

**Name of Grant Recipient:** \_\_\_\_\_

**Line 100 - Personnel Services:**

Budget information can be entered in the fillable fields. Enter Full-Time Equivalent (FTE) as whole numbers with decimals. Enter wages or salaries as whole numbers. Fringe benefits are entered at the end as whole numbers.

[illegible]



Name of Grant Recipient: \_\_\_\_\_

**Line 600 – Other Contractual:**

Budget information can be entered in the fillable fields. Enter currency as whole numbers.

	ES Grant	Cash	In-Kind	Total
Professional Services:	_____	_____	_____	_____
Insurance:	_____	_____	_____	_____
Dues and Subscriptions:	_____	_____	_____	_____
Training and Registration:	_____	_____	_____	_____
Printing and Advertising:	_____	_____	_____	_____
Subcontracts:	_____	_____	_____	_____
Total Contractual Expenses:	_____	_____	_____	_____

**2024 Subgrantee Budget Categories:**

Enter All Costs below as whole numbers.

	ES Grant	Cash	In-Kind	Total
100 – Personnel Services:	_____	_____	_____	_____
200 – Travel Expenses:	_____	_____	_____	_____
300 – Facility Expenses:	_____	_____	_____	_____
400 – Supply Expenses:	_____	_____	_____	_____
500 – Equipment Expenses:	_____	_____	_____	_____
600 – Other Contractual:	_____	_____	_____	_____
Total Direct Costs:	_____	_____	_____	_____
700 - Indirect Costs:	_____	_____	_____	_____
Total Budget Costs:	_____	_____	_____	_____



**Line 100 – Personnel Services:**

Amount: \_\_\_\_\_

Total Line 100 Cost: \_\_\_\_\_

Full-Time Equivalent (FTE): \_\_\_\_\_

Cash Match Amount: \_\_\_\_\_

In-Kind Match Amount: \_\_\_\_\_

What percentage do you use when approximating fringe benefits for full-time employees? \_\_\_\_\_

How many hours a week does an employee of yours need to work to qualify for full-time benefits? \_\_\_\_\_

What percentage do you use when approximating fringe benefits for part-time employees? \_\_\_\_\_

Briefly describe your methodology for determining In-Kind match for volunteers; what rates of compensation do you use when calculating your In-Kind match?

Provide a brief narrative for each position funded with ES Grant Funds. What is the Full-Time Equivalent (FTE) score for each position? What is the total cost for each position? How much of the salary/wage and fringe benefits will be funded by this grant? How much Cash match or In-Kind volunteer service are you using? In your narrative you may combine like positions as long as your total FTE scores and costs match your budget worksheet.



**Personnel Services – 100 (continued):**



**Line 600 – Other Contractual Expenses:**

Amount: \_\_\_\_\_

Total Line 600 Costs: \_\_\_\_\_

Cash Match Amount: \_\_\_\_\_

In-Kind Match Amount: \_\_\_\_\_

Provide a brief narrative for all professional services, subscriptions, registration fees, media advertising and subcontracts that will be funded (in whole or in part) with ES Grant Funds. Please provide additional justification if a subcontract exceeds 10% of the total ES Grant award. Indicate any Cash or In-Kind being used as match.



**Line 700 – Indirect Costs:**

Indirect Amount: \_\_\_\_\_

Total Line 700 Indirect: \_\_\_\_\_

Cash Match Indirect Amount: \_\_\_\_\_

In-Kind Match Indirect Amount: \_\_\_\_\_

Does your organization have a federally negotiated Indirect rate?

Yes

No

If yes, what percentage is your Indirect rate? \_\_\_\_\_

If you do not have a federally negotiated Indirect rate do you intend to apply a 10% de minimis rate of your total direct cost?

Yes

No

If yes, please include a Modified Total Direct Cost (MTDC) worksheet of your own.

Briefly explain the amount of ES Grant Funds to be used for your indirect costs. If no indirect rate is being applied simply say so.



**Sources of Funding Detail:**

Please provide a brief overview of all the funding sources being used in this budget, including this ES Grant award. Where have you received your Cash revenue from? What are you using as In-Kind?