

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE	AGENCY IL Department of Transportation
Organization Name: Lake, County of DBA Sheriff's Office	DUNS#: 021115204	NOFO#: 18-0343-01
CSFA Number: 494-10-0343	CSFA Description: State and Community Highway Safety/National Priority Safety Programs	Fiscal Year(s) : FFY18

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Eligible applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION A -- STATE OF ILLINOIS FUNDS

	Year 1	Year 2	Year 3	TOTAL
Revenues				
(a). State of Illinois Grant Amount Requested	\$ -	\$ -	\$ -	\$ -
BUDGET SUMMARY STATE OF ILLINOIS FUNDS				
Budget Expenditure Categories	Year 1	Year 2	Year 3	TOTAL
<i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i>				
1. Personnel (Salaries & Wages)	\$ 113,013.20	\$ -	\$ -	\$ 113,013.20
2. Fringe Benefits	\$ -	\$ -	\$ -	\$ -
3. Travel	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -
6. Contractual Services (200.318) & Subawards (200.92)	\$ -	\$ -	\$ -	\$ -
7. Consultant (Professional Services)	\$ -	\$ -	\$ -	\$ -
8. Construction	\$ -	\$ -	\$ -	\$ -
9. Occupancy (Rent & Utilities)	\$ -	\$ -	\$ -	\$ -
10. Research & Development (R&D)	\$ -	\$ -	\$ -	\$ -
11. Telecommunications	\$ -	\$ -	\$ -	\$ -
12. Training & Education	\$ -	\$ -	\$ -	\$ -
13. Direct Administrative costs	\$ -	\$ -	\$ -	\$ -
14. Miscellaneous Costs	\$ -	\$ -	\$ -	\$ -
15. A. Grant Exclusive Line Item(s)				
B. Grant Exclusive Line Item(s)	\$ -	\$ -	\$ -	\$ -
16. Total Direct Costs (lines 1-15)	\$ -	\$ -	\$ -	\$ -
17. Indirect Costs* (see below)	\$ -	\$ -	\$ -	\$ -
Rate: _____ % Base:				
18. Total Costs State Grant Funds (lines 16 and 17)	\$ 113,013.20	\$ -	\$ -	\$ 113,013.20

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

4) _____ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5) Or;
_____ Complies with other statutory policies (please specify) :

The Restricted Indirect Cost Rate is _____ %

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: From: _____ To: _____ (mm/dd/yyyy)
Approving Federal/State agency (please specify) : _____
The Indirect Cost Rate is _____ % The Distribution Base is: _____

STATE OF ILLINOIS		UNIFORM GRANT BUDGET TEMPLATE		AGENCY: IL Department of Transportation	
Organization Name: Lake, County of DBA Sheriff's Office		DUNS#: 021115204		NOFO#: 18-0343-01	
CSFA Number: 494-10-0343		CSFA Description: State & Community Highway Safety/National Priority Safety Programs		Fiscal Year(s): FFY18	

If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category on lines 1-17 of Section B. Please read all instructions before completing form.

SECTION B -- NON STATE OF ILLINOIS FUNDS					
Program Revenues	Year 1	Year 2	Year 3	TOTAL	
Grantee Match Requirement _____ % (Agency to populate)					
(b). -Cash	\$ -	\$ -	\$ -	\$ -	\$ -
(c). -Non-cash	\$ -	\$ -	\$ -	\$ -	\$ -
(d). Other Funding & Contributions	\$ -	\$ -	\$ -	\$ -	\$ -
NON-STATE FUNDS Total	\$ -	\$ -	\$ -	\$ -	\$ -

BUDGET SUMMARY NON-STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories	Year 1	Year 2	Year 3	TOTAL	
<i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i>					
1. Personnel (Salaries & Wages)	\$ 200.430	\$ -	\$ -	\$ -	\$ -
2. Fringe Benefits	\$ 200.431	\$ -	\$ -	\$ -	\$ -
3. Travel	\$ 200.474	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ 200.439	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ 200.94	\$ -	\$ -	\$ -	\$ -
6. Contractual Services (200.318) & Subawards (200.92)	\$ -	\$ -	\$ -	\$ -	\$ -
7. Consultant (Professional Services)	\$ 200.459	\$ -	\$ -	\$ -	\$ -
8. Construction	\$ -	\$ -	\$ -	\$ -	\$ -
9. Occupancy (Rent & Utilities)	\$ 200.465	\$ -	\$ -	\$ -	\$ -
10. Research & Development (R&D)	\$ 200.87	\$ -	\$ -	\$ -	\$ -
11. Telecommunications	\$ -	\$ -	\$ -	\$ -	\$ -
12. Training & Education	\$ 200.472	\$ -	\$ -	\$ -	\$ -
13. Direct Administrative costs	\$ 200.413	\$ -	\$ -	\$ -	\$ -
14. Miscellaneous Costs	\$ -	\$ -	\$ -	\$ -	\$ -
15. A. Grant Exclusive Line Item(s)	\$ -	\$ -	\$ -	\$ -	\$ -
B. Grant Exclusive Line Item(s)	\$ -	\$ -	\$ -	\$ -	\$ -
16. Total Direct Costs (lines 1-15)	\$ 200.413	\$ -	\$ -	\$ -	\$ -
17. Indirect Costs	\$ 200.414	\$ -	\$ -	\$ -	\$ -
Rate: _____ % Base:					

CERTIFICATION	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: IL Department of Transportation
Organization Name: Lake, County of DBA Sheriff's Office	DUNS#: 021115204	NOFO#: 18-0343-01
CSFA Number: 494-10-0343	CSFA Description: State & Community Highway Safety/National Priority Safety Programs	Fiscal Year(s): FFY18

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Lake, County of
Institution/Organization

Lake County Sheriff's Office
Institution/Organization

Signature

Gary O. Gordon
Name of Official

Mark C. Curran, Jr.
Name of Official

Director of Finance
Title

Sheriff
Title

Chief Financial Officer (or equivalent)

Executive Director (or equivalent)

Date of Execution

Date of Execution

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (if needed by agency)

Under FFATA, all subrecipients who receive \$25,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely.

4-digit extension if applicable

Subrecipient DUNS:

Subrecipient Parent Company DUNS:

Subrecipient Name: Lake, County of DBA Sheriff's Office

Subrecipient DBA Name: 021115204

Subrecipient Address: 25 S. Martin Luther King Jr. Ave.

City: Waukegan **State:** Illinois **Zip:** 60085-5518 **Congressional District:** IL10

Subrecipient Principal Place of Performance:

City: Lake County **State:** Illinois **Zip:** **Congressional District:** IL10, IL6 & IL14

Contract Number (if known): NA **Award Amount:** NA **Project Period:**
From: 10/01/17 **To:** 09/30/18

State of Illinois Awarding Agency and Project Detail Description:

Under certain circumstances, sub recipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions:

Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?

Yes If yes, must answer Q2 below

No If no, you are not required to provide data.

Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?

Yes Agency salaries are public knowledge.

No If no, you must provide the data. Please fill out the rest of this form.

Please provide names and total compensation of the top five officials:

Name:	Amount:
Name:	Amount:
Name:	Amount:
Name:	Amount:

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name of Employee	Position	Computation			Cost
		Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	
Officers working hireback campaigns.					
					\$ 113,013.20
					\$ -
					\$ -
					\$ -
	State Total				\$ 113,013.20
					\$ -
	NON-State Total				\$ -

Personnel Narrative (State):	
	State Total \$ 113,013.20

Personnel Narrative (Non-State) i.e. "Match" or "Other Funding"	
	NON-State Total \$ -

Total Personnel \$ 113,013.20

Section C - Budget Worksheet & Narrative

2). **Fringe Benefits (2 CFR 200.431)**--Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Name	Position	Computation		Cost
		Base	Rate	
				\$ -
				\$ -
				\$ -
				\$ -
State Total				\$ -
NON-State Total				\$ -

Fringe Benefits Narrative (State):

State Total \$ -

Fringe Benefits Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Fringe Benefits \$ -

Section C - Budget Worksheet & Narrative

3). **Travel** (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Purpose of Travel	Location	Computation				Cost
		Items	Cost Rate	Basis	Quantity	
						\$ -
						\$ -
						\$ -
					State Total	\$ -
						\$ -
					NON-State Total	\$ -

Travel Narrative (State):

State Total \$ -

Travel Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Travel \$ -

Section C - Budget Worksheet & Narrative

4). **Equipment** (2 CFR 200.439) -- Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation		Cost
	Quantity	Cost	
			\$ -
			\$ -
		State Total	\$ -
		NON-State Total	\$ -

Equipment Narrative (State):	
	State Total \$
	-

Equipment Narrative (Non-State) i.e. "Match" or "Other Funding"	
	NON-State Total \$
	-

Total Equipment \$

Section C - Budget Worksheet & Narrative

5). **Supplies (2 CFR 200.94)** --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation		Cost
	Quantity/ Duration	Cost	
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
State Total			\$ -
			\$ -
NON-State Total			\$ -

Supplies Narrative (State):

State Total \$ -

Supplies Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Supplies \$ -

Section C - Budget Worksheet & Narrative

6). **Contractual Services (2 CFR 200.318) & Subawards (200.92)** -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.88). NOTE : this budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Name of Organization	Contract or Subaward	Description of Activities	Cost
			\$ -
			\$ -
			\$ -
			\$ -
		State Total	\$ -
			\$ -
		NON-State Total	\$ -
			\$ -

Contractual Services Narrative (State):	State Total \$ -
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Contractual Services Narrative (Non-State) i.e. "Match" or "Other Funding"	NON-State Total \$ -
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Total Contractual Services \$ -

Section C - Budget Worksheet & Narrative

7). **Consultant Services and Expenses (2 CFR 200.459) -- Consultant Services (Fees):** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. **Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant-- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

Consultant Services (Fees)	Service Provided	Computation			Cost
		Fee	Basis	Quantity	
					\$ -
					\$ -
State Total					\$ -

Consultant Expenses	Location	Items	Cost Rate	Computation		Cost
				Basis	Quantity	
						\$ -
						\$ -
State Total						\$ -
NON-State Total						\$ -

Consultant Narrative (State):

State Total \$ -

Consultant Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Consultant \$ -

Section C - Budget Worksheet & Narrative

8). **Construction**-- Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Purpose	Description of Work	Cost
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EXAMPLES



N/A

\$ -

State Total

NON-State Total \$ -

Construction Narrative (State):

	State Total \$ -
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Construction Narrative (Non-State) i.e. "Match" or "Other Funding"

	NON-State Total \$ -
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Total Construction \$ -

Section C - Budget Worksheet & Narrative

9). **Occupancy -Rent and Utilities** (2 CFR 200.465) -- List items and descriptions by major type and the basis of the computation. Explain how rental and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental and utility cost and how many months to rent. **NOTE:** This budgetary line item is to be used for direct program rent and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

Description	Computation			Length of time	Cost
	Quantity	Basis	Cost		
					\$ -
					\$ -
					\$ -
State Total					\$ -
NON-State Total					\$ -

Occupancy Narrative (State):

State Total \$ -

Occupancy Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Occupancy \$ -

Section C - Budget Worksheet & Narrative

10). Research & Development (R&D) (2 CFR 200.87)-- *Definition:* All research activities, both basic and applied, and all development activities that are performed by non-Federal entities directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes. Provide a description of the research and development project and an estimate of the costs. **NOTE:** Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
	N/A	\$ -
		\$ -
	State Total	\$ -
	NON-State Total	\$ -

R & D Narrative (State):

State Total \$ -

R & D Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total R & D \$ -

Section C - Budget Worksheet & Narrative

11). **Telecommunications** -- List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

Description	Computation			Length of time	Cost
	Quantity	Basis	Cost		
					\$ -
					\$ -
					\$ -
State Total					\$ -
					\$ -
					\$ -
NON-State Total					\$ -

Telecommunications Narrative (State):

	State Total \$ -
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Telecommunications Narrative (Non-State) i.e. "Match" or "Other Funding"

	NON-State Total \$ -
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Total Telecommunications \$ -

Section C - Budget Worksheet & Narrative

12). **Training and Education** (2 CFR 200.472) -- Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below.

Description	Computation			Cost
	Quantity	Basis	Length of time	
				\$ -
				\$ -
				\$ -
State Total				\$ -
				\$ -
				\$ -
NON-State Total				\$ -

Training & Education Narrative (State):

State Total \$ -

Training & Education Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Training & Education \$ -

Section C - Budget Worksheet & Narrative

13). **Direct Administrative Costs** - (2 *CFR* 200.413 (c) The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) Such costs are explicitly included in the budget or have the prior written approval of the State awarding agency; and (4) The costs are not also recovered as indirect costs.

Name	Position	Computation			Length of time	Cost
		Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time		
						\$ -
						\$ -
State Total						\$ -
NON-State Total						\$ -

Direct Administrative Narrative (State):

State Total \$ -

Direct Administrative Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Direct Administrative Costs \$ -

Section C - Budget Worksheet & Narrative

14). Other or Miscellaneous Costs -- This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (eg. Printing, Memberships & subscriptions, recruiting costs, etc.)

Description	Computation			Cost
	Quantity	Basis	Length of time	
				\$ -
				\$ -
				\$ -
				\$ -
State Total				\$ -
				\$ -
NON-State Total				\$ -

Other Costs Narrative (State):	
	State Total \$ -

Other Cost Narrative (Non-State) i.e. "Match" or "Other Funding"	
	NON-State Total \$ -

Total Other Costs \$ -

Section C - Budget Worksheet & Narrative

15). **GRANT EXCLUSIVE LINE ITEM:** Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

Description	Computation				Cost
	Quantity	Basis	Cost	Length of time	
					\$ -
					\$ -
					\$ -
					\$ -
State Total					\$ -
					\$ -
					\$ -
NON-State Total					\$ -

GRANT EXCLUSIVE LINE ITEM Narrative (State):	
	State Total \$ -

GRANT EXCLUSIVE LINE ITEM Narrative (Non-State) i.e. "Match" or "Other Funding"	
	NON-State Total \$ -

Total GRANT EXCLUSIVE LINE ITEM \$ -

Section C - Budget Worksheet & Narrative

16). **Indirect Cost (2 CFR 200.414)** --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Description	Computation		Cost
	Base	Rate	

\$ _____

State Total

\$ _____

NON-State Total

\$ _____

Indirect Cost Narrative (State):

State Total \$ _____

Indirect Cost Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ _____

Total Indirect Costs \$ _____

Section C - Budget Worksheet & Narrative

Budget Narrative Summary-- When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

Budget Category	State	Non-State	Total
1. Personnel	\$ 113,013.20	\$ -	\$ 113,013.20
2. Fringe Benefits	\$ -	\$ -	\$ -
3. Travel	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -
6. Contractual Services	\$ -	\$ -	\$ -
7. Consultant (Professional Services)	\$ -	\$ -	\$ -
8. Construction	\$ -	\$ -	\$ -
9. Occupancy (Rent & Utilities)	\$ -	\$ -	\$ -
10. Research & Development (R&D)	\$ -	\$ -	\$ -
11. Telecommunications	\$ -	\$ -	\$ -
12. Training & Education	\$ -	\$ -	\$ -
13. Direct Administrative Costs	\$ -	\$ -	\$ -
14. Other or Misc. Costs	\$ -	\$ -	\$ -
15. GRANT EXCLUSIVE LINE ITEM	\$ -	\$ -	\$ -
16. Indirect Costs	\$ -	\$ -	\$ -
State Request	\$ 113,013.20		
Non-State Amount		\$ -	
TOTAL PROJECT COSTS		\$ 113,013.20	