Applicant:

Project Name:

*Please provide a narrative detail for all grant-funded budget line items listed on Exhibit G - 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%) $

**E. Staff Travel $**

*Describe details.*

**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 and added to Exhibit H, Supplemental Budget*

3. Equipment Lease $

*Describe the calculation*.

**H. Consumable Testing and Instructional Materials $**

*Explain purpose and planned use*.

**I. Apprenticeship RSI Tuition, Payments/Vouchers $**

*Detail costs for (name) programs and sector-specific training and certificate programs at (organization), as well as training costs for outside training providers (organization/location).*

**J. On-The-Job Training $**

**K. Participant Supportive Services $**

*Gas cards, bus passes, housing, or any additional immediate assistance not available through any other source. Describe the specific services you will provide.*

**L. Contractual Services $**

*Describe.*

**M. Indirect Costs $**

**N. Other $**

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