

**WORKFORCE DEVELOPMENT BOARD**  
 WorkLink Workforce Development Area  
**GRANT BUDGET SUMMARY**

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_  
 Project/Activity \_\_\_\_\_ Funding Source \_\_\_\_\_ Modification # \_\_\_\_\_

Line Items	Administrative	Non-Administrative	Total Budget Amount	In-Kind Contributions *
Salaries & Fringe Benefits	\$ -	\$ -	\$ -	\$ -
Facilities/Rent Costs (space)	\$ -	\$ -	\$ -	\$ -
Non-Expendable Equipment Costs	\$ -	\$ -	\$ -	\$ -
Operating Expenses	\$ -	\$ -	\$ -	\$ -
WIOA Customer Wages and Fringe Benefits		\$ -	\$ -	\$ -
WIOA Customer Individualized Training Costs		\$ -	\$ -	\$ -
WIOA Customer Supportive Services Costs		\$ -	\$ -	\$ -
WIOA Customer Needs-Based/Needs-Related Payment Costs		\$ -	\$ -	\$ -
WIOA Payments to Employers Costs		\$ -	\$ -	\$ -
Staff Training/Tech Services Costs	\$ -	\$ -	\$ -	\$ -
Other Direct Costs	\$ -	\$ -	\$ -	\$ -
Training Fees/Professional Fees/ Profit	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Total Budget Costs	\$ -	\$ -	\$ -	\$ -
Percentage of Budget	#DIV/0!	#DIV/0!	#DIV/0!	
Cost Limitations	2% Maximum	At least 98%	100%	

\* In-Kind Contributions should not be included when calculating the Percentage of the Budget.

\*\* *The Proposer may modify these budget worksheets as necessary.*

WORKFORCE DEVELOPMENT BOARD  
 WorkLink Workforce Development Area  
**STAFF SALARIES, FRINGE BENEFITS & INDIRECT COST**

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_

Project/ Activity \_\_\_\_\_ Funding Source \_\_\_\_\_ Mod # \_\_\_\_\_

**STAFF & INDIRECT COST - BUDGET SUMMARY**

<b>SALARIES, FRINGE BENEFITS, &amp; INDIRECT COST</b>					<b>ADMINISTRATION</b>		<b>NON-ADMINISTRATIVE</b>		<b>In-Kind Contributions*</b>
Staff Salaries: Position Title	Salary Per Month	No. of Months	% of Time	<b>TOTAL AMOUNT</b>	<b>%</b>	<b>Amount</b>	<b>%</b>	<b>Amount</b>	
	\$ -	0	0%	\$ -	0%	\$0	0%	\$0	\$ -
	\$ -	0	0%	\$ -	0%	\$0	0%	\$0	\$ -
	\$ -	0	0%	\$ -	0%	\$0	0%	\$0	\$ -
	\$ -	0	0%	\$ -	0%	\$0	0%	\$0	\$ -
	\$ -	0	0%	\$ -	0%	\$0	0%	\$0	\$ -
	\$ -	0	0%	\$ -	0%	\$0	0%	\$0	\$ -
	\$ -	0	0%	\$ -	0%	\$0	0%	\$0	\$ -
<b>TOTAL SALARIES</b>				<b>\$ -</b>		<b>\$0</b>		<b>\$0</b>	<b>\$ -</b>
<b>FRINGE BENEFITS:</b>									
FICA	0%	X	\$ -	\$ -	0%	\$0	0%	\$0	\$ -
Workers Comp.	0%	X	\$ -	\$ -	0%	\$0	0%	\$0	\$ -
Health & Wealth (Pos. Level)	0%	X	\$ -	\$ -	0%	\$0	0%	\$0	\$ -
Ret. / Pension	0%	X	\$ -	\$ -	0%	\$0	0%	\$0	\$ -
Unemployment Insurance	0%	X	\$ -	\$ -	0%	\$0	0%	\$0	\$ -
Other (Specify)	0%	X	\$ -	\$ -	0%	\$0	0%	\$0	\$ -
<b>TOTAL FRINGE BENEFITS</b>				<b>\$ -</b>		<b>\$0</b>		<b>\$0</b>	<b>\$ -</b>
<b>INDIRECT COST: RATE</b>	<b>0%</b>	<b>X</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>	<b>\$0</b>	<b>0%</b>	<b>\$0</b>	<b>\$ -</b>
<b>TOTAL COST</b>				<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>

Each position must be supported by a job description and a salary range.

