

Applicant Name: Catholic Charities of Northern Nevada

DO NOT OVERRIDE FORMULAS IN LAST COLUMN!

BUDGET NARRATIVE-SFY16
(Form Revised February 20, 2015)

Form 1

NOTE: Only include amounts to be funded through this grant in the Extension column.

Expense Category	Description of item and relation to project.	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Personnel	List Direct Costs Only			
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.	Part time Outreach Coordinator	\$20,000.00	1.00	\$ 20,000
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Personnel Total		
Contractual/Consultant	List Direct Costs Only			
Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site.		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
	Contractual/Consultant Total			\$ -

		DO NOT OVERRIDE FORMULAS IN LAST COLUMN!		
Applicant Name: Catholic Charities of Northern Nevada				
Staff Travel/Per Diem:	List Direct Costs Only			
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (56 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.	Additional mileage to remote and isolated communities	\$0.575	12,000.00	\$ 6,900
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
				\$ 6,900
Equipment	List Direct Costs Only			
List Equipment purchase or lease costing \$1,000 or more, and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than \$1,000 should be listed under Supplies.	Freezer, for food storage at remote pantry sites at remote pantry sites	\$4,000.00	2.00	\$ 8,000
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
				Equipment Total
				\$ 8,000
Supplies:	List Direct Costs Only			
List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.	Office supplies, flyers, printing, per month	\$199.67	12.00	\$ 2,396
	Handcarts for ease of lifting and carrying	\$220.00	3.00	\$ 660
	Clarity software expansion, per partner, per year	\$360.00	12.00	\$ 4,320
	Shelving	\$395.00	10.00	\$ 3,950
	Clarity electronic inventory system scanners	\$80.00	2.00	\$ 160
	Clarity ink and cards, per month	\$167.00	12.00	\$ 2,004
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
				Supplies Total
				\$ 13,490

		Applicant Name: Catholic Charities of Northern Nevada		DO NOT OVERRIDE FORMULAS IN LAST COLUMN!	
Occupancy	List Direct Costs Only				
Identify and justify any facility costs specifically associated with the project, such as rent, maintenance expenses, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with this grant project should be requested in this budget.		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
			Occupancy Total		
Communications	List Direct Costs Only				
Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
			Communications Total		
Public Information	List Direct Costs Only				
Identify and justify costs for brochures, project promotion, media buys, etc.		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		Public Information Total			\$ -

	Applicant Name: Catholic Charities of Northern Nevada	DO NOT OVERRIDE FORMULAS IN LAST COLUMN!		
Other expenses:	List Direct Costs Only			
Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.	Food Purchases	\$70,679.00	1.00	\$ 70,679
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Other Expenses Total		
	Direct Total			\$ 119,069
Indirect expenses:	List Indirect Costs Only			
Indirect costs represent 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. This will be a percentage that cannot exceed 8% of Direct Expenses. Note that the formula in Cell C125 will automatically calculate 8%. Applicants may override this formula only to request a <u>lower</u> indirect rate.	Catholic Charities of Northern Nevada Indirect Expenses	\$9,500.00	1.00	\$ 9,500
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		\$0.00	-	\$ -
		Indirect Total		
	Direct Total			\$ 119,069
	Indirect Total	7.98%		\$ 9,500
	Total Direct & Indirect			\$ 128,569
For Fee for Service Budgets - Number of Units of Service*		1,200	Unit Cost	\$ 107.14

*Define Unit of Service:
Each "Unit of Service" indicates one new, unduplicated person receiving free food and supportive services, in White Pine, Esmeralda, Mineral and Carson Counties, plus certain isolated areas of Washoe County.

Cost per additional meal will be \$0.8117, including extended travel to remote and isolated communities.

PROPOSED BUDGET - SFY16

(Form Revised February 20, 2015)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	GMU/FHN	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
PENDING OR SECURED										
ENTER TOTAL REQUEST	\$ 128,569	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 128,569

EXPENSE CATEGORY

Personnel	\$ 20,000									\$ 20,000
Contractual/Consultant	\$ -									\$ -
Staff Travel/Per Diem	\$ 6,900									\$ 6,900
Equipment	\$ 8,000									\$ 8,000
Supplies	\$ 13,490									\$ 13,490
Occupancy	\$ -									\$ -
Communications	\$ -									\$ -
Public Information	\$ -									\$ -
Other Expenses	\$ 70,679									\$ 70,679
Indirect	\$ 9,500									\$ 9,500

TOTAL EXPENSE	\$ 128,569	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 128,569
----------------------	------------	------	------	------	------	------	------	------	------	------------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
-----------------------------------	------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$ 9,500
Indirect % of Budget	7.98%

Total Agency Budget	\$ -
Percent of Agency Budget	#DIV/0!

B. Explain any items noted as pending:

C. Program Income Calculation: