

## Colorado Department of Human Services - Office of Behavioral Health (OBH)



### Budget Template Instructions

#### **General Instructions:**

The Budget Template should be used to explain how an agency plans to use OBH funds consistent with the proposed Work Plan. The Budget Template includes three worksheets: Instructions, Budget Example and Budget Template. The budget example does not reflect the actual dollar amount available for this grant. Please confirm this amount from your Program or Fiscal contact. Budget requests and their associated deliverables need to be in alignment and provide a consistent, logical picture of what is to be accomplished, by whom, and the associated costs. In the event that this alignment does not occur, applicants may be contacted with requests for clarifications and/or modifications. Additional information regarding Direct and Indirect Costs, Modified Total Direct Costs and unallowable costs can be found in the OMB Super Circular.

The budget groups in the template are provided for guidance purposes only. Contractors are not required to address each budget group if it is not applicable to the proposal.

The information contained in each expenditure category helps OBH understand the budget. Please provide narrative for each category in the "Description of Work" or the "Description of Item" section.

The form is an Excel worksheet that includes instructions in various cells that can be viewed by hovering the computer mouse over the cells. The instructions below give additional guidance.

#### **Contact Information**

Complete the top portion of the form by providing Agency Name, Budget Period, Project Name, and Contact Information for both Program and Fiscal contacts.

**Program:** Enter OBH Program Name

**Agency Name:** Enter agency's name

**Budget Period:** Enter budget/ project period dates

**Project Name:** Enter the project name

**Program Contact Name, Title, Phone and Email**

Enter agency's program contact information here

**Fiscal Contact Name, Title, Phone and Email**

Enter agency's fiscal contact information here

**Date Completed**

Enter the date this budget was completed and submitted to OBH

**Personnel Services (Salaried Employees and Hourly Employees)**

It is OBH's expectation that agency employees included in this section will complete all of the work related to the project/contract.

**Column B: Position Title**

Example 1: Project Coordinator (salaried)

Example 2: Project Administrator (hourly)

**Column C: Description of Work**

Use the "Description of Work" column of the budget template to address the role and expected contribution of budgeted personnel. The time commitment of each individual should be justified as a reasonable estimate for the work to be performed. A description of how fringe benefits are projected and what components are included in the calculation (insurance, paid time off, pension, etc.) must be included. For hourly employees, please include hourly rate, hourly fringe and the number of hours budgeted.

**Columns D-F (salaried employees): Gross or Annual Salary / Fringe / Percent of Time on Project**

Enter the Gross or Annual salary, Fringe, and the Percent of Time Spent on Project for each employee that will work on the project.

For example: A full-time salaried employee is paid \$60,000 a year; their fringe benefits rate is 22%; they plan to spend approximately 100% of their time on the project. Their total contribution to the Work Plan is calculated as follows:

\$	60,000 *Gross Annual Salary
	22%Fringe %
\$	13,200 *Fringe (\$60,000 x 22%)
\$	73,200 Annual Salary + Fringe (\$60,000 + \$13,200)
	100% *Percent of Time on Project
\$	73,200 Amount Requesting from OBH (automatically calculates)

\*Enter into the Budget Template

**Columns D-F (hourly employees): Hourly Wage / Hourly Fringe / Number of Hours on Project**

Enter the Hourly Wage, Hourly Fringe and the Total # of Hours on Project than an employee will work on the project.

For example: An hourly employee is paid \$15/hour with 25% fringe; their time on the project will be 20 hours/week for 39 weeks. Their total contribution to the Work Plan is calculated as follows:

20 hours/week x 39 weeks = 780 Hours

\$15/hour x 25% fringe = \$3.75/hour fringe

\$15/hour + \$3.75/hour = \$18.75/hr

\$18.75/hour x 780 hours = \$14,625

ENTER ON FORM:

\*Hourly Wage  
 25%Fringe %  
 \$ 3.75 \*Hourly Fringe (\$15 x 25%)  
 \$ 18.75 Hourly Wage + Fringe (\$15.00 + \$3.75)  
 780 \*Total # of Hours on Project (20x 39 weeks)  
 \$ 14,625 Amount Requesting from OBH (automatically calculates)

\*Enter into the Budget Template

**Column G: Total Amount Requested from OBH**

This column should reflect the amount(s) the agency is requesting from OBH for each employee working on the project.

**Total Personnel Services (including fringe benefits)**

This row should show the totals for each columns and reflect the total amount of Personnel Services costs the agency is requesting from OBH.