Each fringe benefit must have a description of the benefit to employees, and a calculation on how each benefit will be applied.

A current copy of your "Indirect Cost Rate" as approved by your Cognizant Agency and description of the costs covered must be attached to the budget as an Exhibit

WORKFORCE DEVELOPMENT BOARD  
 WorkLink Workforce Development Area  
**COST AND PRICE ANALYSIS WORKSHEET**

Project/Activity \_\_\_\_\_ Fund Source \_\_\_\_\_ Mod # \_\_\_\_\_

<b>Cost and Price Analysis</b>	<b>Total Cost</b>	<b>Administrative</b>	<b>Non-Administrative</b>	<b>In-Kind Contributions</b>
<b>FACILITIES COST *</b>				
<b>Total Cost of Facilities or Rent</b>	\$ -	\$ -	\$ -	\$ -
<b>NON-EXPENDABLE EQUIPMENT</b>				
Equipment Rental Cost *				
Non-Expendable Equipment Purchases	\$ -	\$ -	\$ -	\$ -
Wide Area Network (WAN) Equipment and Computer Software	\$ -	\$ -	\$ -	\$ -
<b>Total Cost of Non-Expendable Equipment</b>	\$ -	\$ -	\$ -	\$ -
<b>OPERATING EXPENSES</b>				
Communications				
Local Telephone Cost	\$ -	\$ -	\$ -	\$ -
Long Distance Telephone Cost	\$ -	\$ -	\$ -	\$ -
Wide Area Network Lines	\$ -	\$ -	\$ -	\$ -
Postage ( )	\$ -	\$ -	\$ -	\$ -
Facsimile (Fax)	\$ -	\$ -	\$ -	\$ -
<b>Total Cost of Communications</b>	\$ -	\$ -	\$ -	\$ -
Staff Travel				
Local Mileage cost	\$ -	\$ -	\$ -	\$ -
Non-Local Mileage cost	\$ -	\$ -	\$ -	\$ -
Non-Local Per Diem/Lodging Cost	\$ -	\$ -	\$ -	\$ -
<b>Total Cost of Staff Travel</b>	\$ -	\$ -	\$ -	\$ -
Expendable Supplies and Materials				
Office/Desktop Supplies and Materials Cost	\$ -	\$ -	\$ -	\$ -
Copying Cost *	\$ -	\$ -	\$ -	\$ -
WI Customer Supplies and Materials Cost *	\$ -	\$ -	\$ -	\$ -
<b>Total Cost of Supplies and Materials</b>	\$ -	\$ -	\$ -	\$ -
Equipment Maintenance and Repairs Cost *	\$ -	\$ -	\$ -	\$ -
Utilities Cost *	\$ -	\$ -	\$ -	\$ -
<b>Total Operating Expenses</b>	\$ -	\$ -	\$ -	\$ -
<b>WI CUSTOMER WAGES AND FRINGE BENEFITS</b>				
Work Experience Wages and Fringe Benefits				

