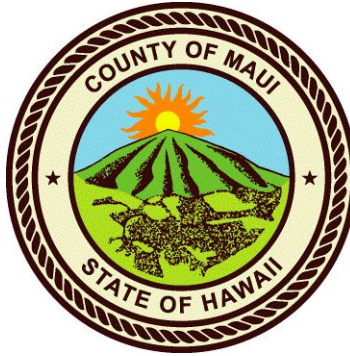


COUNTY OF MAUI  
DEPARTMENT OF HOUSING AND HUMAN CONCERNS (DHHC)  
GRANTS MANAGEMENT DIVISION



**DHHC GRANT APPLICATION  
FERAL ANIMAL CONTROL  
(FY2022)**

Available: January 1, 2022

Deadline: No Later Than January 31, 2022

**Hand delivered applications:**

Must be received by the DHHC/GMD  
No Later Than: 4:30 p.m., January 31, 2022

**Mailed applications:**

Must be postmarked No Later Than: January 31, 2022

**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](mailto: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. Budget Forms – must include a separate set for each fiscal year (see Excel spreadsheet attached)

## Application Submission

1. **Use ONLY the FY2022, forms:**
  - Applications submitted on outdated forms will NOT BE ACCEPTED
2. **DO NOT enclose or attach any of the following items:**
  - Brochures, flyers, support letters, client testimonies, 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
4. **Late and/or incomplete applications, including supporting documents, will NOT BE ACCEPTED.**

## Narrative Proposal Formatting

1. Use the template provided (see Word document attached).
2. Must not exceed Ten (10) pages – including the Executive Summary and all prescribed tables. (Not including budget tables.)
3. Use Calibri 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**

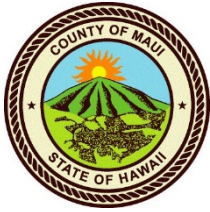
**\* Must use DHHC Grant Application & Instructions ONLY**

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

- Application Information Page**
- Qualifying Standards** – signed and dated
- PROGRAM NARRATIVE**
- BUDGET TABLES** (FY2022: One complete set of budget tables)
- Certificate of Vendor Compliance (CVC)** Must be current within last 3 months
- 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 most recent fiscal/calendar year
- Annual Financial Statements** – Provide financial statements for the most recent three (3) years, 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**  
**FERAL ANIMAL CONTROL**  
**(FY2022)**

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): **FY2022** \_\_\_\_\_ **Island:** \_\_\_\_\_

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 bylaws or policies which describe the manner in which business is conducted. Such bylaws or policies shall include provisions relating to nepotism and management of potential conflict-of-interest situations;
- 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

<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. Specific geographical area that will be served by the proposed program.
3. The impact in target area that will result from the program implementation.

**II. Background:**

*What is the purpose and need for the proposed program?*

Must specify:

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

Table 1 - Program Personnel (Position Title and Personnel Name must match the Personnel Budget table)

| Position Title and<br>(Personnel's Name) | Positions' required<br>qualifications | Brief description of main duties<br>for this program | Funded in<br>full/part of<br>COM grant?<br>(Yes or No) |
|--|---------------------------------------|--|--|
|  |                                       |  |  |
|  |                                       |  |  |
|  |                                       |  |  |
|  |                                       |  |  |

**III. Program Description:**

*How will you execute the proposed program?*

Describe your program including the purpose, target area(s), activities, events, processes and any other pertinent information so it is clearly understood how, where and when the program will be implemented.

Be sure to specifically state:

1. The program services and activities that will address the identified need.
2. If the program contains elements that are evidence based, best practices or scientifically proven (Explain and utilize current relevant references if possible).
3. Description of program implementation timeline.
4. The focus area of the program (can include maps, figures and photos if necessary)
5. The measurable positive change(s) or impact(s) that will occur as a result of the program.

**IV. Collaboration in Providing Services:**

Provide **verifiable existing** 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 | Outcomes to be supported by this collaboration |
|   |                                |  |
|   |                                |  |
|   |                                |  |
| How collaborations will achieve program Outcomes, and ensure non-duplication of services? |                                |  |

**V. Sustainability:**

Describe a sustainability plan including how the program will impact focus area after funded program concludes. Sustainability plan can include future funding and/or how the positive change or impact will continue to be achieved after the DHHC funding terminates.

**VI. Cost Effectiveness**

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

**VI. Other Funding Resources:**

Provide examples of planned fundraising activities, prospective funding sources to be solicited, and/or 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.

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

**Examples:**

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

**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. Use the Program Evaluation table provided (Table 3), to measure proposed program evaluations for each fiscal year.

Table 3 Program Evaluation

| <b>Annual Program Evaluation</b><br>Projected Impacts (List appropriate measure – number of persons, activities, etc.) | <b>ANNUAL GOAL</b> | <b>Data Source</b><br>(ex. Sign-in sheets, database, client log, survey, pre/post-test, etc.) |
|--|--------------------|---|
| Outcome 1:   |                    |   |
| Output 1a:   |                    |   |
| Output 1b:   |                    |   |
| Outcome 2:   |                    |   |
| Output 2a:   |                    |   |
| Etc...   |                    |   |

**PROGRAM BUDGET**

Agency Name: \_\_\_\_\_  
 Program Title: \_\_\_\_\_  
 Period\*: \_\_\_\_\_

(\*Budget must be for only one year. A separate set of budget tables is required for each year)

| EXPENSE CATEGORIES  | (a) Amount Requested   | (b) *Other Resources                    | (c) Total Budget       |
|---|--|---|------------------------|
| <b>A. Personnel</b>   |  |   |                        |
| Salaries  |  |   | -                      |
| <i>Personnel Total:</i>   | 0.00   | 0.00                                    | 0.00                   |
| <b>B. Payroll Taxes and Fringe Benefits</b>   |  |   |                        |
| Payroll Taxes & Assessments   |  |   | -                      |
| Fringe Benefits (Medical/Dental)  |  |   | -                      |
| <i>Taxes and Fringe Total:</i>  | 0.00   | 0.00                                    | 0.00                   |
| <b>C. Equipment</b>   |  |   |                        |
| Equipment/Automobile purchases  |  |   | -                      |
| <i>Equipment Total:</i>   | 0.00   | 0.00                                    | 0.00                   |
| <b>D. Supplies</b>  |  |   |                        |
| Program supplies  |  |   | -                      |
| <i>Supplies Total:</i>  | 0.00   | 0.00                                    | 0.00                   |
| <b>E. Staff Training &amp; Travel</b>   |  |   |                        |
| Airfare/ferry   |  |   | -                      |
| Per diem w/lodging  |  |   | -                      |
| Ground transport, gas purchase, parking   |  |   | -                      |
| Registration fees   |  |   | -                      |
| <i>Training and Travel Total:</i>   | 0.00   | 0.00                                    | 0.00                   |
| <b>F. Other Expenses</b>  |  |   |                        |
| Occupancy/Rent  |  |   | -                      |
| Utilities   |  |   | -                      |
| Travel/mileage (client services)  |  |   | -                      |
| Facilities R & M  |  |   | -                      |
| Postage/freight   |  |   | -                      |
| Printing (program material)   |  |   | -                      |
| Contract services (program)   |  |   | -                      |
| Telephone   |  |   | -                      |
| Equipment rental R & M  |  |   | -                      |
| Insurance - Vehicle/Other   |  |   | -                      |
| <i>Other Total:</i>   | 0.00   | 0.00                                    | 0.00                   |
| <b>G. Administrative Cost (12% maximum)</b>   |  |   |                        |
| Audit   |  |   | -                      |
| Incidental mileage (non-program services)   |  |   | -                      |
| Professional fees   |  |   | -                      |
| Insurance (General /Director & Offer liability)   |  |   | -                      |
| Life Insurance & Pension  |  |   | -                      |
| Public Relations  |  |   | -                      |
| Membership Fees/Dues  |  |   | -                      |
| Publications/Subscriptions  |  |   | -                      |
| Staff Recruitment & Supervision   |  |   | -                      |
| General Admin, Accounting & Payroll   |  |   | -                      |
| Staff IT/Tech Support   |  |   | -                      |
| <i>Admin Cost Total:</i>  | 0.00   | 0.00                                    | 0.00                   |
| <b>TOTAL EXPENSES</b>   | -  | -                                       | -                      |
| <b>List *Other funding sources to be applied to this specific program. Note:</b><br>Total column (b), must match the total below. | List all other County of Maui grants and include the Department, Grant #, and full grant amount. |   |                        |
| <b>Source(s)</b>  | <b>\$ Amount(s)</b>  | <b>County Dept. - Title - Grant no.</b> | <b>\$ Grant Amount</b> |
|   |  |   |                        |
|   |  |   |                        |
|   |  |   |                        |
| <b>Total Other Resources</b>  | -  |   |                        |

