**appendix f: cost reimbursement budget form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** *(sum lines 1 through 7)* | | | | | | | | |  |  |
| **9. Local Share** (Itemize the sources and amounts under COMMENTS below) | | | | | | | | |  |  |
| **10. Other Federal Share** (Itemize the sources and amounts under COMMENTS below) | | | | | | | | |  |  |
| **11. MAXIMUM DHR SHARE** (line 8 minus lines 9 and 10) | | | | | | | | | **>>>>>>>>** |  |
| **12. PERCENT DHR SHARE OF TOTAL PROJECT FUNDING** (Line 11 divided by line 8) | | | | | | | | | |  |
|  | | | | | | | | | | |
| **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):*** | | | | | | | | | | |
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| ***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 *(annotate if position is currently vacant)*** | | **B. Position Description** | | **C. Gross Salary Per Pay Period** | | | **D. % Time on Project** | | **E. Pay Periods to be Employed** | **F. Total Cost (AxCxDxE)** |
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| **Subtotal Salaries:** | | | | | | | | | |  |
| **FRINGE BENEFITS:** | |  | |  | | |  | |  |  |
| **FICA** | |  | |  | | |  | |  |  |
| **Workman's Compensation** | |  | |  | | |  | |  |  |
| **Health Insurance** | |  | |  | | |  | |  |  |
| **Other (specify)** | |  | |  | | |  | |  |  |
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| **Subtotal Fringe Benefits:** | | | | | | | | | |  |
| **TOTAL PERSONNEL:** | |  | |  | | |  | |  |  |
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| **2. SUBCONTRACTS:** *Itemize each actual/proposed subcontract. All subcontracts require the Department's prior written approval.* | | | | | | | | | | |
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| **TOTAL SUBCONTRACTS:** | | | | | | | | | |  |
| **Contract Number:** | |  | | | | | | | **Fiscal Year:** |  |
| **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.* | | | | | | | | | |  |
| **Telephone** | |  | |  | | |  | |  |  |
| **Rent/Lease** | |  | |  | | |  | |  |  |
| **Use Allowance** *(requires an FM-05 “USE ALLOWANCE – SPACE” form)* | |  | |  | | | |  |  |  |
| **Utilities** | |  | |  | | |  | |  |  |
| **Upkeep** *(buildings/grounds)* | |  | | | | |  | |  |  |
| **Other** *(specify)* | |  | |  | | |  | |  |  |
| **TOTAL SPACE:** | | | | | | | | | |  |
| **5. SUPPLIES:** *Competitive bids may apply.* | | | | | | | | | | |
| **Office Supplies** | |  | |  | | |  | |  |  |
| **Custodial Supplies** | |  | |  | | |  | |  |  |
| **Other** *(itemize and be specific -- attach a separate listing if needed)* | |  | |  | | | |  |  |  |
|  | |  | |  | | |  | |  |  |
| **TOTAL SUPPLIES:** | | | | | | | | | |  |
| **6. EQUIPMENT: Itemize** *(attach a separate listing if needed).* | | | | | | | | | | |
| **Rental/Lease** | |  | |  | | |  | |  |  |
| **Use Allowance** *(requires FM-06 “USE ALLOWANCE – EQUIPMENT" form)* | |  | |  | | | |  |  |  |
| **Depreciation** *(supporting documentation required -- see instructions)* | |  | |  | | | |  |  |  |
| **Repairs** | |  | |  | | |  | |  |  |
| **Other** *(specify)* | |  | |  | | |  | |  |  |
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| **TOTAL EQUIPMENT:** | | | | | | | | | |  |
| **7. OTHER** | |  | |  | | |  | |  |  |
| **Liability Insurance** | |  | |  | | |  | |  |  |
| **Vehicle Maintenance, such as gas, oil, etc.** | |  | |  | | |  | |  |  |
| **Printing** | |  | |  | | |  | |  |  |
| **Indirect Cost** *(rate must be approved by the Department)* | |  | |  | | | |  |  |  |
| **Other** *(specify)* | |  | |  | | |  | |  |  |
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|  | |  | |  | | |  | |  |  |
| **TOTAL OTHER:** | | | | | | | | | |  |