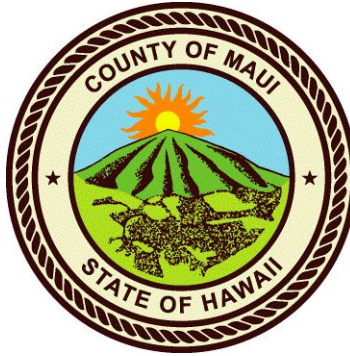


COUNTY OF MAUI
DEPARTMENT OF HOUSING AND HUMAN CONCERNS (DHHC)
GRANTS MANAGEMENT DIVISION



DHHC GRANT APPLICATION
(FY2021)

Mailing Address: 200 South High Street, Wailuku, Hawaii 96793

Office Location: 2200 Main Street, Suite 547, Wailuku, Maui

Phone: (808) 270-7807

Email: grants.hhc@co.maui.hi.us

Table of Contents

1. Application and Supporting Documents Checklist
2. Application Information Page (fillable)
3. Qualifying Standards (fillable)
4. Narrative Proposal template (see Word document attached)
5. Budget Instructions
6. FY2021 Budget Tables (see Excel spreadsheet attached)

Application Submission

1. **Use ONLY the FY2021 forms:**
 - Applications submitted on outdated forms will NOT BE ACCEPTED
2. **DO NOT enclose or attach any of the following items:**
 - Brochures, flyers, photos, support letters, client testimonies, maps, menus, surveys, graphs, charts, etc.
3. **DO NOT place the completed application in a binder or folder of any kind.**
 - Securely fasten the proposal with binder clips only – NO STAPLES

Narrative Proposal Formatting

1. Use the template provided (see Word document attached).
2. Enter your organization name and program title under the header of the first page, then enter the same information in the upper right margin of page two—your organization name, program title and page number should appear on the following pages as your narrative expands.
3. Use 12-point font, and leave one inch margins (not including headers and footers) on all sides of the narrative document.
4. Answer questions (narrative specifications) in the order they appear using the same format provided on the narrative template.

GRANT APPLICATION & SUPPORTING DOCUMENTS CHECKLIST

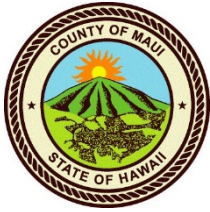
*** Must use FY2021 DHHC Grant Application & Instructions ONLY**

GRANT APPLICATION (Include ALL items in the order listed below)

- Application Information Page**
- Qualifying Standards** – signed and dated
- PROGRAM NARRATIVE**
- BUDGET TABLES** (FY2021)
- Certificate of Vendor Compliance (CVC)** *Must be current
- Certificate of Insurance (COI)**
Comprehensive liability insurance must be issued by an insurance company (the “Carrier”) authorized to do business in the State of Hawaii (an “Admitted Carrier”), or by a company not authorized to do business in the State of Hawaii (a “Non-Admitted Carrier”) only through a general insurance agent or broker licensed in the State of Hawaii.
Please have your insurance agent include these items on the certificate:
 - County named as additional insured.
 - No less than a Combined Single Limit (“CSL”) of liability coverage of \$1,000,000.
 - Minimum annual aggregate limit of \$2,000,000.
 - No erosion of limit by payment of defense costs.
 - Carrier must be rated no less than “A-” as established by “AM Best” or “Standard & Poor” ratings.
- Registration with Hawaii Attorney General Tax & Charities Division** – Must include Unified Registration Statement of Charitable Organizations or Exemption

SUPPORTING DOCUMENTS (Must submit with the Grant Application)

- IRS Form 990** - for fiscal/calendar year 2018 or most recent
- Annual Financial Statements** – Provide financial statements for 2016, 2017 and 2018, one year of which must be audited. Include any findings/deficiencies in the audited financial statements and the agency’s response in addressing each finding/deficiency.
- Internal Revenue Service (IRS) Letter** - Verification of agency's nonprofit tax-exempt status; or, verification of current tax status for profit organizations (whichever applies).
- Articles of Incorporation** - signed and dated.
- Bylaws** - Must be signed and dated and include policies on nepotism and conflict of interest.
- Organizational Flow Chart** showing placement of proposed program within organization
- Current Board Of Directors:** Individual email, address, phone and term; and meeting schedule and location



