

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 100 - Personnel Services (continued):

[illegible]



Name of Grant Recipient: _____

Line 200 – Travel Expenses:

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

	VS Grant	Cash	In-Kind	Total
Emergency Travel:	_____	_____	_____	_____
Non-Emergency Travel:	_____	_____	_____	_____
Travel for Training:	_____	_____	_____	_____
Travel for Business:	_____	_____	_____	_____
Total Travel Expenses:	_____	_____	_____	_____

Line 300 – Facility Expenses:

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

	VS Grant	Cash	In-Kind	Total
Rent/Leases:	_____	_____	_____	_____
Communication:	_____	_____	_____	_____
Utilities:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Minor Repair:	_____	_____	_____	_____
Renovations:	_____	_____	_____	_____
Maintenance:	_____	_____	_____	_____
Total Facility Expenses:	_____	_____	_____	_____

Line 400 – Supply Expenses:

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

	VS Grant	Cash	In-Kind	Total
Office Supplies:	_____	_____	_____	_____
Program Supplies:	_____	_____	_____	_____
Household Supplies:	_____	_____	_____	_____
Medical Supplies:	_____	_____	_____	_____
Food:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Total Supply Expenses:	_____	_____	_____	_____



Name of Grant Recipient: _____

Line 500 – Equipment Expenses:

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

	VS Grant	Cash	In-Kind	Total
Maintenance and Repair:	_____	_____	_____	_____
Lease and/or Rental:	_____	_____	_____	_____
Purchases:	_____	_____	_____	_____
Total Equipment Expenses:	_____	_____	_____	_____

Line 600 – Other Contractual:

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

	VS 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.

	VS 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 VS 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.



100 (continued):



100 (continued):



Line 200 – Travel:

Amount: _____

Total Line 200 Costs: _____

Cash Match Amount: _____

In-Kind Match Amount: _____

How many emergency trips do you anticipate funding for the following year? _____

How many in-state trainings do you plan on attending this year? _____

How many out-of-state trainings do you plan on attending this year? _____

Provide a brief justification for all travel being funded with this grant. Please provide narratives and associated costs under the following categories: emergency, non-emergency, training, and business travel. Indicate any Cash or In-Kind being used as match.



Line 300 – Facility Expenses:

Amount: _____

Total Line 300 Costs: _____

Cash Match Amount: _____

In-Kind Match Amount: _____

Provide a brief narrative for each cost associated with maintaining and operating your facility(s) which will be funded (in whole or in part) using VS Grant Funds. Indicate any Cash or In-Kind being used as match.



Line 400 – Supply Expenses:

Amount: _____

Total Line 400 Costs: _____

Cash Match Amount: _____

In-Kind Match Amount: _____

Provide a brief narrative of all supplies to be purchased using VS Grant Funding that have a value under \$5000 and/or have a useful life of less than one (1) year. Indicate any Cash or In-Kind being used as match.



Line 500 – Equipment:

Amount: _____

Total Line 500 Costs: _____

Cash Match Amount: _____

In-Kind Match Amount: _____

Provide a brief narrative of all equipment being purchased using VS Grant Funding that has a value over \$5000 and/or has a useful life of more than one (1) year. Indicate any Cash or In-Kind being used as match.



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 VS Grant Funds. Please provide additional justification if a subcontract exceeds 10% of the total VS 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 VS 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 VS Grant award. Where have you received your Cash revenue from? What are you using as In-Kind?