowable expenses)

Compute your Actual Indirect Cost %

(Total Indirect Costs/Total Direct Costs = Percentage)

1. Accounting Services

Calculations/Descriptions:

2. Other Indirect Costs (Attach itemization if more space is needed)

Calculations/Descriptions:

INDIANA DEPARTMENT OF CHILD SERVICES

BUDGET SUMMARY

Agency Name:

Service Standard Title:

Budget Summary

	Total Proposed Program Costs (totals from worksheets)
A. Personnel	
*1. Salaries & Wages	<input style="width: 100%; height: 20px;" type="text"/>
*2. Fringe Benefits	<input style="width: 100%; height: 20px;" type="text"/>
*3. Consultant & Contract Services	<input style="width: 100%; height: 20px;" type="text"/>
B. Other Direct Costs	
*1. Travel Expenses a. Staff b. Clients	<input style="width: 100%; height: 20px;" type="text"/>
*2. Consumable Supplies & Printing and Marketing & Communications	<input style="width: 100%; height: 20px;" type="text"/>
*3. Space Costs (Rent, Utilities, Custodial)	<input style="width: 100%; height: 20px;" type="text"/>
*4. Insurance	<input style="width: 100%; height: 20px;" type="text"/>
*5. Staff Training	<input style="width: 100%; height: 20px;" type="text"/>
*6. Telephone & Postage	<input style="width: 100%; height: 20px;" type="text"/>
*7. Rental/Lease/Prorated Share of Equipment Purchase (Per Instructions)	<input style="width: 100%; height: 20px;" type="text"/>
*8. Other Administrative Expenses	<input style="width: 100%; height: 20px;" type="text"/>
*9. Other--Specify	<input style="width: 100%; height: 20px;" type="text"/>
C. Indirect Costs	
(Actual ___% of Direct Cost)	<input style="width: 100%; height: 20px;" type="text"/>
*1. Accounting Services	<input style="width: 100%; height: 20px;" type="text"/>
*2. Other (See Worksheet Justification)	<input style="width: 100%; height: 20px;" type="text"/>
D. TOTAL PROGRAM COSTS	
	<input style="width: 100%; height: 20px;" type="text"/>

E. If you are proposing a group rate, please explain how you calculated it (space provided on next page). *See applicable Budget Justification Worksheets for Details