COUNTY OF MAUI
DEPARTMENT OF HOUSING & HUMAN CONCERNS (DHHC)
GRANTS MANAGEMENT DIVISION (GMD)

DHHC GRANT APPLICATION (FY2021)

(Jul 1, 2020-Jun 30, 2021)

APPLICATION INFORMATION

Date: _____

GRANT APPLICATION FOR: _____
(Program Title)

Legal Name of Organization: _____

Mailing Address: _____

Facility/Site Address: _____

Executive Director: _____ Phone: _____

Email: _____ Fax: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Grant Amount (Allocation/Request): **FY2021** _____

In **ONE (1) SENTENCE**, describe the overall purpose and goal(s) of the **PROGRAM**.

Check if New program

GRANT QUALIFYING STANDARDS

(Acknowledgment and Certification)

I. STANDARDS FOR ALL GRANT APPLICANTS (Please Check)

Applicants must meet ALL of the following provisions (Maui County Code, Section 3.36.040):

- Be a nonprofit organization determined to be exempt from federal income tax by the Internal Revenue Service, or a for-profit organization incorporated under the laws of the State of Hawaii.
- In the case of a nonprofit organization, have a governing Board whose members have no material conflict of interest and serve without compensation.
- Have signed and dated Bylaws or policies which describe the manner in which business is conducted. Such Bylaws or policies shall include provisions pertaining to nepotism and conflict of interest.
- Have signed and dated Articles of Incorporation
- Be licensed and accredited in accordance with applicable requirements of federal, state and county governments, as necessary.

II. GRANT CONDITIONS (Please Check)

The applicant agrees to accept the following terms and conditions pursuant to submission of a grant application, and receipt of a grant award. Any unchecked grant condition items can result in non-acceptance of a grant application, delays in processing, or termination of a Grant Agreement of County Funds.

- Be current in all state, federal and local tax payments or obligations, including registration or exemption from Hawaii Attorney General Tax and Charities Division.
- Have written policy statements, signed and dated by the Board Chairperson, describing the applicant's policies regarding all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, disability or physical handicap, marital status, parental status, arrest and court record, National Guard participation, or AIDS/HIV infection.
- Have written policies establishing non-discrimination in hiring and client services, sexual harassment, financial audit requirements and fiscal procedures, and the applicant's program compliance standards for maintaining an alcohol, tobacco and drug free workplace environment.
- Comply with all grant budget revision policies and procedures as specified in DHHC/GMD budget revision instructions.
- Applicants based outside of Maui County that propose program services within the County of Maui must establish a local advisory committee to provide planning and coordination of the funded program. A designated representative of the Maui advisory

committee must meet regularly with and report directly to the applicant Board of Directors, as specified by the DHHC/GMD.

- Youth Centers (Only): Will comply with current DHHC Youth Center Standards.
- Programs focused on addressing homelessness must show in the grant application how the program supports and/or participates in the Housing First program including the coordinated entry system. Program elements deemed to be enabling homelessness will not be allowed. DHHC is strongly focused on getting clients into housing.
- Substance abuse prevention and treatment programs must demonstrate in the grant application evidence, including reference when applicable, that the program is industry standard, evidence based, best practices and/or has sound evidence of effectiveness.
- Meet all applicable DHHC/GMD liability insurance requirements.
- Employ and/or contract persons qualified to engage in the activity to be funded in whole or in part by the County.
- GRANTEE shall not use any grant funds for proposes of providing entertainment, food and beverages, or perquisites to GRANTEE's employees or staff. For purposes of this Agreement, "perquisites" means a privilege provided or service rendered by GRANTEE to an employee, officer, director, or member of GRANTEE agency to reduce that individual's personal expenses.
- Agrees not to use County funds for any expenditure not directly related to the objectives of the funded program.
- Comply with such other requirements to ensure adherence by the provider or recipient with federal, state, and county laws.
- Allow DHHC staff and/or County auditors full access to records, reports, files, correspondence and other related documents to ensure that the program, management, administrative and fiscal practices of the recipient may be monitored and evaluated for the proper and effective expenditure of grant funds.
- In the event the Agency/grantee experiences a closure, change of focus, or change/termination of its Executive Director, the DHHC/GMD will be notified in writing within thirty (30) days of such action or situation. It is understood that failure to provide the DHHC/GMD with such written notification can result in loss of all or part of a grant allocation, and/or or termination of the Grant Agreement of County Funds.
- Agency By-Laws must remain current in all respects, including but not limited to form and composition of the Board of Directors, maintaining required number of members (at least 80% minimum number of prescribed members), term limits, and adherence to all state and federal laws. By-Laws cannot contain any unreasonable, antiquated, false, or misleading sections, language, or provisions. Agency/grantee agrees to correct any such deficiencies as stipulated by the County, as a precondition to submission of a grant application, execution of a grant Agreement, or receipt of grant funding.

