**Awards of Excellence Support Services Initiative Budget**

**State Fiscal Year 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Component  | Specific  | Area |  |  |
| Line Item Budget Summary | Preschool Instructional Excellence | Family and Community Engagement | Linguistically &CulturallyAppropriate Practices | Inclusion/SpecialNeeds | Infant/ToddlerServices | Total Budget |
| A. Personal Services |  |  |  |  |  |  |
| A1 Salaries |  |  |  |  |  |  |
| A2 Payroll Taxes |  |  |  |  |  |  |
| A3 Other Benefits |  |  |  |  |  |  |
| A4 Contractual |  |  |  |  |  |  |
| B. Consumables |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Printing |  |  |  |  |  |  |
| Postage |  |  |  |  |  |  |
| C. Occupancy |  |  |  |  |  |  |
| Rent |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Building Maintenance |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |
| D. Miscellaneous |  |  |  |  |  |  |
| Staff Travel |  |  |  |  |  |  |
| Equipment Maintenance |  |  |  |  |  |  |
| Depreciation |  |  |  |  |  |  |
| Conference, Meetings, etc. |  |  |  |  |  |  |
| E. Other (specify) |  |  |  |  |  |  |
| E1.Client Subsidies |  |  |  |  |  |  |
| E2.Technology (software, etc.) |  |  |  |  |  |  |
| E3. |  |  |  |  |  |  |
| E4. |  |  |  |  |  |  |
| E5. |  |  |  |  |  |  |
| F. Indirect |  |  |  |  |  |  |
| Total  |  |  |  |  |  |  |

Personal Services Detail

The TOTAL figures must match those reported for A. Personal Services: A1-A4 in budget summary line items.

For each position, enter the full-time equivalency (FTE) for that position. An FTE of 1.0 means that the position is equivalent to a full-time worker. An FTE of 0.5 indicates that the worker is only half-time. Note: There should be a correlation between the number of FTE’s budgeted for direct service and quantity of service hours to be delivered. In other words, amounts that are billed should be proportionate to the services delivered.

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| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 |  |
| Last Name | First Name | Job Position (title) | Program Full Time Equivalent (FTE) | Total Salary/Wages w/out fringes -RTT Budget |  |
| A.1 | Salaries & wages (regular full & part time employees) |   |   |   |   |   |   |
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| TOTALS | A. Salaries & Wages [line a.1] |  |  |  |
|   |   |   |   |
| A2A3 | Payroll Taxes & Benefits | 1. Employee Health & Retirement |   |
| 2. FICA Taxes |   |
| 3. Worker's Compensation |   |
| Total Payroll taxes 1-3 |   |   |   |  |
| 4.A3 Other Employee Benefits |  |
|   |  |
|   |   |
| A4 | Contractual (including temps) |   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
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| D. Total Contractual [a.4] |  |  |
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Indirect Detail (Applicants without a federally approved indirect rate)

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|  | All costs that can be identified as direct costs should be included as a direct line item expenditure |  |  |  |
|  | All costs that support the operation of the entire program and cannot be directly allocated to a specific program area line items are grouped together as the program’s indirect cost. These costs typically include items that benefit the agency as a whole(e.g., audits, salaries and benefits of executive and support staff, portion of rental cost for common areas such as lobby, meeting rooms). |
|  |  |  |
|  | Indirect costs may not exceed 15% of the total budget. |  |  |  |  |
|  | Indirect Expense Item | A. RTT Budget Total  |  |  |  |  |  |  |  |  |
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|  | Total Allocated Indirect | 0 |  |  |  |  |  |  |  |  |
|  | Indirect Percentage |   |  |  |  |  |  |  |  |  |
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