**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.