- Any amendments, change(s), or addition(s) to the Agency/grantee By-Laws submitted will be appropriately recorded in Board of Directors meeting minutes. Minutes shall reflect the Board of Directors acceptance of such amendments, changes, or additions. A copy of the relevant minutes pertaining to that action shall be submitted to the DHHC/GMD as part of the standard grant reporting process. Subsequent revised By-Laws to reflect the amendment(s), changes, or additions shall be submitted to the DHHC/GMD in a timely manner.
- DHHC/GMD notice of grant award or a grant allocation letter does not automatically entitle or guarantee grant funding. Submission of a grant application and/or any action pursuant to the processing of a Grant Agreement of County Funds does not constitute entitlement to or guarantee grant funding. Final grant funding is contingent upon the applicant's satisfactory completion, submission, and the DHHC/GMD's final approval of all required documents and/or other material items.

III. CONTRACTS

Upon successful execution of a Grant Agreement of County Funds by all parties, incorporating the terms and conditions of this grant application, signatures, certification of funds, notarizations, and the inclusion of corporate and County seals, grant funds will be allocated and disbursed only by the County of Maui, Director of Finance.

Each grant Agreement shall expressly state that the recipient or provider is not an employee of the County of Maui, but is an independent contractor that will indemnify and hold harmless the County, the appropriate contracting applicant, officers, employees and agents from and against all claims, damages, or costs arising from, or in connection with, acts or omissions of the grant recipient or provider.

IV. RECORDS AND REPORTS

Provide most recent audit with a statement of findings and/or deficiencies with the agency's internal control, if any, and the agency's response to each item identified in the document. All nonprofit organizations must have an audit prepared by an independent CPA at least once every three (3) years.

A recipient of County of Maui grant funds must keep separate financial records and prepare reports according to generally accepted accounting practices. Separate grant accounts records shall clearly delineate the use of County of Maui grant funds so that the expenditure of such funds can be adequately monitored and verified at any time.

Reporting Requirements: At the end of each quarter of the fiscal year, each recipient of a grant of County funds must submit Quarterly Performance Reports to the DHHC/GMD according to the provisions specified below and containing the following information:

- **Quarterly Certification Page (Signed and Dated)**
- **Quarterly Allotment Request Report (QAR) (Signed and Dated)**
- **Quarterly Financial Report (QFR) (Signed and Dated):** Financial reports pertaining to County funds received and expended or encumbered to date.

- **Quarterly Demographic Report (QDR)**
- **Quarterly Narrative Report (QNR):** describing the Board of Directors' status, activities, program outcomes and output, staffing and overall program status.
- **Other information:** Any statistics or documentation (i.e., financial statements, invoices, payroll records and etc.) as requested by the DHHC/GMD for the purposes of program or fiscal monitoring and evaluation.

V. QUARTERLY ALLOCATION OF FUNDS

Grant funds will be disbursed based on the conditions specified in the Grant Agreement of County Funds and shall be consistent with actual and verifiable expenses incurred.

VI. RECOGNITION

The grant recipient shall ensure that the County receives appropriate recognition in all publicity and/or advertising materials, for activities and/or events funded in full or in part by the County of Maui.

VII. GRIEVANCE PROCEDURE

The grant recipient will adopt and maintain a grievance procedure to assure proper accounting for any concerns and complaints about its programs or services that may arise from its employees, clients, or members of the public.

VIII. DISCLOSURE OF INFORMATION

All information, data, and/or any other material(s) provided to the County of Maui in connection with this grant application, shall be subject to the Uniform Information Practices Act (UIPA), Chapter 92F, Hawaii Revised Statutes. All such material is deemed government record, open to the public, and may be provided to other public and/or private funding sources in accordance with applicable state and federal law.

