

## APPENDIX F: COST REIMBURSEMENT BUDGET FORM

<b>Contract Number:</b>		<b>Taxpayer ID#:</b>	
<b>Agency:</b>			
<b>Address:</b>			
<b>Project Title:</b>			
<b>Budget Period:</b>		<b>to</b>	
			<b>Fiscal Year:</b>

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



<b>TOTAL SUBCONTRACTS:</b>					
<b>Contract Number:</b>			<b>Fiscal Year:</b>		
<b>3. TRAVEL:</b> <i>All out-of-state travel requires the Department's prior written approval.</i>					
<b>In-state</b>					
<b>Out-of-state</b>					
<b>TOTAL TRAVEL:</b>					
<b>4. SPACE:</b> <i>All repairs to facilities, regardless of the cost, require the Department's prior written approval.</i>					
<b>Telephone</b>					
<b>Rent/Lease</b>					
<b>Use Allowance</b> <i>(requires an FM-05 "USE ALLOWANCE – SPACE" form)</i>					
<b>Utilities</b>					
<b>Upkeep</b> <i>(buildings/grounds)</i>					
<b>Other</b> <i>(specify)</i>					
<b>TOTAL SPACE:</b>					
<b>5. SUPPLIES:</b> <i>Competitive bids may apply.</i>					
<b>Office Supplies</b>					
<b>Custodial Supplies</b>					
<b>Other</b> <i>(itemize and be specific -- attach a separate listing if needed)</i>					
<b>TOTAL SUPPLIES:</b>					
<b>6. EQUIPMENT:</b> <i>Itemize (attach a separate listing if needed).</i>					
<b>Rental/Lease</b>					
<b>Use Allowance</b> <i>(requires FM-06 "USE ALLOWANCE – EQUIPMENT" form)</i>					
<b>Depreciation</b> <i>(supporting documentation required -- see instructions)</i>					
<b>Repairs</b>					

<b>Other</b> ( <i>specify</i> )					
<b>TOTAL EQUIPMENT:</b>					
<b>7. OTHER</b>					
<b>Liability Insurance</b>					
<b>Vehicle Maintenance, such as gas, oil, etc.</b>					
<b>Printing</b>					
<b>Indirect Cost</b> ( <i>rate must be approved by the Department</i> )					
<b>Other</b> ( <i>specify</i> )					
<b>TOTAL OTHER:</b>					