## Attachment C: Budget and Budget Narrative

Please complete the following Budget, Funding Sources, and Budget Narrative forms. These forms will be scored using the scoring rubric found on page 9 of the RFP.

**Definitions**

**COMPUTATION:** Show basis/formula of requested dollar amount.

**COLUMN A** (Total County Funds): This column reflects all the funds requested from Skagit County for the program or project to be accomplished.

**COLUMN B** (Total Funds from Other Sources): This column reflects all the funds secured or requested from other sources to support this program or project, including other grants and donations.

**COLUMN C** (Total Value of In-Kind/Non-Cash Support): In-kind support is non-dollar contributions such as space and office equipment.

**COLUMN D** (Total Budget A+B+C=D): This column reflects the total sum necessary to implement the program or project.

**PERSONNEL COSTS:** Provide salaries and wages for all employees who work on the project, whether part-time, full-time, temporary, or volunteer in-kind value. List each position by title. Show the annual salary rate and the percentage of time to be devoted to the project. Attach a separate sheet of paper if necessary.

**EMPLOYEE BENEFITS:** Fringe benefits are for the personnel listed and only for the percentage of time devoted to the project. Include commonly accepted fringe benefits paid on behalf of employees, such as FICA, health and life insurance, retirement, worker's compensation, unemployment insurance, and other approved payroll-related costs. Fringe benefits should be based on actual known costs or an established formula.

**FACILITY:** Include estimated rent or mortgage payments.

**OFFICE SUPPLIES AND EXPENSES:** All basic office accessories and supplies, including copier materials, printing, postage, etc. Generally, supplies include any materials that are expendable or consumed during the course of the project.

**COMMUNICATIONS:** Include phone service, internet service, and website account fees.

**TRAVEL:** Itemize travel expenses by purpose (e.g. staff to training, field interviews, advisory group meetings, etc.). Show the basis of computation (e.g. six people to three-day training at $x airfare, $x lodging, $x meals).

**CONTRACTED SERVICES:** Provide a description of the product or service to be procured by contract.

**DIRECT CLIENT SERVICES/COSTS:** Miscellaneous items such as incentives, client workbooks, etc.

**OTHER:** Include all program expenses not included above. Please itemize any expense more than $500.

**ADMINISTRATIVE OVERHEAD/INDIRECT COSTS:** Ten percent (10%) of the total project budget based on the net of direct service costs. Funds designated for administrative overhead are fixed amounts and not subject to cost-related provisions.

**Agency:** Click or tap here to enter text.

**Project Name:** Click or tap here to enter text.

**Name and Title of Person Completing Budget:** Click or tap here to enter text.

* 1. **Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A | B | C | D |
| **EXPENSES** | **County Funds** | **Funds from Other Sources (Outline in II)** | **Value of In-kind or Non-cash Support** | **Total Budget (A+B+C=D)** |
| Personnel Costs |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| SALARY SUBTOTAL |  |  |  |  |
| Employee Benefits |  |  |  |  |
| TOTAL PERSONNEL |  |  |  |  |
| Facility |  |  |  |  |
| Office Supplies/Expenses |  |  |  |  |
| Communications |  |  |  |  |
| Travel |  |  |  |  |
| Contracted Services |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Direct Client Svcs/Costs |  |  |  |  |
|  |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL NON-PERSONNEL |  |  |  |  |
| Overhead/Indirect Costs |  |  |  |  |
| ***GRAND TOTAL*** |  |  |  |  |

# Funding Sources

## List the funding sources for the amounts in Column B on page 1.

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Amount of Funds** | **Secured/ Requested** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ***TOTAL (must equal Column B of page 1)*** |  |  |

* 1. **Budget Narrative**

**Instructions**

Describe efforts by your agency to obtain alternative future sources of funding to support the proposed project. Include approximate cost per intervention, if applicable (cost per client, etc.). Budget should break out specific program costs and not include overall agency budget.

Personnel Costs**:**

Click or tap here to enter text.

Employee Benefits**:**

Click or tap here to enter text.

Facility:

Click or tap here to enter text.

Office Supplies/Expenses:

Click or tap here to enter text.

Communications:

Click or tap here to enter text.

Travel:

Click or tap here to enter text.

Contracted Services:

Click or tap here to enter text.

Direct Client Services/Costs:

Click or tap here to enter text.

Approximate Cost per intervention:

Click or tap here to enter text.

Other:

Click or tap here to enter text.