### A. PERSONNEL (Budget Justification)

Period: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title \_\_\_\_\_

| #             | POSITION TITLE & STAFF NAME<br>List ALL personnel for the proposed program and indicate if position is vacant.<br><i>*Must match the Program Personnel table from the narrative proposal.</i> | FTE to Agency | Annual Salary (a) | % Time Budgeted to Program (b) | % Time Budgeted to Grant (c) | Total Salary Budgeted to Grant (a x b x c) |
|---------------|---|---------------|-------------------|--------------------------------|------------------------------|--|
| 1             |   |               |                   |                                |                              |  |
| 2             |   |               |                   |                                |                              |  |
| 3             |   |               |                   |                                |                              |  |
| 4             |   |               |                   |                                |                              |  |
| 5             |   |               |                   |                                |                              |  |
| 6             |   |               |                   |                                |                              |  |
| 7             |   |               |                   |                                |                              |  |
| 8             |   |               |                   |                                |                              |  |
| 9             |   |               |                   |                                |                              |  |
| 10            |   |               |                   |                                |                              |  |
| 11            |   |               |                   |                                |                              |  |
| 12            |   |               |                   |                                |                              |  |
| 13            |   |               |                   |                                |                              |  |
| 14            |   |               |                   |                                |                              |  |
| 15            |   |               |                   |                                |                              |  |
| 16            |   |               |                   |                                |                              |  |
| <b>TOTAL:</b> |   |               |                   |                                |                              | -  |

*Justification/comments:*

**B. PAYROLL TAXES & FRINGE BENEFITS (Budget justification)**

Period: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

| Payroll Taxes and Assessments  | Rate (%)<br>(a) | Salary Budgeted to Grant<br>(b) | Amount Charged to Grant<br>(a x b) |
|--|-----------------|---------------------------------|------------------------------------|
| Social Security/Medicare (FICA)  |                 |                                 | \$ -                               |
| Unemployment Insurance (Federal)   |                 |                                 | \$ -                               |
| Unemployment Insurance (State) *not self funded  |                 |                                 | \$ -                               |
| Worker's Compensation  |                 |                                 | \$ -                               |
| Temporary Disability Insurance   |                 |                                 | \$ -                               |
|  |                 |                                 | \$ -                               |
| <b>Subtotal payroll taxes and assessments</b>  |                 |                                 | \$ -                               |
| <b>Fringe Benefits</b>   |                 |                                 |                                    |
| Medical  |                 |                                 |                                    |
| Dental   |                 |                                 |                                    |
| <b>Subtotal fringe benefits</b>  |                 |                                 | \$ -                               |
|  |                 |                                 |                                    |
| <b>Total payroll taxes and fringe benefits</b>   |                 |                                 | \$ -                               |
| <b>Justification comments:</b><br>(E.g., Medical/dental premiums for x number of employees * 12 months * (% charged to COM) = \$ COM cost) |                 |                                 |                                    |



### C. EQUIPMENT (Budget Justification)

Period: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

| EQUIPMENT PURCHASES | QTY | UNIT COST | TOTAL COST | AMOUNT requested from County |
|---------------------|-----|-----------|------------|------------------------------|
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |
|                     |     |           |            |                              |

**Justification/Comments:** (include purpose of equipment purchase and how it will be use to achieve program goals)

### D. SUPPLIES (Budget justification)

Period: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

| PROGRAM SUPPLIES | AMOUNT | JUSTIFICATION/COMMENTS<br>(E.g., Activity workbooks:<br>\$2,000 x 30% to program x 100% to COM = \$600) |
|------------------|--------|---|
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
|                  |        |   |
| <b>Total:</b>    |        |   |

### E. STAFF TRAINING/TRAVEL (Budget Justification)

Period: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

| Name and Title of Employee | Conference/Training: Name, location, date | a<br>Per Diem w/lodging | b<br>Air fare | c<br>Ground Transport | d<br>Register Fees | e<br>Other costs | (a+b+c+d+e)<br>Total |
|----------------------------|---|-------------------------|---------------|-----------------------|--------------------|------------------|----------------------|
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
|                            |   |                         |               |                       |                    |                  | -                    |
| <b>TOTAL:</b>              |   | -                       | -             | -                     | -                  | -                | -                    |

**Justification/comments:** (Include purpose of trip and how it achieves or supports program goals.)

F. OTHER COST (Budget justification)

Period: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title.: \_\_\_\_\_

| OTHER COST    | AMOUNT | JUSTIFICATION/COMMENTS<br>(E.g., Rent: \$20,000 x 30% to program x 100% to COM = \$6000) |
|---------------|--------|--|
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
| <b>Total:</b> |        |  |

## G. ADMINISTRATIVE COST (Budget justification)

Period: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

| ADMIN COST    | AMOUNT | JUSTIFICATION/COMMENTS<br>(E.g., Audit: \$3000 x 30% to program x 100% to COM = \$900) |
|---------------|--------|--|
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
|               |        |  |
| <b>Total:</b> |        |  |