**Organization Name**:

**Proposal Title:**

**Grant Type:**

*Please provide a narrative detail for all grant-funded budget line items listed on Exhibit E- Budget Summary*

| Position | FTE x Monthly Salary x Time | Benefits | Total (FTE X Salary X Time) + Benefits |
| --- | --- | --- | --- |
|       |       |        |       |
|       |       |        |       |
|       |       |        |       |
|       |       |        |       |
|       |       |        |       |

**A. (A-D) Staff Salaries:** Total Salaries Paid + Benefits (WIOA 15%) $

 *Provide a brief description of each position’s role in implementing the grant*

**E. Staff Travel $**

*Describe how the proposed travel is connected to grant objectives.*

**F. Operating Expenses $**

The following are some of the major line items included:

|  |  |
| --- | --- |
| Expense | Cost |
| Rent\*  | $      |
| Insurance | $      |
| Accounting (payroll services) and Audits | $      |
| Consumable office supplies\* | $      |
| Printing | $      |
| Communications (phones, web services, etc.)\* | $      |
| Mailing and Delivery | $      |
| Dues and Memberships\* | $      |
| Outreach | $      |

\*(based on FTE for program staff)

**G. Furniture and Equipment\* $**

1. Small Amount of Equipment and Furniture $

*Pooled items less than $5,000 per unit, lease or purchase, include a cost allocation - List name of item, cost, and quantity.*

2. Large Amount of Equipment and Furniture $

*Greater than $5,000: List name of item, cost, and quantity to be purchased - prior approval required*

3. Equipment Lease $

*Describe the calculation*.

**H. Educational Stipends $**

*Explain planned amount and distribution of stipends*.

**I. Employer Incentives $**

*Explain the planned amount and structure of the employer incentives. Calculate and indicate what percent the employer incentives are relative the total requested funding.*

**J. Instructional Costs $**

*Detail anticipated instructional costs.*

**K. Participant supportive services $**

*Describe the supportive services costs associated with this budget line. If an amount of staffing time is allocated to supportive services – describe and articulate that cost amount in Section A of this Exhibit. The Participant Support Services summarized and described in this section should be outside of staffing costs. See SFP Section 5 for more insights on definitions of supportive services.*

**L. Contractual services $**

*Describe all services that you might contract out*

**M. Administrative $**

*Detail all administrative costs not already summarized in other expense lines. Administrative costs are limited to 10% of total grant.*

**N. Other $**

*Clearly explain these costs, which do not fit into the specific categories above.*