INSTRUCTIONS FOR BUDGET FORMS

MUST READ BEFORE COMPLETING BUDGET FORMS

1 Updated April, 2004
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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** – If the budget calls for equipment purchases, it should be strictly for **First 5 LA use ONLY.** Describe the equipment that will be purchased during the agreement period. Provide the quantity, cost per unit, and identify the purpose and the individuals who will be using the equipment.

**Section 4: Printing/Copying** – Provide a brief description of the general printing cost associated to the program.

**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 with the supplies required for the program. Provide a general description, quantity, unit cost (or monthly cost) and the number of months.

**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
- 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 overwrite 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
- Do **not** include rollover amounts when submitting a new budget for a new grant agreement period