

## Budget Narrative Instructions

<b>Salaries</b>	List each staff position by SFW title. Indicate the gross salary (from all sources) and the percentage of time to be charged to this program.
<b>Fringe Benefits</b>	<p>This section represents total fringe benefit costs for staff that are budgeted and work directly with the SFW program. Indicate the fringe benefit costs as a percentage of salaries or a monthly cost per staff, as appropriate. Fringes include:</p> <p><u>FICA/MICA</u>: Set by the Internal Revenue Services (IRS) at the current rate of 7.65% or corresponding rate due to wage base limit (Please note 6.20% Social Security (wage base limit \$1110,100 for 2012) and 1.45% Medicare Rate)</p> <p><u>Unemployment</u>: Enter the agency's rate for Unemployment Compensation Insurance.</p> <p><u>Retirement</u>: enter the agency's rate for retirement benefits.</p> <p><u>Health Insurance</u>: Enter the monthly cost of health insurance per staff. For single coverage only (no family coverage) and only for staff that have coverage. Include the number of FTE's in the calculation.</p> <p><u>Life insurance</u>: Enter the monthly cost of life insurance per staff. Include the number of FTE's in the calculation.</p> <p><u>Other Fringe</u>: Enter any additional fringe benefits offered for staff. List the description of the benefit.</p>
<b>Participant Costs</b>	For wages, indicate the number of participants enrolled in this activity times the hourly pay rate times the number of hours. For supportive services, indicate the number of participants who will receive these services times the unit cost of the supportive services. For any other activity within this budget category, clearly indicate the activity and how the cost was computed.
<b>Equipment Purchases</b>	For each type of equipment to be purchased, list the number of items and the unit cost for each item. If awarded, Capital equipment budgeted must be purchased by SFW.
<b>Supplies</b>	For item to be purchased, list the number of items and the unit costs for each item. An alternate method of calculation, such as cost per participant or staff, would also be acceptable.
<b>Travel Costs</b>	<p>The local travel method of calculation must be shown as number of miles traveled times the cost per mile times the number of staff that will be performing the travel.</p> <p>Out of Town travel costs need to clearly indicate the type of travel and purpose and a calculation for any per diem costs.</p>
<b>All Other costs</b>	List each cost, indicating the unit cost times the number of items, or clearly explain how the cost was derived. Explain

**Attachment J**

	which service or activity is supported by this cost.
<b>Indirect Cost</b>	Calculate the total indirect cost by multiplying the approved rate time the base. Note: this category may only be used by organizations with an Indirect Cost Rate approved by an authorized federal or state agency. Documentation of the rate must also be provided.
<b>Profit Rate</b>	Note: profit rate is for profit organizations only and is subject to performance achievement and negotiation.
<b>Staff Incentives</b>	Provide a list of each staff position that will receive an incentive. Indicate the amount per staff and the performance requirements that staff will need to meet in order to receive the incentive.