

**Budget Instructions for Completing the Budget Template for organizations submitting a Response to the Request for Proposal to participate in the the SNAP-ED Program**

**Submission Instructions:**

- Please submit your completed budget justification with your application/proposal by the deadline stated in the RFP.

**General Instructions:**

- Budgets must support the organizations ability to meet the Scope of Work requirements
- Provide budget itemization and justification for all items.
- Organizations must use Department of Personnel Administration (DPA)/California Department of Public Health (CDPH Travel Reimbursement Rates (0.555 per mile)
- Indirect costs must be no more than 15% of personnel and fringe benefits.

**INSTRUCTIONS FOR EACH BUDGET CATEGORY**

Fill in all pertinent contractor information.

**PERSONNEL**

- **Position/Title** - Fillin the position name or title
- **Name** - Fille in the name of the employee in the proposed position.
- **Hourly Wage** - Calculate the hourly wage and list (do not include benefits)
- **# of months** - List the number of months the employee will be in the position during the contract period.
- **Total Personnel** - multiply the hours per month x the hourly wage x the number of months to arrive at the total.
- **% of Time to Program** - Calculate the percentage of time employee will be working in the position per month and list the amount.
- **Cost per Month** - List the actual cost per month for employer paid benefits.
- **# of months** - List the number of months the employee will be in the position during the contract period.
- **Total Benefits** - multiply the percentage of time to the program x actual benefit x number of months to arrive at the total.
- **Total Personnel Expenses** - Add total salary and total benefits to arrive at the total.

**DIRECT TO SERVICE OPERATING COSTS**

**Item Description** - Enter the description details of the items and/or methodology for arriving at amount.

*Example:*

*Travel - local travel of 20 miles x 0.555 per mile*

*Rent - 150 sq ft x \$1/sq ft x % time to program x number of months*

**INDIRECT**

Multiply total Personnel Expenses (salary/benefits) by 15% and list total.

**BUDGET GRAND TOTAL**

Add the total from each category to arrive at budget grand total.

**INVOICING:**

Use the sample invoicing template provided in the contract when submitting invoices.

To calculate hourly rate for invoicing:

Divide the Budget Grand Total by the total hours allocated to program = hourly rate

**BUDGET JUSTIFICATION**

Contractor's Name: _____	Purpose: _____
Address: _____	Period: _____
Contact Person: _____	
Phone Number: _____	

**PERSONNEL EXPENSE**

*Salary (hourly wage x hours per week x number of pay periods)*

Postion/Class	Name	Hours p/month	Hourly Wage	# of months	Amount
			\$		
<b>Total Salary</b>					<b>\$ -</b>

*Benefits (employer paid benefits of staff performing actual service)*

Name	Type of Benefit	% time to program p/month	Cost per month	# of months	Amount
	Work Comp.				\$ -
	Health benefits				\$ -
	Unemployment Ins.				\$ -
	Medi-Care				\$ -
	Life Insurance				\$ -
	Retirement Fund				\$ -
<b>Total Benefits</b>					<b>\$ -</b>
<b>Total Personnel Expenses:</b>					<b>\$ -</b>

**DIRECT TO SERVICE OPERATING COSTS**

Expense	Description or Methodology	Amount
Office Supplies	_____	\$ -
Travel (0.555 p/mile)	_____	\$ -
Communication	_____	\$ -
Rent	_____	\$ -
Utilities	_____	\$ -
Insurance (prorated share)	_____	\$ -
Other:	_____	\$ -
<b>Total Operating Expense</b>		<b>\$ -</b>

**INDRECT**

Indirect	Includes overhead costs not to exceed 15% of Personnel Expense (Salaries & Benefits)	align="right">\$ -
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**OTHER**

Other:	_____	align="right">\$ -
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<b>BUDGET GRAND TOTAL</b>	<b>\$ -</b>
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**INVOICING:**

To calculate hourly rate for invoicing:

Divide the Budget Grand Total by the total hours allocated to program = hourly rate