IX. CONTINUED ELIGIBILITY

Any applicant or grant recipient who willfully withholds or omits any material facts, data, or information, or deliberately misrepresents such items to the County of Maui shall:

- 1) Be immediately disqualified from consideration for grant funding; or
- 2) Be in violation of the terms of the Grant Agreement of County Funds.

In such cases, a grant agreement can be terminated by the County and the grantee can be liable to reimburse all or a portion of any grant funds received as a consequence of such action.

Such recipient or provider shall be prohibited from receiving any grant, subsidy, or purchase of service agreement from the County of Maui for a period of up to five (5) years.

X. ACKNOWLEDGMENT

In accordance with the regulations, policies and procedures prescribed by the DHHC/GMD, distribution of grant funds is limited solely to grantees in full compliance with the Qualifying Standards, rules and regulations, and all other DHHC/GMD policies and procedures.

The DHHC/GMD reserves the right to withhold grant disbursements at any time a grantee is deemed not in compliance or in violation of any of the terms and conditions specified herein, or in the Grant Agreement of County Funds.

(Legal Name of Organization)

hereby agrees to administer the

(Program Title)

XI. AMENDMENTS TO THE APPLICATION/EVALUATION

Prior to the execution of any changes, additions, amendments, or deletions of any portion(s) of this grant application, or a duly executed Grant Agreement of County Funds, the applicant must submit a written request and justification for those changes to the DHHC/GMD for its review and approval.

The applicant will cooperate and assist the DHHC/GMD in any effort to evaluate, inspect or otherwise monitor any and all correspondence, files, practices, policies and procedures, or activities pursuant to this application or any grant designation or allocation received as a result of this application.

XII. AUTHORITY AND CAPACITY OF APPLICANT

The undersigned hereby certify that they have read and understands all terms, conditions and specifications pursuant to this grant application. The undersigned stipulates that he/she has the capacity and authority to submit this grant application, and to fully administer the proposed program(s) pursuant to this application.

Signature of Board President/Chairperson Date

Print Name of Board President/Chairperson

Signature of Executive Director/Manager Date

Print Name of Executive Director/Manager

COUNTY OF MAUI
DEPARTMENT OF HOUSING & HUMAN CONCERNS
GRANT APPLICATION (FY2021)

Organization Name

Program Title

Program Proposal

I. Executive Summary:

The Executive Summary should provide a comprehensive synopsis of the most essential elements of the proposed program and must include the following:

1. Purpose and goal(s) of the program.
2. Proposed number of **unduplicated** persons to be served for each fiscal year.
3. The positive change in target population or the community that will result from the program implementation.
4. Specific geographical community or communities that will be served by the proposed program.

II. Background:

What is the purpose and need for the proposed program?

Must specify:

1. Needs and gaps in the community the program addresses.
2. Target population.
3. Past agency experience in the service delivery area.
4. Program personnel – All personnel that affect the program should be included in the table (Table 1) provided.

Table 1 - Program Personnel

Position Title (Please match titles between this narrative and the budget)	Name (List employee name OR indicate if position is currently vacant.)	Required position qualifications	Brief description of main duties for this program	Position is funded in full or in part by Maui County? (Yes or No)

Add additional rows as needed.

III. Program Description:

How will you execute the proposed program?

Describe your program including the purpose, target populations, activities, events, processes and any other pertinent information so it is clearly understood how and when the program will be implemented and who will be served.

Be sure to specifically state:

1. The program services and activities that will address the community need.
2. The positive change(s) or impact(s) that will occur as a result of the program.

IV. Collaboration in Providing Services:

Provide **verifiable** program collaboration with at least three (3) agencies, services, or community resources and use tables 2 to provide your answers.

Table 2

Projected Collaboration in Providing Services			
Agency, service or community resource	Type of coordinated activities	Number of persons to be served	Outcomes to be supported by this collaboration
How collaborations will achieve program Outcomes, and ensure non-duplication of services?			

V. Cost Effectiveness

1. Describe why the proposed program is cost effective and include examples.

VI. Other Funding Resources:

1. Provide examples of planned fundraising activities, prospective funding sources to be solicited, and any ongoing efforts to secure or retain other funding for the proposed program.

