



**First 5 LA  
Community Opportunities Fund**

**APPENDIX A**

**INSTRUCTION FOR BUDGET FORMS**

***(MUST READ BEFORE COMPLETING BUDGET FORMS)***

**BUDGET SUMMARY PAGE**

Budget Summary – The required fields to be completed are: Agency Name, Agreement Period, Project Name, Fiscal Contact Person, Agency Authorized Signature, and the Phone number of the Fiscal Person. The Total First 5 LA Funds, Matching Funds, and Total Cost for each line item cost category are linked from the individual worksheets.

**Section 1: Personnel**– Include personnel that will be assigned to the First 5 LA program. List each employee individually.

Title/Name – this box should contain the name and the title of the employee. If no person has been assigned please indicate by noting: TBA (to be announced) or TBH (to be hired).

Full-Time/Part-Time (FT/PT) – please indicate if the individual is a part-time or full-time employee of the agency.

Gross Monthly Salary – provide the agency monthly gross salary for each position.

Executive positions may not exceed 60% of their gross salaries and should be in proportion to the total First 5 LA grant in relation to the entire agency’s revenue, in which case the lesser will apply.

If an agency has multiple grants with First 5 LA, the 60% applies to all First 5 LA combined grants.

**For Example:**

- If the First 5 LA grant represents 10% of your agency’s revenue, executive positions are ONLY reimbursable at 10% of their gross salary.
- If the First 5 LA grant represents 75% of your agency’s revenue, executive positions are ONLY reimbursable at 60% of their gross salary.

Percentage of Time on First 5 LA Project – this box should contain the percentage of time that the employee will be allocated to the First 5 LA program.

Months to be Employed – list the number of months this person will be employed.

Fringe Benefits: Refer to your organization’s benefit package to calculate fringe benefits cost.

**Section 2: Contracted Services** – Include contractors/consultants that will be used to support the services provided by the program. Include a brief description of the services, the rate of

pay and the formula used to determine the total amount. **DO NOT INCLUDE COSTS FOR CONSULTANTS THAT DEAL DIRECTLY WITH THE EVALUATION.**

**Section 3: Equipment – NOT APPLICABLE**

**Section 4: Printing/Copying -** Provide a brief description of the general printing cost associated to the program. Describe costs associated for printing and copying. Provide the number of copies made for each item and the cost per unit.

**Section 5 & 6: Space & Telephone –**

SPACE - On the top table, include cost associated for space used for the program. Provide the square footage, cost per foot and number of months the space will be used.

TELEPHONE – On the bottom table, include telephone cost associated to this program. Provide the total number of telephones, cost per telephone, and the number of months the telephones will be used.

**Section 7 & 8: Postage & Supplies –**

POSTAGE - On the top table, include cost associated for postage for this program. Provide the quantity, unit cost, and number of months that postage costs will be used.

SUPPLIES – On the bottom table, include cost associated for supplies used for this project. Provide a general description of the supplies needed for the program. Include the quantity, cost per unit, and number of months supplies will be used.

**Section 9 & 10: Employee Mileage/Travel & Training**

EMPLOYEE MILEAGE/TRAVEL - On the top table, provide a general description of the mileage/travel expenses, include the rate of reimbursement.

TRAINING – On the bottom table, include a general description of the training, cost per training session and number of people that will be trained.

**Section 11: Evaluation –**

EVALUATION CONTRACTED SERVICES – Provide the name of the evaluation agency and/or the evaluator, a general description of the evaluation services, rate of pay and the formula used to determine the total amount.

If the evaluation is being conducted in-house (agency staff), please list under Section 1- Personnel, and identify them as evaluation.

OTHER EVALUATION COST – Include other expenses related to evaluation only.

**Section 12 & 13: Other Expenses & Indirect Costs**

OTHER EXPENSES - Include other expenses associated with this program not listed in other categories. (Provide a general description of all other expenses.)

INDIRECT COSTS - Include overhead and administrative cost associated with this project. Indirect Costs **CANNOT** exceed 10% of total personnel cost, excluding fringe benefits.

### **Helpful Hints:**

- Make sure to list each employee by name on Section 1, Personnel.
- Make sure to list each paid collaborative partner in Section 2, Contracted Services.
- Please indicate if the individual is a part-time or full-time employee of the agency [Full-Time (FT) or Part-Time (PT)].
- Compare the cost categories on the budget summary page against each individual worksheet.
- Review formulas to ensure their validity. If necessary over write formulas.
- Make sure that the authorized representative of the agency (i.e., Executive Director) signs the budget summary page. Also, include the fiscal contact name and phone number.