

## BCP Budget & Justification Worksheet

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**Instructions:** Complete all three sections in their entirety and submit this worksheet with your BCP Application by 4pm on July 31, 2020. Capital costs of constructing new facilities are not allowable.

**Cost categories:**

- Personnel: employee salaries and wages
- Fringe: employee fringe benefits unless treated as part of an approved indirect cost rate
- Travel: out-of-state or overnight project-related travel by employees
- Equipment: an article of nonexpendable, tangible personal property having a useful life of more than one year with an acquisition cost that equals or exceeds \$5,000
- Supplies: all tangible personal property other than that included under the Equipment category, including office and other consumable supplies with a per-unit cost of less than \$5,000
- Other: all other costs, such as consultant fees, local travel, insurance, professional services (i.e. audit charges), office space rentals, copying and printing, computer use, training or staff development, outreach materials, host home costs, etc.
- Indirect: represents the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs; **not to exceed 10% of total budget unless agency has an approved Indirect Cost Rate Agreement** (must submit copy with this worksheet)

**Match Funds:** All agencies must provide non-federal match in cash or in-kind contribution. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in [45 CFR § 75.306](#).

### SECTION 1: APPLICANT INFORMATION

1. Name of organization:
2. Contact person for this worksheet
  - a. Name:
  - b. Title:
  - c. Phone:
  - d. Email:

**SECTION 2: LINE ITEM BUDGET**

<b>Line Item</b>	<b>Requested Funds</b>	<b>Non-Federal Match Funds</b>	<b>Source of Match Funds</b> <i>(Complete for each line item showing Match Funds)</i>	<b>Total Cost</b> <i>(Requested Funds + Non-Federal Match Funds)</i>
<b>Personnel</b>				
Youth Care Worker				
Program Coordinator				
Supervisor				
<b>TOTAL PERSONNEL</b>				
<b>Fringe</b>				
Health Insurance				
FICA Taxes				
LT Disability/Life Ins.				
Workers Comp				
Retirement				
Unemployment				
Other				
<b>TOTAL FRINGE</b>				
<b>Travel</b>				
<b>TOTAL TRAVEL</b>				
<b>Equipment</b>				
<b>TOTAL EQUIPMENT</b>				
<b>Supplies</b>				
<b>TOTAL SUPPLIES</b>				
<b>Other</b>				
<b>TOTAL OTHER</b>				
<b>Total Direct Charges</b>				
<b>Indirect Charges</b>				
<b>GRAND TOTAL</b>				

### SECTION 3: BUDGET JUSTIFICATION

Guidelines/instructions for each cost category are provided below. **Both federal and non-federal (match) resources must be detailed and justified** in the budget narrative justification.

#### **Personnel**

**Instructions:** Identify the program coordinator, supervisor and/ or youth care worker who will be funded through the contract. **Do not include** contractors and consultants in this category. For each staff person provide:

- job title
- time commitment to BCP as a full-time equivalent (i.e. 1 FTE, .50 FTE, or .25 FTE)
- annual salary or hourly rate of position
- if using hourly rate of position, provide # of hours per week committed to BCP

**Total personnel = \$**

**Justification:**

#### **Fringe**

**Instructions:** Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

**Total fringe = \$**

**Justification:**

#### **Travel**

**Instructions: Do not include** in-state travel or consultant travel in this category. For each out-of-state or overnight project-related trip include:

- the total number of traveler(s)
- travel destination and duration of trip, if known
- estimates for travel, lodging, per diem, transportation, etc. costs

**Total travel = \$**

**Justification:**

#### **Equipment**

**Instructions:** For each type of equipment requested provide: description of the equipment; cost per unit; number of units; total costs; plan for use of equipment in the project; plan for use and/or disposal of the equipment after the project ends.

**Total equipment = \$**

**Justification:**

**Supplies**

**Instructions:** Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

**Total supplies = \$**

**Justification:**

**Other**

**Instructions:** Provide computations, a narrative description, and a justification for each cost under this category.

**Total other = \$**

**Justification:**

**Indirect Charges**

**Instructions:** If agency does not have an approved indirect cost rate, skip this section. If agency has an approved indirect cost rate, indicate the rate below and include a copy of the agency's current Indirect Cost Rate Agreement with this worksheet.

**Agency's approved indirect cost rate:**

**Matching Funds**

**Instructions:** Fully identify the amount and source of non-federal resources that will be used to support this project. In-kind contributions must be accompanied by a justification of how the stated valuation was determined.

**Total match funds = \$**

**Amount and source of all matching funds:**