

CJCC Budget Detail Worksheet

Agency Name:	Hall County
Project Name:	FFT & MST Services for JJIP

Purpose: This Budget Detail Worksheet is used to verify all Subgrant Expenditure Requests (SERs) are reasonable and justified. Please fill it out completely with the Subgrant Adjustment Request (SAR) #1 that requires a budget change. All required information must be present in the budget narrative, regarding

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block, 2) Right click and select the copy option by left clicking 3) Next, right click on the row or block you want to insert and chose the option "insert copied cells" by left clicking 4) If you selected only a block and not the entire row, a message will appear asking you to "insert down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

A (1). Personnel-- List each position by title and name of employee, if available. In order to calculate the budget, the compensation of employees engaged in program activities must be consistent with the budget.

Title	First and Last name	Salary Rate

Title	First and Last name	Hourly wage	Hours per

A (2). Fringe-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary	Select fringe	Enter rate of e

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B. Travel-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings). For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people at \$X meals/ incidentals). **If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs** \$0.565 per mile, but if your agency's reimbursement rate is lower you must use that rate instead.

Trainings and Conferences		<i>**All trainings and conferences must be pre-approved by submitting an agency request.</i>		
Purpose of Travel	Staff member	Item	Cost	# Individuals

Mileage		
Purpose of Travel	Staff member	Location or Coverage Area

C. Equipment-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchasing electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the procurement method to be used. Please note that all items must be at least \$5,000 per unit to be considered equipment.

Equipment Item	Cost per Unit	# Items

D. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, etc.)

computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution use only). If an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and Office Palooza for Vendor.

Item	Cost per unit	# Units

E. Printing-- List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation. For example, provide the number of copies and the cost per copy or provide the monthly lease rate. Enter \$15 for cost per unit; "box" for define unit; 2 for # units, and Print Mania for Vendor. Leave "define unit" blank for items such as training materials.

Item	Cost per unit	# Units

F. (1) Other Costs-- List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services). Show the budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease rate. Enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that do not have a time period.

Item	Cost per unit	# of Units	% Charged to

F. (2) Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, provide the estimated number of units (eg., 1 hour of therapy).

Name of Consultant	Service Provided	Cost per unit
Evidence-Based Associates	FFT Implementation Support	\$6,388.11
Evidence-Based Associates	MST Implementation Support	\$13,648.07
Britt Williams Tutoring Services	Tutoring Services	\$55.00

F. (3) Contracts: Provide a description of the product or service to be procured by contract and a cost estimate. Indicate whether the procurement was through a competitive procurement process in awarding contracts. A separate justification must be provided for sole source procurements.

Name of Consultant	Service Provided	Cost per unit

Budget Summary--When you have completed this budget worksheet, the totals for each category will transfer to this summary. Indicate the amount of grant funds requested and the amount of non-grant funds requested. Total project costs will be computed via Excel formula.

Budget Category	Amount
A. Personnel and Fringe	\$0
B. Travel	\$0
C. Equipment	\$0
D. Supplies	\$0
E. Printing	\$0
F. Other	\$525,905
TOTAL PROJECT COSTS	\$525,905

nd to determine whether costs are allowable,
in your award packet and for each subsequent SAR
dless of format.

lock of lines within the same category 2) Keeping your
rk with your mouse again on the highlighted row or block
new tile will open up and select the option "Shift cells
adsheet.

get enter the annual salary and the percentage of time to
ith that for similar work within the applicant agency.

% Time to	Select Pay Period	Cost
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00

Weeks worked	Select Pay Period	Cost
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
PERSONNEL TOTAL		\$0

percentage of time devoted to the program. Fringe
tion. Costs included within this category are: FICA
on of insurance (health, life, dental, etc.), employer's

ach fringe	% Time to Project	Cost
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00

		\$0.00
	FRINGE TOTAL	\$0.00

PERSONNEL GRAND TOTAL	\$0.00
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ize travel expenses of program personnel by category (e.g. up meetings) and identify the location, if known. For
le attending three-day training at \$X airfare, \$X lodging,
. Please note that the maximum reimbursement rate is

nda to your Grant Specialist.

# Nights/Days	# Trips	Cost
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00

Cost per mile	Miles per grant	Total Cost
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
TRAVEL TOTAL		\$0.00

sed versus leased equipment, especially high cost and
e budget calculation. Attach a narrative describing the
equipment. Otherwise please list items in "Supplies."

Vendor	Cost
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
EQUIPMENT TOTAL	\$0.00

udio/video (batteries, film, CD/DVD's, etc.), office furniture,

nits only). Show budget calculation. For example, where
za for Vendor. Leave "define unit" blank if not applicable.

Vendor	Cost
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
SUPPLY TOTAL	\$0.00

calculation. For example, where an item is business cards,
blank if it is not applicable.

Vendor	Cost
	\$0.00
	\$0.00
	\$0.00
	\$0.00
PRINTING TOTAL	\$0.00

ase, postage meter, insurance & bonding, dues &
services - indicate if DOAS is provider). Show budget
ease amount and the number of months leased. For unit
require a one-time fee.

Vendor	Cost
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
F. (1) Subtotal	\$0.00

or example, the hourly or daily rate (8 hours) multiplied by

Define Unit of	# Units	Cost
Youth	25.00	\$159,702.75
Youth	25.00	\$341,201.75
Youth	454.55	\$25,000.03
		\$0.00
		\$0.00
		\$0.00
		\$0.00
F. (2)Subtotal		\$525,904.53

ate. Applicants are strongly encouraged to use a
 urce contracts in excess of \$100,000.

Define Unit of	# Units	Cost
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
F. (2)Subtotal		\$0.00

F. OTHER TOTAL	\$525,905
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er to the spaces below. The total costs and total project
 on-grant funds that will support the project.

