

Applicant Name: NyE Communities Coalition

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. | | \$0.00 | - | \$ - |
| | | \$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 | - | \$ - |
| | Contractual/Consultant Total | | | \$ - |

| | | Applicant Name: NyE Communities Coalition | | 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. | Food especially produce 2.50 a meal - 5000 meals | \$2.50 | 5,000.00 | \$ | 12,500 |
| | Food pantry supplies - gloves, shelf liners, baggies boxes. \$625 x 4 occasions | \$625.00 | 4.00 | \$ | 2,500 |
| | | \$0.00 | - | \$ | - |
| | | \$0.00 | - | \$ | - |
| | | \$0.00 | - | \$ | - |
| | | \$0.00 | - | \$ | - |
| | | \$0.00 | - | \$ | - |
| | | \$0.00 | - | \$ | - |
| | | \$0.00 | - | \$ | - |
| | | | Supplies Total | | \$ |

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| 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: NyE Communities Coalition | 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 | - | \$ - |
| | | \$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 | | \$ 15,000 |
| 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. | | \$1,200.00 | 1.00 | \$ 1,200 |
| | | \$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 | | \$ 15,000 |
| | | Indirect Total | | 8.00% \$ 1,200 |
| | | Total Direct & Indirect | | \$ 16,200 |
| 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 | Other Funding | Other Funding | Other Funding | Other Funding | Other Funding | Other Funding | Other Funding | Program Income | TOTAL |
|----------------------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|-----------|
| PENDING OR SECURED | | | | | | | | | | |
| ENTER TOTAL REQUEST | \$ 16,200 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 16,200 |

EXPENSE CATEGORY

| | | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|-----------|
| Personnel | \$ - | | | | | | | | | \$ - |
| Contractual/Consultant | \$ - | | | | | | | | | \$ - |
| Staff Travel/Per Diem | \$ - | | | | | | | | | \$ - |
| Equipment | \$ - | | | | | | | | | \$ - |
| Supplies | \$ 15,000 | | | | | | | | | \$ 15,000 |
| Occupancy | \$ - | | | | | | | | | \$ - |
| Communications | \$ - | | | | | | | | | \$ - |
| Public Information | \$ - | | | | | | | | | \$ - |
| Other Expenses | \$ - | | | | | | | | | \$ - |
| Indirect | \$ 1,200 | | | | | | | | | \$ 1,200 |

| | | | | | | | | | | |
|----------------------|-----------|------|------|------|------|------|------|------|------|-----------|
| TOTAL EXPENSE | \$ 16,200 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 16,200 |
|----------------------|-----------|------|------|------|------|------|------|------|------|-----------|

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

| | |
|----------------------|----------|
| Total Indirect Cost | \$ 1,200 |
| Indirect % of Budget | 8.00% |

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

B. Explain any items noted as pending:

C. Program Income Calculation: