**appendix f: cost reimbursement budget form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Subtotal Fringe Benefits:**  |  |
| **TOTAL PERSONNEL:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **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)* |  |  |  |  |  |
|  |  |  |  |  |  |
|  **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:**  |  |