**BUDGET FOR THE ADMINISTRATION OF THE ILLINOIS YOUTH SURVEY**

**NOTE:** For information to assist with the preparation of your agency’s budget, see [http://www.dhs.state.il.us/page.aspx?item=66900](https://webmail.illinois.gov/owa/redir.aspx?C=Is4zHwHnzkWkjsaFJ2AC4Qa8d6wdVtIIMUknK1bk6CzYsWRFDfLpNmm03NapaTyUPEytejWJDSQ.&URL=http%3a%2f%2fwww.dhs.state.il.us%2fpage.aspx%3fitem%3d66900) to reference the FAQs. For a copy ofthe CFR, *please see the* [*Budget Instruction Manual for FY 14 (pdf)*](https://webmail.illinois.gov/owa/redir.aspx?C=Is4zHwHnzkWkjsaFJ2AC4Qa8d6wdVtIIMUknK1bk6CzYsWRFDfLpNmm03NapaTyUPEytejWJDSQ.&URL=http%3a%2f%2fwww.dhs.state.il.us%2fOneNetLibrary%2f27896%2fdocuments%2fManuals%2fCSAtrackingSystem%2fCSAProviderTracking_FY14CFR_Budget.pdf) and refer to the guidance found on page 55. Please complete one budget for FY16 IYS administration and one budget for FY17 reporting. Clearly identify the fiscal year on each budget.

|  |
| --- |
| **Directions for Completing the Budget Narrative:**1. **Content:** All information provided in this Budget Narrative should be specific to IYS activities and funding.
2. **Format:** Use ONLY this form in Microsoft Word – Times Roman 12.
3. **File Naming:** IYS\_InsertNameofYourOrganization\_Budget\_InsertDateSubmitted
4. **Rounding:** Round off cents to whole dollars. To round off amounts to the nearest whole dollar, drop amounts under 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, $1.39 becomes $1 and $2.50 becomes $3. If you have to add two or more amounts to figure the amount to enter on a line, include cents when adding and only round off the total.
 |

|  |  |
| --- | --- |
| **Agency Name** | Replace this text with Agency Name |
| **Executive Director Name** | Replace this text with Executive Director Name |
| **Email of Executive Director** | Replace this text with Email Address of Executive Director |
| **Phone Number of Executive Director** | Replace this text with Phone Number of Executive Director |
| **Name of Fiscal Contact** | Replace this text with Fiscal Contact Name |
| **Email of Fiscal Contact** | Replace this text with Email Address of Fiscal Contact |
| **Phone Number of Fiscal Contact** | Replace this text with Phone Number of Fiscal Contact |

1. **Personnel**

*[****Directions:*** *In the table below, for each position funded in whole or part by this IYS grant, add the title and name of the position, annual salary for each employee, percentage of time spent by each employee on this grant, and calculated costs charged to this grant for each position – including total cost. Add rows, if needed.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title** | **Employee Name** | **Annual Salary/Rate** | **% of time spent on grant (FTE)** | **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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*[****Directions:*** *In the space below for JUSTIFICATION, describe the role and responsibilities of each position above that you are requesting IYS grant funds to cover.]*

**JUSTIFICATION:**

1. **Fringe Benefits**

*[****Directions:*** *In the table below, list the following information for each fringe benefit component related to personnel above, including name of the component (e.g. health insurance, social security, workers compensation, etc.),the rate applied or the amount (e.g. one amount used for health insurance), personnel costs from A. Personnel, and cost charged for each component – including total cost. Add rows, if needed.]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Rate** | **Personnel Cost** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL COST:** |  |

*[****Directions:*** *In the space below for JUSTIFICATION, describe the method for calculating fringe benefits.]*

**JUSTIFICATION:**

1. **Travel**

*[****Directions:*** *In the table below, list the purpose for local and/or out of state travel planned for the IYS grant, location of travel, each related travel item (e.g. mileage, lodging, per diem, etc.), rate, and cost for each travel item requested – including total cost. Travel must be associated with the program and must follow IDHS travel guidelines – visit:* [*http://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx*](http://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx)*. Add rows, if needed.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of Travel** | **Location** | **Travel Item** | **Rate** | **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL COST:** |  |

*[****Directions:*** *In the space below for JUSTIFICATION, describe the purpose of travel, how costs were determined, and the IYS grant activity for which travel costs are associated.]*

**JUSTIFICATION:**

1. **Supplies**

*[****Directions:*** *In the table below, list the supplies and/or materials e.g. office supplies, survey supplies, etc.) needed to accomplish IYS grant activities, rate at which the grant is being charged, and cost of each item – including total cost. Add rows, if needed.]*

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL COST:** |  |

*[****Directions:*** *In the space below for JUSTIFICATION, describe the purpose of supplies and/or materials, how costs were determined, and the IYS grant activity for which supply costs are associated.]*

**JUSTIFICATION:**

1. **Equipment**

*[****Directions:*** *In the table below, list the equipment items being charged to the IYS grant, rate at which the grant is being charged, and costs of each item – including total cost. Add rows, if needed.]*

|  |  |  |
| --- | --- | --- |
| **Equipment Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL:** | $0 |

*[****Directions:*** *In the space below for JUSTIFICATION, describe the need for the equipment as it relates to IYS grant activity with a justification of how each cost was determined.* ***NOTE:*** *For equipment purchases over $500, attach an estimate showing cost, description of equipment, and place where you obtained the quote.]*

**JUSTIFICATION:**

1. **Contractual**

*[****Directions:*** *In the table below, list any contractual service needed to implement IYS services, rate (e.g. daily, hourly, etc.) at which the grant is being charged, and costs of each service – including total cost.* ***NOTE:*** *A written sub-contract agreement must be approved prior to initiating any sub-contractual relationships. Outline the contractual services in the table and justification.]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Contractual Service** | **Service** | **Rate** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL:** |  |

*[****Directions:*** *In the space below for JUSTIFICATION, explain the need for each contractual agreement (unexecuted sub-contractual agreement will be required from the successful applicant) and how it relates to the IYS plan.]*

**JUSTIFICATION:**

1. **Other**

*[****Directions:*** *In the table below, list any expenses not covered in any of the previous budget categories – including rate and total cost. Add rows, if needed.]*

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL:** |  |

*[****Directions:*** *In the space below for JUSTIFICATION, break down costs into cost/unit. Explain the use of each item requested as it relates to the IYS plan.]*

**JUSTIFICATION:**

**Budget Summary**

Complete the Budget Summary by inserting total costs for each budget category and an overall total for your plan.

|  |  |
| --- | --- |
| **Category** | **Total Costs** |
| 1. Personnel
 |  |
| 1. Fringe
 |  |
| 1. Travel
 |  |
| 1. Supplies
 |  |
| 1. Equipment
 |  |
| 1. Contractual
 |  |
| 1. Other
 |  |
| **OVERALL TOTAL:** |  |