**LINE-ITEM BUDGET INSTRUCTIONS**

**READ THE FOLLOWING INSTRUCTIONS IN THEIR ENTIRETY BEFORE COMPLETING THE BUDGET FORM.**

Complete the Supporting Budget Schedules Tabs **BEFORE** completing the **Summary** Tab.

The Supporting Budget Schedules tabs are designed to relate line-item costs (listed under Budget Category) with the activities to be undertaken by the project during the proposed budget timeframe.

**BUDGET CATEGORIES** (BY LINE ITEMS)

SALARY & FRINGES

This category is to include the compensation paid to all permanent and part-time employees and the employer’s contributions for insurance, retirement, FICA, unemployment insurance, and other similar benefits for all permanent and part-time employees. *This does not include professional fees, contractual services, or personnel hired on a personal contract basis.*

Enter the total salary and fringe costs for each position in the appropriate section (administrative staff or program staff). If there is more than one source of funds for an employee, enter each amount in the appropriate column. Where volunteers are to be used as in-kind, list the number of volunteers and their service value.

The Total Salaries and fringes from Columns B-D should be carried to the Budget Summary.

In determining this budget category, the term **administrative staff** describes those persons who direct, plan, and/or supervise agency operations, and the administrative support staff, such as the executive secretary. **Program staff** describes those persons who carry out program functions: for example, program aides, chore workers, clerks, typists, custodians, volunteers. **No more than 10% of the grant award should be used for administrative costs.**

CAPITAL EXPENDITURES/EQUIPMENT

This category is to be used for all stationary or moveable equipment. An item is defined as equipment if the cost of a single unit or piece of equipment, including the necessary accessories and installation costs, is five thousand dollars ($5,000) or more and the item has a life expectancy of one year or more (Federal Regulations, Title 45, Part 74).

Enter the dollar amount of such costs under the appropriate Source of Funds.

UTILITIES/RENT

This category is to include the cost of utilities such as heat, electricity, or gas, or for space utilized by the program, including donated space used as in-kind.

Distribute the costs across the appropriate Source of Funds.

SUPPLIES

This category is to be used for all consumable and short-term items (less than two years) or small equipment items consisting of less than five thousand dollars ($5,000) per item.

Distribute the costs across the appropriate Source of Funds columns.

TRAVEL

This category is to include the travel costs of all full-time and part-time employees, as well as volunteer reimbursements for travel. This includes costs for mileage, per diem, lodging, registration fees for approved seminars and conferences, and other travel costs incurred by employees.

CONFERENCES

This includes the costs of mileage, per diem, lodging, and registration fees.

COMMUNICATIONS

This category is to include the costs of telephone, postage, photocopying, newsletters, etc. Printing is the cost for composition, typesetting, folding, and production of newsletters, brochures, and so forth. Reproduction includes the costs of rental of photocopy machines, as well as the cost of supplies such as paper, ink, etc.

CONSULTANTS & OTHER COSTS

This category is to include the cost of independent contractors (as defined by the Internal Revenue Service), consultant fees, travel related to services provided by the consultant, per diem, etc. It also includes miscellaneous items such as training, insurance, audit expenses, etc.

Distribute the costs for each consultant/activity to the appropriate Source of Funds.

**PROGRAM INCOME**

Enter this amount in Columns D on line 17 on **SUMMARY** Tab (page 1 of 3).

**LOCAL MATCH PARTICIPATION**

See the previous General Budget Information section for the minimum local match requirements.

**Cash Resources** - Identify the Funding Source, purpose of allocation (line item), and amount of all non-Federal cash resources used as local shares.

**Non-Cash Resources** - Identify by category the source, purpose of allocation and amount of all non-cash resources used as local share. This includes the services of volunteers.

***NOTE 1: Budget Categories identified in the Local Match Section of Page 1 of 3 should appear in the appropriate Line Items throughout the Supporting Budget Pages.***

Identify and record the local funding resources (other than Federal funds) necessary to support each service category. For both cash and non-cash resources, indicate source and purpose of the allocation (line item).

***NOTE 2:* *If the services of volunteers have been included as in-kind and as part of non- Federal participation for the proposed service, the applicant agency must identify the rate of pay and schedule used to compute their contributed participation.***

***The value of anything donated in the performance of the service (office space, equipment, etc.) must be verified by supporting documentation (submittal of a statement from the agency’s accountant, etc.). If other activities are occurring at the agency, all Federal costs must be prorated to the actual space, utilities, etc., used to operate the service.***

***Attach statements from other groups which are contributing cash to support the proposed service (e.g., financial institutions, community block grant agency, etc.)***

**OTHER RESOURCES**

Identify and record OTHER RESOURCES (other than the local match money) which are necessary to support the service for which the contract award was made.

***NOTE: Examples of such resources could be RSVP positions or other Federal money which has been awarded to the agency such as in the field of education, law enforcement, mental health, social service, etc. In the case where the agency’s local match commitment exceeds the required minimum, but is necessary for the operation of the service, this overage can be reported as OTHER RESOURCES.***

**BUDGET SUMMARY TAB**

Complete the following steps for the yellow highlighted cells:

* Enter legal name of the applicant agency.
* Enter appropriate service category.
* Enter the program income.
* Number of Clients.
* Number of Units.
* Enter the title of the authorized representative and the date signed.
* **Certification:** must be signed by an authorized representative of the applicant agency.

***A careful review of the budget is encouraged to ensure accuracy and completeness.***