<b>FACILITIES COST *</b>				
<b>Total Cost of Facilities or Rent</b>	\$ -	\$ -	\$ -	\$ -
Work Experience Wage Cost	\$ -		\$ -	\$ -
Work Experience Fringe Benefits Cost	\$ -		\$ -	\$ -
<b>Total Cost of Work Experience</b>	\$ -		\$ -	\$ -
Limited Internship Wages and Fringe Benefits				
Limited Internship Wage Cost	\$ -		\$ -	\$ -
Limited Internship Fringe Benefits Cost	\$ -		\$ -	\$ -
<b>Total Cost of Limited Internship</b>	\$ -		\$ -	\$ -
Miscellaneous Wage Cost (Specify) _____				
_____ Wage Cost	\$ -		\$ -	\$ -
_____ Fringe Benefits Cost	\$ -		\$ -	\$ -
<b>Total Cost of _____</b>	\$ -		\$ -	\$ -
<b>Total Cost of WI Customer Wages &amp; Fringe Benefits</b>	\$ -		\$ -	\$ -
<b>WI CUSTOMER INDIVIDUALIZED TRAINING COSTS</b>				
Tuition Cost	\$ -		\$ -	\$ -
Instructional Supply Cost	\$ -		\$ -	\$ -
Other Individualized Training Cost	\$ -		\$ -	\$ -
Individual Training Account/Voucher Cost	\$ -		\$ -	\$ -
<b>Total Cost WI Customer Individualized Training</b>	\$ -		\$ -	\$ -
<b>WI CUSTOMER SUPPORTIVE SERVICES COSTS</b>				
Child Care	\$ -		\$ -	\$ -
Transportation	\$ -		\$ -	\$ -
Training Payment Cost (Summer Youth Only)	\$ -		\$ -	\$ -
<b>Total Cost of Customer Support Services</b>	\$ -		\$ -	\$ -
<b>WI CUSTOMER NEEDS-BASED/NEED-RELATED PAYMENTS</b>				
List Type and Amount	\$ -		\$ -	\$ -
_____	\$ -		\$ -	\$ -
_____	\$ -		\$ -	\$ -
_____	\$ -		\$ -	\$ -
<b>Total Cost of WI Needs Based/Need-Related Payments</b>	\$ -		\$ -	\$ -
<b>WI PAYMENTS TO EMPLOYERS</b>				
On-the-Job Training (OJT)	\$ -		\$ -	\$ -

<b>FACILITIES COST *</b>				
<b>Total Cost of Facilities or Rent</b>	\$ -	\$ -	\$ -	\$ -
Job Creation Payment Cost	\$ -		\$ -	\$ -
<b>Total Cost of WI Payments to Employers</b>	\$ -		\$ -	\$ -
<b>STAFF TRAINING/TECHNICAL SERVICES COSTS</b>				
List Type and Amount				
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
<b>Total Cost of Staff Training/Technical Services</b>	\$ -	\$ -	\$ -	\$ -
<b>OTHER DIRECT COSTS</b>				
List Type and Amount				
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
<b>Total Other Direct Costs</b>	\$ -	\$ -	\$ -	\$ -
<b>TRAINING/PROFESSIONAL FEES/PROFIT</b>				
Budgeted Profit	\$ -	\$ -	\$ -	\$ -
Professional Fees	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
<b>Total Cost of Training/Professional Fees/Profit</b>	\$ -	\$ -	\$ -	\$ -

\* Each amount listed in this budget must be supported by a cost/price analysis. A separate Excel worksheet may be included. A description should be included in the budget narrative.

**WORKFORCE DEVELOPMENT BOARD**  
 WorkLink Workforce Development Area  
**CLIENT FLOW PROJECTIONS**

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_

Project Activity \_\_\_\_\_ Fund Source \_\_\_\_\_

Period	Clients Served			Clients Exited			Active Clients
	Carryover	New	Cumulative	Positive	Negative	Cumulative	
July	0	0	0	0	0	0	0
August		0	0	0	0	0	0
September		0	0	0	0	0	0
October		0	0	0	0	0	0
November		0	0	0	0	0	0
December		0	0	0	0	0	0
January		0	0	0	0	0	0
February		0	0	0	0	0	0
March		0	0	0	0	0	0
April		0	0	0	0	0	0
May		0	0	0	0	0	0
June		0	0	0	0	0	0
Carryovers							
New Enrollments							
Follow-up							
Total Served							
Planned C/O							

Active Clients equal Cumulative Clients Served minus Cumulative Clients Exited  
 Include a description of how you arrived at your projected participants served.  
 Show your cost per participant calculation.

**WORKFORCE DEVELOPMENT BOARD**  
 WorkLink Workforce Development Board  
**BUDGET FLOW PROJECTIONS**

Service Provider \_\_\_\_\_ Contract # \_\_\_\_\_

Project/Activity \_\_\_\_\_ Fund Source \_\_\_\_\_

Period	Cumulative Expenditures					
	Administration	%	Non-ministrat	%	Totals	%
July						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						