VII. Program Evaluation:

How will you measure the program's impact?

This section will become the reportable measures used on the quarterly and final reports.

1. Your program evaluation must include the **Outcome(s)** and **Output(s)** to be achieved.

Definitions

Outcome: The positive change or impact(s) derived by the target population as a result of the service or activity output provided.

Example of Outcome

Outcome 1: 25 clients that are substance abusers will achieve sobriety (verified by testing) upon completion of the C.A.N. program

Output: The specific type of services, activities, or events to be delivered in order to achieve a desired outcome

Examples of Output

Output 1a: Case manager and Counselor will register 60 clients in the C.A.N. program to assist them in attaining a drug free lifestyle.

Output 1b: 30 clients will attend at least 12 C.A.N. program sessions taught by Case Manager.

2. One measure **must be** the total number of unduplicated persons to be served.
3. Use Program Evaluation table provided, to measure proposed program evaluations for each fiscal year.

Table 3-1 Program Evaluation

FY2021 Program Evaluation Projected Impacts (List appropriate measure – number of persons, activities, etc.)	ANNUAL GOAL	1ST QTR	2ND QTR	3RD QTR	4TH QTR
Total Unduplicated Persons Served:					

Add additional rows as needed..

BUDGET INSTRUCTIONS & GUIDELINES

FY2021 budget provisions comply with Maui County's commitment to ensuring that a higher proportion of grant funds are **used for direct program services**.

- **Carefully review the information to be submitted.** Inaccuracies may result in your grant not getting funded and/or delays in the processing of your grant application.
- **Complete each Budget Table and attach the corresponding justification page** for funds that are being requested.

I. SCOPE OF BUDGET

1. **USE ONLY the current DHHC Grant Application Budget forms.** Submission of outdated budget forms will result in rejection of your grant application.
2. **Must include all budget cost directly related to the proposed program only.**

Total agency fiscal information is not required for the Program Budget Summary. However, verification of total agency fiscal data or other information can be requested by the County at any time.
3. Proposed budget items are subject to review and exclusion by the County. The County can disallow any cost item(s) determined to be extraneous or without sufficient justification.
4. Other Resources (Program Budget Summary): Follow budget table instructions regarding identification of additional sources of program funding:
5. Matching funds are not required; however, if you have, or are required to have matching funds for the proposed program, please identify them (Column #3).
6. **Administrative Costs cannot exceed 12%** of the total proposed grant amount.
7. **Direct Services** are those **program activities which contribute to the Outcomes and Outputs of the grant** (scope of work) and include:
 - Face-to-face interaction with program applicants, participants, or other recipients of program services.
 - Phone contact (other than scheduling appointments).
 - Assessments/Client Evaluation (if provided to determine eligibility for services).

II. BUDGET TABLES AND JUSTIFICATION PAGES

Complete a Budget Justification page for each Budget Table that funds are being requested.

1. List each individual budget cost item.
2. Ensure all justification items match those listed on the budget tables.
3. Provide a detailed explanation and relevant calculations of the need for each cost item.

A. PERSONNEL COSTS

1. Schedule of Program Personnel must correspond with the Program Personnel table of the narrative proposal and budget justification page.
2. List each position with the total salary allocated to the proposed program.
 - Administrative positions functioning as admin must be listed in Table G. Admin Cost.
 - Administrative positions providing direct services must be included in Personnel Costs.
3. Employees per position – Individual staff position(s) cannot be spread over a group, aggregate, or multiple numbers of employees. Employee background and credentials must be commensurate with the job description and title of the program position.

B. PAYROLL TAXES/FRINGE BENEFITS

1. Can ONLY be allocated for positions listed in Program Personnel (Table A).
2. Payroll Taxes: Enter the total payroll taxes allocated to program personnel from (Table A) and use the justification page to itemizing tax rates used for FICA, Worker's Compensation, TDI and Unemployment Insurance. ****Use of County funds for Self-Funded Unemployment Benefits are NOT allowed.**
3. Fringe Benefits (Medical & Dental only): Enter the total fringe benefits allocated to the program personnel from (Table A) and use the justification page comment box to provide calculations explaining the cost.

