

**Franklin County Office of Homeland Security & Justice Programs
Detailed Budget Application**

Subgrant Number:

2009 - WF -

PART A - BUDGET REQUEST BY RESOURCE

	Amount	Percentage %
Federal Funds Requested:	0	#DIV/0!
Cash Match:	0	#DIV/0!
Inkind Match:	0	#DIV/0!
Total Project Budget:	0	#DIV/0!

Identify Source of Additional Funding:

PART B - BUDGET REQUEST BY COST CATEGORY

Please note only Federal costs should be detailed by cost category. Do not include other budget sources.

Section 1 - Personnel Costs

Salaries and Personnel

Name/ Vacant	Title	No. Hrs.	Hrly Rate	Total
		0	0	0
				0
				0
				0
				0
				0
				0
				0
Salary Subtotal:				0

Employer's Share of Fringe Benefits:

Fringe Benefits	Rate (%)	Total Yearly Wages	Total Cost
PERS (government agencies)		0	0
FICA (private agencies)		0	0
Retirement (private agencies)		0	0
Worker's Compensation		0	0
Unemployment Comp. (max 2.00% on first \$9,000)		0	0
Medicade		0	0
Health Insurance			
Fill in the formula: \$ _____ (Monthly Rate) x _____ (# Months) x _____ (FTE)			0
Fringe Subtotal:			0

Section 1 - Personnel Total: 0

Narrative Required: Provide justification for each position; list job duties.

Section 2 - Consultants/Contracts

Name	Hourly Fee	Hours	Total
	0	0	0
			0
			0
			0

Section 2 - Consultants/Contracts Total: 0

Narrative Required: Provide justification, method of procurement and basis of selection.

Section 3 - Travel

A. Auto	No. Miles	Per Mile	Total
	0	0	0
	0	0	0

B. Commercial	Destination	Fare	Total
		0	0
		0	0

C. Per Diem: (Meal & Lodging Only)	No. of days	Rate	Total
	0	0	0
	0	0	0

D. Other (Specify):	No. Items	Rate	Total
	0	0	0
	0	0	0

Section 3 - Travel Total #REF!

Narrative Required: Provide justification for travel. Costs must relate to the project staff & objectives.

Section 4- Equipment

Item(s) Being Purchased	Quantity	Unit Price	Total
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0

Section 4 - Equipment Total

Narrative Required: Provide justification for the equipment requested.

Section 5 - Supplies

List of Items to be Purchased	Quantity	Unit Price	Total
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0

Section 5- Supplies Total

Narrative Required: Provide justification for the supplies; provide allocation method.

Section 6 - Other Costs

Other Charges	Cost	Terms	Total
Rent-Facilities	0	0	0
Cost of Ownership	0	0	0
Telephone	0	0	0
Utilities	0	0	0
Bookkeeping/Audit	0	0	0
Maintenance	0	0	0
Clerical	0	0	0
Auto Lease/ST Rental	0	0	0
Equipment Lease/ST Rental	0	0	0
Photocopying	0	0	0
Printing	0	0	0
Other (Specify)	0	0	0
Other (Specify)	0	0	0
Other (Specify)	0	0	0

Section 6 - Other Costs Total

Narrative Required: Provide justification for other costs; provide allocation methods where appropriate.

Section 7 - Confidential Funds (Applies to Drug Task Force Projects Only)

Implementing Agency Confidential Funds		Total
		0

Section 7- Confidential Fund Total

Narrative Required: Provide justification for Confidential Funds.

Section 8 - Indirect Costs

Amount of Direct Costs Less Equipment	Percent 0 to 10%		Total
0	0.00%		0

Section 8 - Indirect Cost Total

Narrative Required: Provide justification for Indirect Cost; attach a copy of your federally approved plan.

PART C- BUDGET REQUEST BY RESOURCE & COST CATEGORY

	Inkind	Match	VAWA Funding Request	Total
1. Personnel				0
2. Consultant/Contracts				0
3. Travel				0
4. Equipment				0
5. Supplies				0
6. Other Costs				0
7. Confidential Funds				0
8. Indirect Cost				0
9. Total Project Budget				0

Narrative: Federal, State and Local Funding Sources-please provide information on funding that is received by your Agency that is relevant to this project applied for. Include the source, amount received, and year funds were awarded.

Do you have other funding resources not identified above? Yes No

Prepared by: Name and Title

Date:



Revised 09/2003