

Categorical Budget Worksheet Instructions

| | |
|-------------------------|---|
| Organization's Name | Provide the organization's name as shown on the application |
| Funding Source | Provide the Source of Funds for which you are applying |
| Service Area | Provide the name of the service area for which you are applying. If applying for multiple service areas, complete this sheet for each applicable service area. |
| Personnel Schedule | Provide the projected salary and fringe costs for the proposed program. The schedule provides two options for calculations: salary or wages. |
| Subtotal | Provide the total proposed salary line minus the applicable fringe rate. |
| Fringe Benefits | Provide your agency's fringe benefit rate, as approved in the organization's personnel policy; the justification must include what benefits are covered under fringe; and the fringe rate must be applied to the total salary line. |
| Total Personnel | Provide the combined total of the proposed salary and fringe costs. |
| Consultant/ Contractual | Provide a list of positions or activities carried out by consultants or through contracts. Provide the unit of payment, either by the hour or the completed task, the cost of each unit, and the number of units being contracted. |
| Occupancy | <p>Rent: Calculate rent using the following formula: Multiply the portion of the direct facilities and rental expenses based on the unit cost by the square footage to be occupied by program staff. To determine the unit cost, divide the total monthly lease amount by the total square footage occupied by the program staff and the area where direct services are provided.</p> <p>Example: The program occupies 100 square feet with a unit cost of \$50 per square foot. 100 sq ft. x \$50.00 per sq ft. = \$5,000 monthly and multiplied by 12 months for an annual total of \$60,000.</p> |

| | |
|-----------------------|---|
| Occupancy (cont) | <p>Mortgage: Mortgage expenses are unallowable; however, sub-recipients can charge the grant for the use of their buildings capitalized per the Generally Accepted Accounting Principles (GAAP) through depreciation or use allowance. A sub-recipient that owns its facility cannot charge occupancy or facility expenses to the grant if the facility is fully depreciated. Additionally, the sub-recipient cannot charge depreciation on any assets that have outlived their depreciable lives.</p> <p>Utilities: Calculate this line by naming the utilities, such as Gas/Electric/Water, as applicable. Provide an overall projected cost of each utility based on the historic trend or estimated cost multiplied by the number of months (in most cases)</p> |
| Supplies | Calculate the total projected costs of General Office Supplies that have a value of \$500 dollars or less needed to administer the program. |
| Travel/Transportation | <p>Calculate travel and transportation 1) per the organization's written policy for reimbursement for staff use of their personal vehicles, and 2) multiply the per diem unit cost by the anticipated allowed total mileage. <i>FY 2023 per diem rate is 65.5¢ per mile.</i></p> <p>Example: The example supposes that the total projected travel for the duration of the program will be 500 miles. F \$0.655 cents per mile x 500 miles= a total budget of \$327.50</p> |
| Capital Equipment | Purchases that exceed \$5000 are considered Capital Purchases. These purchases must be pre-approved by HAHSTA. |
| Client Costs | Include specific client costs related to your program, i.e., tokens, fare cards, incentives (if allowed), and other program-appropriate client costs. |
| Communications | Include costs associated with maintaining communications necessary to administer your program, i.e., telephone, internet, fax lines, and copying. Complete a projected cost for each item by the unit and the number of units on the budget sheet. |
| Other Direct Costs | Direct program costs that cannot be attributed to other budget lines. |
| Indirect Costs | HAHSTA accepts a federally Negotiated Indirect Cost Rate agreement in lieu of providing details of associated costs. Please note: the rate charged may not exceed the percentage annotated in the Request for Application. Without a NICR, details of all indirect costs are required. |

Organization Name: _____

Grant Number: _____

Overall Budget Summary

| | Proposed Budget |
|---|-----------------|
| Salaries & Wages Subtotal | |
| Fringe Benefits Subtotal | |
| Consultants & Experts Subtotal | |
| Occupancy Subtotal | |
| Travel & Transportation Subtotal | |
| Supplies & Minor Equipment Subtotal | |
| Capital Equipment Subtotal | |
| Client Costs Subtotal | |
| Communications Subtotal | |
| Other Direct Costs Subtotal | \$ - |
| Administrative Cost Subtotal 10% maximum | |
| <i>Maximum amount</i> | <i>\$0.00</i> |
| TOTAL | \$ - |

Organization Name: _____
Service Area Name: _____

Service Area Budget Summary

| | Proposed Budget |
|--|-----------------|
| Salaries & Wages Subtotal | \$ - |
| Fringe Benefits Subtotal | \$ - |
| Consultants & Experts Subtotal | \$ - |
| Occupancy Subtotal | \$ - |
| Travel & Transportation Subtotal | \$ - |
| Supplies & Minor Equipment Subtotal | \$ - |
| Capital Equipment Subtotal | \$ - |
| Client Costs Subtotal | \$ - |
| Communications Subtotal | \$ - |
| Other Direct Costs Subtotal | \$ - |
| Subtotal Direct Costs | \$ - |
| Administrative Cost Subtotal 10% maximum | |
| <i>Maximum Administrative Cost</i> | <i>\$0.00</i> |
| TOTAL | \$ - |

Personnel Schedule

| Position Title | Site | Option No. 1 | | Option No. 2 | | | | Budget Amount | Benefits Ratio % | Benefits Amount | TOTAL Budgeted |
|----------------|------|---------------|-----|--------------|-----------------|------------------------|-------------|---------------|------------------|-----------------|----------------|
| | | Annual Salary | FTE | Hourly Wage | Hours per Month | Monthly Salary or Wage | # of Months | | | | |
| | | | | | | | | | | | \$ - |
| | | | | | | | | | | | \$ - |
| | | | | | | | | | | | \$ - |
| | | | | | | | | | | | \$ - |
| | | | | | | | | | | | \$ - |
| | | | | | | | | | | | \$ - |
| TOTAL | | | | | | | | \$ - | | \$ - | \$ - |

Consultant/Contractual

| Item | Unit | Unit Cost | Number | Budget |
|--------------|------|-----------|--------|--------|
| | | | | \$ - |
| | | | | \$ - |
| TOTAL | | | | \$ - |

Occupancy Schedule

| Facility | Site | Unit | Unit Cost | Number | Budget |
|--------------------------------|------|------|-----------|--------|--------|
| Rent | | | | | \$ - |
| Utilities (Gas/Electric/Water) | | | | | \$ - |
| TOTAL | | | | | \$ - |

Travel / Transportation Schedule

| Item | Unit | Unit Cost | Number | Budget |
|--------------|------|-----------|--------|--------|
| | | | | \$ - |
| | | | | \$ - |
| TOTAL | | | | \$ - |

Supplies

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|--------|
| | | | | | \$ - |
| TOTAL | | | | | \$ - |

Capital Equipment Schedule

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|-------------|
| | | | | | |
| | | | | | \$ - |
| | | | | | \$ - |
| TOTAL | | | | | \$ - |

Client Cost Schedule

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|-------------|
| | | | | | |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| TOTAL | | | | | \$ - |

Communications Schedule

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|-------------|
| | | | | | |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| TOTAL | | | | | \$ - |

Other Direct Costs Schedule

| Item | Unit | Unit Cost | Number | Budget |
|--------------|------|-----------|--------|-------------|
| | | | | |
| | | | | \$ - |
| | | | | \$ - |
| TOTAL | | | | \$ - |

Indirect Costs

| Item/Personnel | Unit/Salary | Unit Cost/Fringe | Number/ Hrs. | Budget |
|----------------|-------------|------------------|-----------------|-------------|
| | | | | |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| TOTAL | | | | \$ - |

Organization Name: _____

Budget Narrative/Justification

Personnel:

Fringe Benefits:

Consultants/Experts:

Occupancy:

Transportation:

**Supplies & Minor
Equipment:**

Capital Equipment:

Client Costs:

Communications:

Other Direct Costs: