

APPENDIX E: COST REIMBURSEMENT BUDGET FORMS

Contract Number:		Taxpayer ID#:	
Agency:			
Address:			
Project Title:			
Budget Period:		to	
			Fiscal Year:

BUDGET ITEMS	TOTAL COST
1. PERSONNEL	
2. SUBCONTRACTS	
3. TRAVEL	
4. SPACE	
5. SUPPLIES	
6. EQUIPMENT	
7. OTHER	
8. TOTAL PROJECT FUNDING <i>(sum lines 1 through 7)</i>	
9. Local Share <i>(Itemize the sources and amounts under COMMENTS below)</i>	
10. Other Federal Share <i>(Itemize the sources and amounts under COMMENTS below)</i>	
11. MAXIMUM DHR SHARE <i>(line 8 minus lines 9 and 10)</i>	>>>>>>>
12. PERCENT DHR SHARE OF TOTAL PROJECT FUNDING <i>(Line 11 divided by line 8)</i>	

COMMENTS *(In addition to itemizing the sources and amounts of local and other non-DHR funding, include, as applicable, a brief description of the nature of each income-generating activity planned):*

NOTE: *ON THE FOLLOWING PAGES, DESIGNATE CLEARLY ALL BUDGET LINE ITEMS THAT REPRESENT COSTS IN WHICH DHR WILL NOT PARTICIPATE IN WHOLE OR IN PART, I.E., IN-KIND COSTS, UNALLOWABLE COSTS, ETC. ALL COSTS FOR THE LINE ITEMS SO DESIGNATED MUST BE PAID IN FULL WITH NON-DHR FUNDS.*

DHR USE ONLY

Approved for Mathematical Accuracy:

Assistance Payments, Finance Division	Date:
Contract Number:	Fiscal Year:

1. PERSONNEL: Group those Position Descriptions having identical salary details.

A. Number of Persons <i>(annotate if position is currently vacant)</i>	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Cost (AxCxDxE)

Subtotal Salaries:

FRINGE BENEFITS:					
FICA					
Workman's Compensation					
Health Insurance					
Other (specify)					

Subtotal Fringe Benefits:

TOTAL PERSONNEL:					

2. SUBCONTRACTS: Itemize each actual/proposed subcontract. All subcontracts require the Department's prior written approval.

TOTAL SUBCONTRACTS:

Contract Number:	Fiscal Year:
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3. TRAVEL: All out-of-state travel requires the Department's prior written approval.

In-state					
Out-of-state					

TOTAL TRAVEL:

4. SPACE: All repairs to facilities, regardless of the cost, require the Department's prior written approval.

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Telephone					
Rent/Lease					
Use Allowance (<i>requires an FM-05 "USE ALLOWANCE – SPACE" form</i>)					
Utilities					
Upkeep (<i>buildings/grounds</i>)					
Other (<i>specify</i>)					
TOTAL SPACE:					
5. SUPPLIES: <i>Competitive bids may apply.</i>					
Office Supplies					
Custodial Supplies					
Other (<i>itemize and be specific -- attach a separate listing if needed</i>)					
TOTAL SUPPLIES:					
6. EQUIPMENT: <i>Itemize (attach a separate listing if needed).</i>					
Rental/Lease					
Use Allowance (<i>requires FM-06 "USE ALLOWANCE – EQUIPMENT" form</i>)					
Depreciation (<i>supporting documentation required -- see instructions</i>)					
Repairs					
Other (<i>specify</i>)					
TOTAL EQUIPMENT:					
7. OTHER					
Liability Insurance					
Vehicle Maintenance, such as gas, oil, etc.					
Printing					
Indirect Cost (<i>rate must be approved by the Department</i>)					
Other (<i>specify</i>)					
TOTAL OTHER:					