C. EQUIPMENT

1. Purchase of item(s) required for the program costing \$500 or more and having a useful life of more than a year.
2. Equipment rental, repairs and maintenance (if any) must be included in Other Cost (Table F).

D. SUPPLIES

1. Program Supplies: Materials and other consumable supplies required for the program.
 - Food purchase is allowed **only if** it is provided as part of services to program participants. Use of grant funds for providing food and beverages to grantee's employees or staff is not allowed.

E. STAFF TRAINING / TRAVEL

1. Costs associated with trainings, workshops, conferences, seminars, forums, etc., which are required to implement or enhance a program are allowable for professional development training for certifications/licenses or other program related CEU's or documentation that demonstrates professional growth related to "direct services" duties.
 - Discretionary agency staff training, general education, etc., which the organization chooses to provide or participate in (e.g., team building, strategic planning, etc.) is **not allowed**.

F. OTHER COST

1. Costs associated with mileage reimbursement for use of personal vehicles for program transportation or fuel supplies for agency vehicles involved in transportation of program participants are allowed.
2. Contract Services: Providers and services that are contracted to contribute to a portion of the scope of services and achievement of specific program Outcomes and Outputs (e.g., service consultant(s), classroom trainer(s), etc.).
3. Other cost essential to the operation of the program including: Occupancy/rent, utilities, facility repairs/maintenance, postage/freight, printing, telephone, equipment repairs/maintenance and equipment rental.

G. ADMIN COSTS

1. Combined Administrative Costs must remain within the 12% allowable limit
2. Cost items which must be listed under Administrative Costs include:
 - Audit: The County requires an agency audit once every three (3) years and will pay a portion of such audit costs as listed within the 12% Administrative Cost limit.
 - ✓ Provide the total amount of audit costs to be charged to the proposed grant.
 - ✓ Excessive annual or duplicative agency audit costs assigned to more than one County/DHHC grant are not allowed.

- Incidental mileage: Pick-up & delivery, routine meetings, errands, staff travel not related to “client services”
- Professional Fees: Services that support the overall operation of the agency and/or program (e.g., CPA, Bookkeeper, Payroll, Janitorial Services, Facilities Management, MIS Support, etc.).

- Membership Fees/Dues: The County has no obligation to pay national, regional, State, or any other organization membership costs.
 - ✓ If proposed, provide the total yearly amount of membership fees/dues.
 - ✓ The amount charged to the County cannot exceed 25% of the total annual cost of the fees/dues.
- Insurance (General liability, Director & Officer liability)
- Life Insurance & Pension
- Public Relations
- Publications/Subscriptions
- Taxes (General Excise)
- Staff Recruitment & Supervision
- General Administration, Accounting & Payroll preparation
- Staff MIS/Tech Support

III. COST RESTRICTIONS

Federal/State Cost Allocations: General State or Federal cost allocation formulas cannot be applied to budget items or used as a means to justify expenses.



COUNTY OF MAUI
 DEPARTMENT OF HOUSING AND HUMAN CONCERNS
GRANT APPLICATION (FY2021)

PROGRAM BUDGET SUMMARY

Agency Name: _____
 Program Title: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

1. EXPENSE CATEGORIES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. *OTHER RESOURCES (Not from Maui County)	5. TOTAL BUDGET
A. Personnel				
B. Payroll Taxes and Fringe Benefits				
C. Equipment				
D. Supplies				
E. Staff Training				
F. Other				
G. Administrative Costs				
TOTAL COSTS				

***OTHER RESOURCES (Column 4):**
 Total for column #4 (Other Resources) must match source(s) total below.
 Other Resources" applies to funds to be applied to this specific program.

Source(s):	\$ Amount(s):
TOTAL OTHER RESOURCES	

List all other County of Maui grant resources showing the Department, Grant Number, and full grant amount.

