**BUDGET SUMMARY**

**COST REIMBURSEMENT ALLOCATION**

|  |  |  |
| --- | --- | --- |
| **a.** | **Contractor:** |   |
| **b.** | **Address:** |   |
| **c.** | **Report Period:** |   |
| **d.** | **Activity:** |   |
|   | **(1) Budget Line Items** | **(2) 80% Cost Reimbursement Allocation** |
| **A. DIRECT PROGRAM COSTS** |
|   | **1** | **Staff Salaries** |   |
| **2** | **Staff Fringe** |   |
| **3** | **Travel** |   |
| **4** | **Rent/ Utilities** |   |
| **5** | **Equipment - Lease/ Maintenance/ Purchase** |   |
| **6** | **Other Direct Costs** |   |
|   | **a. Supplies - Office/ Postage/ Other** |   |
|   | **b. Telephone/ Internet** |   |
|   | **c. Staff Training** |   |
|   | **d. Conferences/ Meetings** |   |
|   | **e. Printing/ Copying** |   |
|  | **f. Other: Staff Training** |   |
| **7** | **Insurance & Bonding** |   |
| **8** | **Contractual/ Outsourced - identify** |   |
| **9** | **Sub-Total Program Costs** |   |
| **B. PARTICIPANT COSTS** |
|   | **1** | **Participant Wages/ Stipends** |   |
| **2** | **Participant Taxes/ Fringe** |   |
| **3** | **Participant Supplies/ Training Needs Supplies** |   |
| **4** | **Sub-Total Participant Cost** |   |
| **C. ADMINISTRATIVE COSTS** |
|   | **1** | **Staff Salaries** |   |
| **2** | **Staff Fringe** |   |
| **3** | **Audit/ Legal** |   |
| **4** | **Indirect Costs**  |   |
| **5** | **Sub-Total Administrative Costs** |   |
| **D. TOTAL AMOUNT (A+B+C):** |   |
| Signature:  |  |  |
| Title:  |   |  |
| Date:  |   |  |
|  |  |  |

Please provide a detailed budget narrative and any budget schedules for each of the above line items.