# ***PERSONNEL EXPENSES***

## Personnel

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Salary/Rate** | **FTE or % of time on the project** | **Total** |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| **Total Personnel** |  |

**JUSTIFICATION:** **Describe the role and responsibilities of each position.**

(insert justification here)

## Fringe

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit** | **Rate** | **Salary and Wages** | **Total** |
| FICA Tax (6.2% paid on the first $132,900 per employee) | 6.2% |  |  |
| MICA (1.45% Medicare tax) No base wage | 1.45% |  |  |
| Life & Health Insurance  |  |  |  |
| Worker's Compensation |  |  |  |
| Unemployment |  |  |  |
| Retirement Contributions  |  |  |  |
| Other Fringe (calculations must be shown) |  |  |  |
| **Total Fringe Benefits** |  |

**JUSTIFICATION:**

(insert justification here)

# ***OPERATIONAL EXPENSES***

## Travel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of Travel** | **Location** | **Item**  | **Rate**  | **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total**  |  |

**JUSTIFICATION: Describe the purpose of travel and how costs were determined.**

(insert justification here)

## Office Supplies

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Program Supplies

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Contractual Services: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under this agreement. Such arrangements may be in the form of consortium agreements or contracts.

| **Name of Contract** | **Service** | **Rate** | **Other** | **Cost** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |

**JUSTIFICATION:** **Explain the need for each contractual agreement and how they relate to the overall project.**

(insert justification here)

## Non-Capital Equipment (< $5000)

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Postage/Freight

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Printing

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Communications

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Insurance

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Professional Services: A consultant is an individual retained to provide professional advice or services for a fee.

| **Name of Contract** | **Service** | **Rate** | **Other** | **Cost** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |

**JUSTIFICATION:** **Explain the need for each contractual agreement and how they relate to the overall project.**

(insert justification here)

## Equipment Rental and Maintenance

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(insert justification here)

## Other Operating Expenses

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
| **Total** |  |

**JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot, etc.). Explain the use of each item requested.**

(insert justification here)

# ***INDIRECT EXPENSES***

|  |  |  |
| --- | --- | --- |
| **Total Costs (Personnel and Operational Expenses)** | **Rate** **(not to exceed 10%)** | **Cost** |
|  |  |  |