

Program Summary Budget - Title V Program

County: _____

Program Period: July 1, 2013 to June 30, 2014

Budget Category	A. Total Budget	B. Administrative		C. Enrollee Wages Fringe Benefits	D. Program/Other Costs
1. Personnel	0				
2. Fringe Benefits	0				
3. Equipment					
4. Travel	0				
5. Maintenance & Operations	0				
6. Other Expenses	0				
7. Subcontracts	0				
8. Total Budget Lines 1-7	0		0	0	0
9. Total Federal Funds Requested	0	*	**	***	
		%			
10. Non Federal Matching Funds	0	*			
		%			
<p>* Federal share cannot exceed 90% of the Total Budget. ** Federal share of Administration is not to exceed 9.45% of the Federal funds requested. *** Federal share of Enrollee Wages and Fringe Benefits must be at least 75% of the Federal funds requested.</p>					

Title V Supporting Budget Schedule

County : _____
 Program Period: _____ 13-PI-14

1. Personnel: Complete for each administrative/supervisory position. Enter name, title and location (Staff identified on the personnel roster whose salary in column 10 is exclusively Title V need not be listed)

	Annual Salary	Chargeable to Title V	
		%	
Name			
Title			0
Name			
Title			0
Name			
Title			0
Name			
Title			0
Sum of Personnel Roster Column 10 amounts that are exclusively Title V Enrollee wages Total Number of enrollees: _____ Rate per hour: \$ _____			0
Total			0

2. Fringe Benefits:

Staff: Composite Percentage _____%

Amount

Enrollees: the following must be provided:

Social Security _____% Workers Compensation _____%

Physical Examinations _____% Unemployment Insurance * _____%

Disability (Nor-for-Profits only) _____%

Composite Percentage: _____%

Amount

* Note: County can elect not to pay unemployment until claim is filed, therefore, a 0% entry may occur.

Total Fringe Benefits AAA Staff and Title V Enrollees

Title V
0

3. Equipment: (Equipment having a unit cost of \$1,000 or more must be described in detail here. Other equipment items with a unit cost of less than \$1,000 can be described in narrative form at the bottom of this section.)

Item & description (unit cost of \$1,000 or more)	Quantity	Unit Purchase Price	Annual Unit Rental Price	Amount Chargeable to Program
Briefly describe equipment items with a unit cost of less than \$1,000.				
Title V Equipment Total				0

Title V Supporting Budget Schedule (continued)

County: _____
 Program Period: _____

4. Travel: *Per USDoL directive, mileage reimbursement cannot exceed \$.55 per mile*

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5. Maintenance and Operations:

Rental costs:
 Other maintenance & Operations costs:

Total

0

6. Other Expenses: (List Specific items and cost)

Training: \$ _____ Conferences/Seminars: \$ _____
 Bonding: \$ _____ Other: * \$ _____
 * Specify

Total

Total

7. Subcontracts: List each contract and amount.

A copy of the contract must be submitted to NYSOFA before reimbursement will be made.

Subcontractor	NYSOFA use only Contract rec'd	Total Amount Title V Program
Total number of Subcontracts: _____	Total	0

8. Total Budget

Lines 1-7 _____

9. Federal Funds:

Title V Base Allocation: _____

Reallocated/Supplemental Funds _____

Total 0

10. Non-Federal Matching Funds:

Source	Check (√) if In-kind	Amount
Total		0