County Dept and Grant No.	\$ Grant Amount

A. PERSONNEL

Agency Name: _____
 Program: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

1. PROGRAM PERSONNEL List ALL personnel for the proposed program. *Must correspond with the narrative proposal (program personnel) and justificaton page.	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
TOTAL PROGRAM PERSONNEL COSTS				

BUDGET JUSTIFICATION
(A. PERSONNEL)

Agency Name: _____

(FY2021)

Program Title _____

Jul 1, 2020 - Jun 30, 2021

#	POSITION TITLE & NAME List ALL personnel for the proposed program and indicate if position is vacant. <i>*Must correspond with Program Personnel from the budget table and narrative proposal.</i>	FULL-TIME EQUIVALENT TO AGENCY	ANNUAL SALARY (A)	% TIME BUDGETED TO PROGRAM (B)	% CHARGED TO COM (C)	TOTAL SALARY BUDGETED TO GRANT (A x B x C)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTAL:						

Justification/comments:

B. PAYROLL TAXES AND FRINGE BENEFITS

Agency Name: _____
 Program Title: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

1. PAYROLL TAXES & FRINGE BENEFITS	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Payroll Taxes (FICA, Workers Comp., TDI, Unemp.)				
Fringe Benefits (Medical/Dental Insurance only)				
TOTAL PAYROLL COSTS				

BUDGET JUSTIFICATION
(B. PAYROLL TAXES & FRINGE BENEFITS)

Agency Name: _____

(FY2021)

Program Title: _____

Jul 1, 2020 - Jun 30, 2021

Payroll Taxes and Assessments	Rate (%)	Salary from "A. Personnel" table	
Social Security/Medicare (FICA)			\$ -
Unemployment Insurance (Federal)			\$ -
Unemployment Insurance (State) *not self funded			\$ -
Worker's Compensation			\$ -
Temporary Disability Insurance			\$ -
Subtotal payroll taxes and assessments			\$ -
Fringe Benefits			
Medical			
Dental			
Subtotal fringe benefits			\$ -
Total payroll taxes and fringe benefits			\$ -
<i>Justification comments: (Eg., Medical/dental premiums for x number of employees * 12 months * (% charged to COM) = \$ COM cost)</i>			

C. EQUIPMENT

Agency Name: _____
 Program Title: _____

(FY2021)
 Jul 1, 2020 - Jun 30, 2021

1. EQUIPMENT DESCRIPTION <i>(for program related purchases only)</i>	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
TOTAL EQUIPMENT COSTS				

D. SUPPLIES

Agency Name: _____
 Program Title: _____

(FY2021)
 Jul 1, 2020 - Jun 30, 2021

1. SUPPLIES DESCRIPTION <i>(for program related supplies only)</i>	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
TOTAL SUPPLIES COSTS				

BUDGET JUSTIFICATION
(D. SUPPLIES)

Agency Name: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title.: _____

PROGRAM SUPPLIES	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Supply total of \$400 x 50% charged to program x 100% charged to COM = \$200)
Total:		

E. STAFF TRAINING / TRAVEL

Agency Name: _____
 Program: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

1. STAFF TRAINING/TRAVEL EXPENSES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Air fare/ferry				
Per diem with lodging				
Ground transportaion, gas purchas, parking				
Registration fees				
TOTAL STAFF TRAINING/TRAVEL COSTS				

F. OTHER

Agency Name: _____
 Program: _____

(FY2021)
 Jul 1, 2020 - Jun 30, 2021

1. OTHER EXPENSES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Occupancy/rent				
Utilities				
Travel/mileage (client services)				
Facility repair/maintenance				
Postage/freight				
Printing				
Contract services (program)				
Telephone				
Equipment repair/maintenance				
Equipment rental				
TOTAL OTHER COSTS				

BUDGET JUSTIFICATION
(F. OTHER)

Agency Name: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title.: _____

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Rent total of \$8000 x 50% charged to program x 50% charged to COM = \$2000)
Total:		

G. ADMIN COSTS

Agency Name: _____
 Program: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

1. ADMIN COST <i>(Maximum 12% of total requested budget)</i>	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Audit				
Incidental mileage (non-program services)				
Professional fees				
Insurance (General / Director & Officer liability)				
Life Insurance & Pension				
Public Relations				
Membership Fees/Dues				
Publications/Subscriptions				
Staff Recruitment & Supervision				
General Administration, Accounting & Payroll				
Staff MIS/Tech Support				
TOTAL ADMINISTRATIVE COSTS				

BUDGET JUSTIFICATION
(G. ADMIN COST)

Agency Name: _____

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title.: _____

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Audit total of \$3000 x 30% charged to program x 100% charged to COM = \$900)
Total:		