

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.	Executive Director - annual salary of \$67,000 @ 2%	\$67,000.00	0.02	\$ 1,340
	Office Manager - Cathy Malone annual salary of \$38,480 @ 2%	\$38,480.00	0.02	\$ 770
	Jamie Perez-Cruz, program manager annual salary of \$35,360 @ 5%	\$35,360.00	0.05	\$ 1,768
	Instructor - once to a week for 10 weeks + 2 weeks training X \$12 p/hour, 20 hours = 2880	\$2,880.00	1.00	\$ 2,880
	twice a week for 24 weeks X \$12 p/hour @ 20 hours per week = \$5760	\$5,760.00	1.00	\$ 5,760
	New Part-time program assistant - \$10 p/hour, 20 hours a week for 36 weeks = \$7200	\$7,200.00	1.00	\$ 7,200
	Benefits, FICA, Medicare, Payroll Taxes, & Work Comp @ 30% of gross	\$ 19,718	0.30	\$ 5,915
		\$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		\$ -

		Applicant Name: EAST VALLEY FAMILY SERVICES		DO NOT OVERRIDE FORMULAS IN LAST COLUMN!	
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.		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
			Staff Travel/Per Diem Total		\$
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.		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		Equipment Total		\$	-
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.	Misc office supplies (paper, pens, folders, computer parts, ipad chargers) & graduation supplies (resume folders, pens, party supplies, treats) \$100 X 9 months = \$900	\$900.00	1.00	\$	900
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
	Food purchase 50% of grant total = \$64,000 X 50% = \$32,000	\$32,000.00	1.00	\$	32,000
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		Supplies Total		\$	32,900

		Applicant Name: EAST VALLEY FAMILY SERVICES		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.	Office space rent at 1830 E Sahara Ave. Stes. 101, 102 & 109 & 1840 Sahara Suite 112	\$0.00	-	\$	-
	\$8013.60 per month X 11 months = \$88,149.60 X 2% = \$1763	\$88,149.60	0.02	\$	1,763
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
Occupancy Total				\$	1,763
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	-	\$	-
		\$0.00	-	\$	-
Communications Total				\$	-
Public Information	List Direct Costs Only				
Identify and justify costs for brochures, project promotion, media buys, etc.	Printing of flyers, brochures, promotional items (pens, bags, teddy bears, key chain pencils, etc) - \$750	\$0.00	-	\$	-
		\$750.00	1.00	\$	750
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
Public Information Total				\$	750

		Applicant Name: EAST VALLEY FAMILY SERVICES		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.		\$0.00	-	\$	-
	Copier lease - \$853 p/month @ 2% X 12 months = \$204.72	\$204.72	1.00	\$	205
		\$0.00	-	\$	-
	Gas cards	\$0.00	-	\$	-
	Boulder City - \$25 per week for 30 weeks = \$250	\$250.00	1.00	\$	250
	Laughlin - \$25 per week for for 20 weeks = \$500 @ 50% = \$250	\$250.00	1.00	\$	250
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
				Other Expenses Total	\$ 705
				Direct Total	\$ 61,751
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.		\$2,249.53	1.00	\$	2,250
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
		\$0.00	-	\$	-
				Indirect Total	\$ 2,250
				Direct Total	\$ 61,751
				Indirect Total	3.64% \$ 2,250
				Total Direct & Indirect	\$ 64,000
For Fee for Service Budgets - Number of Units of Service*		0	Unit Cost	#DIV/0!	

*Define Unit of Service:

PROPOSED BUDGET - SFY16

(Form Revised February 20, 2015)

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

FUNDING SOURCES	GMU/FHN	DHHS - FRC/LFRC	FHN - Chance Choice Change	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
PENDING OR SECURED		secured	Secured						
ENTER TOTAL REQUEST	\$ 64,000	\$ 315,588	\$ 323,381	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 702,969

EXPENSE CATEGORY

Personnel	\$ 25,633	\$ 246,677	\$ 19,013						\$ 291,323
Contractual/Consultant	\$ -	\$ 1,131	\$ 90,660						\$ 91,791
Staff Travel/Per Diem	\$ -	\$ 1,554							\$ 1,554
Equipment	\$ -								\$ -
Supplies	\$ 32,900	\$ 3,001	\$ 163,690						\$ 199,591
Occupancy	\$ 1,763	\$ 17,630	\$ 17,630						\$ 37,023
Communications	\$ -	\$ 6,740	\$ 5,840						\$ 12,580
Public Information	\$ 750	\$ 830							\$ 1,580
Other Expenses	\$ 705	\$ 19,020	\$ 5,820						\$ 25,545
Indirect	\$ 2,250	\$ 19,005	\$ 20,728						\$ 41,983

TOTAL EXPENSE	\$ 64,000	\$ 315,588	\$ 323,381	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 702,969
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ 2,250
Indirect % of Budget	3.64%

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

B. Explain any items noted as pending:

C. Program Income Calculation: