***Applicant:***

***Project Name:***

*The Exhibit F, Budget Summary, is designed to fund, at minimum levels needed for quality service provision, the activities, services, training, and/or support required to develop and/or implement the program as described in the narrative. Please provide narrative detail for Budget line items.*

***Salaries: Total Salaries Paid + Benefits (WIOA 15%) $­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **FTE x Monthly Salary x time** | **Benefits** | **Total**  **(FTE + salary + benefits)** |
| * ***Sample -***   *Program Manager* | *.5 FTE x $4,500 x 12 months* | *24.6%* | *$33,642* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Staff Travel $­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*List staff traveling, destination/event, and mode of transportation.*

***Operating Expenses $­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*The following are some of the major line items included:*

|  |  |
| --- | --- |
| *Rent\** | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Insurance* | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Accounting (payroll services) and Audits* | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Consumable office/testing supplies\** | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Printing* | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Communications (phones, web services, etc.)\** | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Mailing and Delivery* | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Dues and Memberships\** | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |
| *Outreach* | ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** |

*\*(based on FTE for program staff)*

***Furniture and Equipment\*******$­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*Small Equipment and Furniture -* ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** *(Pooled items less than $5,000 per unit, include a cost allocation). List name of item, cost, and number purchasing.*

*Equipment Purchase -* ***$­­­­­­­­­­\_\_\_\_\_\_\_\_\_*** *(Greater than $5,000, requiring prior approval, and listed on Exhibit G, Supplemental Budget. st name of item, cost, and number purchasing.*

*\*Refer to WSD16-16 and WSD16-10 for Property-Prior Approval, Purchasing, Inventory, and Disposal*

***Consumable Testing and Instructional Materials******$­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*Explain purpose and planned use.*

***Tuition, Payments/Vouchers******$­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*Costs for (name) programs and sector-specific training and certificate programs at (organization), as well as training costs for outside training providers (organization/location).*

***On-the-Job Training******$­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*Employer re-imbursements for training by an employer that is provided to a paid participant while engaged in productive work in a job that:*

*a) provides knowledge or skills essential to the full and adequate performance of the job;*

*b) is made available through a program that provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, except as provided in section 134(c)(3)(H) of the WIOA Final Rule, for the extraordinary costs of providing the training and additional supervision related to the training; and*

*c) is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate.*

*List employers and industries partnering in the OJTs.*

***Participant Wages and Fringe Benefits $­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*State number of planned number participants to receive wages and benefits and give detail of Work Experience or Transitional Jobs.*

***Supportive Services $­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*Gas cards, bus passes, housing, or any additional immediate assistance not available through any other source. Describe the specific services you will provide.*

***Contractual Services $­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*Description of the services provided by each contractor, cost of individual contract, name of organization/individual providing services. If the contract is out for proposal, list type of procurement and the date the contract will be awarded. Upon award, a revised Exhibit G, Supplemental Budget, must be submitted to EDD.*

***Other******$­­­­­­­­­­\_\_\_\_\_\_\_\_\_***

*Clearly explain what these costs encompass that does not fit into the specific categories above.*