## 

## Appendix 4

## Budget Worksheet – Cost Reimbursement Grants

# Section I. Program Operating Costs

**A. Personnel Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position/Title & Description | Qty | Annual Salary | % Time | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Totals | | | |  |  |  |

**B. Personnel Fringe Benefits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/Description | Calculation | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

**C.1. Staff Travel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose | Calculation | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

**C. 2. Member Travel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose | Calculation | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

**D. Equipment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item/ Purpose/Justification | Qty | Unit Cost | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

**E. Supplies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose | Calculation | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

**F. Contractual and Consultant Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose | Calculation | Daily Rate | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

**G.1. Staff Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose | Calculation | Daily Rate | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

**G.2. Member Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose | Calculation | Daily Rate | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

**H. Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose | Calculation | Daily Rate | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

**I. Other Program Operating Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose | Calculation | Daily Rate | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Subtotal Section I: | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |

# Section II. Member Costs

**A. Living Allowance**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item | # mbrs | Allowwance Rate | # w/o Allowance | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
| Full-time (1700 hrs) |  |  |  |  |  |  |
| Three-quarter-time (1200 hrs) |  |  |  |  |  |  |
| Half-time (900 hrs) |  |  |  |  |  |  |
| Reduced half-time (675 hrs) |  |  |  |  |  |  |
| Quarter-time (450 hrs) |  |  |  |  |  |  |
| Minimum-time (300 hrs) |  |  |  |  |  |  |
| Abbreviated-time (100 hrs) |  |  |  |  |  |  |
| Totals | | | |  |  |  |

**B. Member Support Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose | Calculation | Daily Rate | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Subtotal Section II: | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |
| **Subtotal Sections I + II:** |  |  |  |

# Section III. Administrative/Indirect Costs (choose one)

**A. Corporation-fixed Percentage Rate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose | Calculation | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

**OR**

1. **Federally Approved Indirect Cost Rate Or *De Minimis* Rate of 10% of Modified Total Direct Costs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cost Type | Cost Basis | Calculation | Rate | Rate Claimed | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Sections I + II + III: | **Total Amount** | **AmeriCorps/ CNCS Share** | **Grantee Share** |
|  |  |  |

# Source of Funds

|  |  |  |  |
| --- | --- | --- | --- |
| **Match** **Description** (Note | **Amount** | **Match Classification** | **Match Source** (federal, |
| (note whether each line is |  | (Cash or In Kind) | (state, local, |
| “secured” (already raised) or “proposed”) |  |  | private) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |