# SECTION IX: BUDGET INFORMATION

###### 9.1 Budget WORKSHEET

* The budget worksheet is available below and in a PDF format on the Waccamaw Regional Council of Governments website ([www.wrcog.org](http://www.wrcog.org)) and the Waccamaw SC Works website ([www.waccamawworks.org](http://www.waccamawworks.org)).
* Please be sure to follow the directions for the budget worksheets.
* Complete the Budget Summary in its entirety. If no amount is indicated, please record $0.

**Page 1**

**BUDGET SUMMARY**

 **WIOA ADULT PROGRAM**

**LINE ITEMS TOTAL BUDGET**

**Staff Salaries and Fringe Benefits**

*(Complete attached Staff Benefits Chart)*

*(This should not be more than 52% of the total budget)* $

**\*Facilities Cost (space)** $

**Equipment** $

**Operating Expenses**

Telephone $

Postage $

FAX $

Staff Travel $

Office Supplies $

Copying $

Equipment Repairs and Maintenance $

Utilities Cost $

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

**Total:** *(This cannot be more than 15% of the total budget)* $

**Training Costs**

Tuition (ITA) $

GED Training $

On-the-Job Training $

Work Experience $

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

**Supportive Service Costs**

Childcare $

Transportation $

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

**Total:** *(Training Costs and Supportive Service Costs)* $

**Page 2**

**Staff Training/Technical Assistance Costs** $

*(GSA travel and expense rate will apply)*

**Other Direct Costs**  $

**Profit**  $

*(Not to exceed 8% of total budget)*

**\*\*Indirect Costs**  $

*(Please include a copy of the Indirect Cost Plan)*

**GRAND TOTAL:**  $

***\*(Please indicate how you derived at this figure.)***

*\*\** ***INDIRECT COSTS - State agencies that have an approved indirect cost plan must include indirect costs as a part of their application. The amount of allowable indirect costs will be negotiated after the contract award. No services that are included in indirect costs may be direct charged. Indirect cost plans must be submitted upon award and must specify services that are included in the indirect charges.***

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**STAFF BENEFITS CHART**

 **(A) (B) (C) (D) (Col. BxCxD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **WIOA Funded Base Salary Per Week** | **WIOA % of Time** | **# of Weeks** | **Total Cost** |
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| **TOTAL STAFF SALARIES** |  |  |  |  |

**STAFF FRINGE CHART**

|  |  |
| --- | --- |
| **Fringe** | **Total Cost** |
| FICA – 7.65% x $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Health Insurance |  |
| Worker’s Comp - \_\_\_\_\_% x $\_\_\_\_\_\_\_ |  |
| Unemployment Insurance |  |
| Retirement/Pension - \_\_\_\_\_% x $\_\_\_\_\_\_\_\_\_\_\_ |  |
| Other |  |
| TOTAL FRINGE BENEFITS |  |

**Add Total Staff Salaries and Total Fringe Benefits and place it on the first line of the Budget Summary.**

 **Grand Total: Salary & Fringes $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**BUDGET BACK-UP SHEET**

**For**

**PROCURED SUBCONTRACT SERVICES**

*(This form may be duplicated)*

**Include all subcontractors/consultants with whom you plan to enter into contractual agreements as a result of this proposed WIOA Contract.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Contact Person** | **Services to be Provided** | **Estimated Subcontract Amount ($)** |
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