**Contractors/Consultants (payments to third parties or entities)**

This category should describe costs for subcontractors (persons not employed by the agency) needed to complete work on the Work Plan. This includes consulting and personal services subcontracts. The Description of Item should specify the need for the subcontractor, the selection process, the work to be performed, how costs were calculated and the expected deliverables. OBH may request copies of contractual and grant agreements or MOU/MOA's during the contract period. Subcontractors may not be pre-paid for services. All Subcontractor contracts must follow a cost reimbursement structure.

**Column B: Item**

List the name of subcontractor

Example 1: ABC Training, Inc.

**Column C: Description of Item**

Example 1: Project Towards No Drug Abuse Trainer

A contractor will be hired to conduct Project Towards No Drug Abuse training for 2 days with up to 15 participants from 3 area high schools. The contractor will be responsible for development and facilitation of training. A Request for Proposal will be developed to elicit contractors. Applications will be scored and selected based on reasonableness of cost and ability to meet stated criteria. The program staff members do not have the necessary skills to carry out the proposed work required as training skills are very specialized. Hiring a contractor is more feasible and cost effective than hiring a full-time employee for the first project year.

**Column F: Rate and Column G: Quantity**

Describe Rate in Column F and Quantity in Column G, if appropriate.

Describe rate in this column if appropriate.

Example 1: trainer expenses will be \$2,000/session.

Rate: \$2,000

For example, ONE training session necessary

Quantity: 1

Total = \$2,000 (\$2,000 x 1)

**Column H: Total Amount Requested from OBH**

This column should reflect the amount(s) the agency is requesting from OBH for each subcontractor.

**Total Contractors/Consultants**

This row should reflect the total amount of Contractors/Consultants costs the agency is requesting from OBH.

**Travel**

This expenditure category should include all in-state and out-of-state travel expenses. Conferences, training and out-of-state travel must be budgeted and pre-approved by the OBH program manager and directly enhance or contribute to the Contractors ability to perform the contracted scope of work. Please separate lodging, meals, mileage, airfare, and other travel costs, and indicate how they support the Work Plan. Use the Description of Item column to describe the necessity and reasonableness of all estimated travel costs. Indicate which project personnel will be traveling and describe their anticipated contributions to the Work Plan. Detail how cost estimates for airfare, mileage, ground transportation, lodging, etc. were determined. Include any mandatory meetings. OBH may require submission of an agency's travel policy during the contract period. All travel must be in compliance with the agency's travel plan or the state travel fiscal rules and rates, which are updated frequently and may be found: <https://www.colorado.gov/pacific/osc/travel-fiscal-rule>.

**Column B: Item**

List the item in this column: i.e., mileage, lodging, meals, airfare, etc.

**Column C: Description of Item.**

This section should describe the necessity and reasonableness of all estimated travel costs. Indicate the project personnel who will be traveling and describe their anticipated contributions to the work plan. Detail how cost estimates were determined.

**Column F: Rate and Column G: Quantity**

Describe Rate in Column F and Quantity in Column G, if appropriate.

Example 1: Mileage

Description of Item: Program Coordinator traveling to 3 schools and other meetings, as needed by the grant. Reimbursement at \$.52/mile. (20 miles round trip per school, once a month =  $20 \times 3 \times 12 = 720$  miles/year + 20 miles once a month =  $20 \times 12 = 240$ )

\$ 0.52 Rate  
960 Quantity (720+240 = # of miles)

Example 2: Meals for SAPST training

Description of Item: Program Coordinator attending SAPST training.

\$ 50.00 Rate (daily per diem)  
3 Quantity (# of days)

Example 3: Lodging for SAPST training

Description of Item: Program Coordinator attending SAPST training.

\$ 149.00 Rate  
3 Quantity (# of days)

**Column H: Total Amount Requested from OBH**

This column should reflect the amount(s) the agency is requesting from OBH for each travel line.

**Total Travel Expenses**

This row should total Travel Expenses the agency is requesting from OBH.

**Supplies & Operating Expenses**

Supplies and operating expenses may include, but are not limited to, postage, office supplies, paid media, educational materials, and copying.

**Column B: Item**

This column should list the item to be used in support of the Work Plan. Noted below are a two examples from the example in Attachment C - Work Plan

Example 1: Training Materials - TND materials for 225 youth for 3 schools

Example 2: Telephone lines/long distance and Internet services

**Column C: Description of Item**

This is a description of the item(s) listed in Item Column. Use the Item Description Column to describe the rationale for the costs budgeted (how it will be used to advance the Work Plan) and how cost estimates are calculated.

Example 1: Includes work book and other necessary supplies. Work book = \$15/student ( $\$15 \times 225 = \$3,375$ ) and teacher supplies (paper, markers, flip chart, etc...) \$20/9 sessions ( $\$20 \times 9 = \$180$ )

**Column F: Rate and Column G: Quantity**

Describe Rate in Column F and Quantity in Column G, if appropriate.

Example 1: work books and teacher supplies

225 student participants	9 sessions
\$ 15.00 work book expense	\$ 20.00 teacher supplies per sessions
\$ 3,375.00 total student supplies	\$ 180.00 total teacher supplies
\$ 3,375.00 total student supplies	
\$ 180.00 total teacher supplies	
\$ 3,555.00 *Total Amount Requested from OBH	

\*Enter into the Budget Template

Example 2: Internet/server access services and telephone services cost averages \$206.19 per person x 1 staff.

\$ 206.19 *Rate
1 *Quantity
\$ 206.19 Total Amount Requested from OBH

\*Enter into the Budget Template

**Column H: Total Amount Requested from OBH**

This column should reflect the amount(s) the agency is requesting from OBH for each supply item.

**Total Supplies & Operating Expenses**

This row should total the Supplies & Operating Expenses the agency is requesting from OBH.

**Total Direct Costs (TDC)**

This row is the total of all Direct Costs the agency is requesting from OBH (Personnel Services, Contractors/Consultants, Travel and Supplies & Operating).

**Modified Total Direct Costs (MTDC) per OMB 2CFR § 200**

Modified Total Direct Costs are calculated by subtracting certain expenses from the TDC. This is calculated when a Contractor has selected the 10% Indirect Rate. Certain expenses include:

\*Subcontracts in excess of \$25,000: Include any dollar amount above \$25,000 for one contractor

\*Rent: Include rent if listed under Operating as a direct expense.

\*Equipment: Include equipment over \$3,000 or with a long term lease.

\*Other Unallowable Expenses: Include such items as tuition remission, charges for patient care, etc...

**Indirect Costs**

Indirect costs will be paid according to the OMB Super Circular provision. Any non-federal entity (including a non-profit organization) shall use either the de minimis rate of 10% of modified total direct costs (MTDC) or an approved and negotiated indirect cost rate (federal or state approved rate.)

**Column B: Item**

Please reflect one of the Indirect Cost options for this section. Indirect Costs may be requested (1) using the agency's Federally Negotiated Indirect Cost Rate or (2) agency's State Negotiated Indirect Cost Rate or (3) 10%.

**Column C: Description of Item (description is not necessary for the negotiated rate agreement)**

Example: Using indirect cost rate that applies 10% of Modified Total Direct Costs.

**TOTAL**

This row should be the TOTAL of all expenses, including Indirect Costs that the agency is requesting from OBH for the project.



Colorado Department of Human Services  
Office of Behavioral Health  
**ANNUAL BUDGET**

**Revision Date:**

<b>Agency Name</b>	ABC Center
<b>Budget Period</b>	7/1/2017 -6/30/2018
<b>Project Name</b>	XYZ Project

<b>Program Contact Name, Title, Phone and Email</b>	Jane Smith, Project Coordinator, 303-888-5555, jane.smith@abchealthctr.org
<b>Fiscal Contact Name, Title, Phone and Email</b>	John Williams, Finance Director, 303-888-5556, john.williams@abchealthctr.org
<b>Date Completed</b>	2/22/2017

**The budget example does not reflect the actual dollar amount available for this grant.**

Expenditure Categories					
Personnel Services Salaried Employees					Annual Budget
Position Title/Employee Name	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from OBH
Project Coordinator	Provides project/budget oversight , creates TND website, ensures deliverables are met. Fringe includes insurance, PTO and pension.	\$60,000	\$13,200	100%	\$73,200.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00



					\$0.00
<b>Personnel Services Hourly Employees</b>					<b>Annual Budget</b>
<b>Position Title/Employee Name</b>	<b>Description of Work</b>	<b>Hourly Wage</b>	<b>Hourly Fringe</b>	<b>Total # of Hours on Project</b>	<b>Total Amount Requested from OBH</b>
Project Administrator	Supports Project Coordinator with program administration.	\$15.00	\$3.75	780.00	\$14,625.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>Total Personnel Services (including fringe benefits)</b>					<b>\$87,825.00</b>
<b>Contractors/Consultants (payments to third parties or entities)</b>					<b>Annual Budget</b>
<b>Name</b>	<b>Description of Item</b>	<b>Rate</b>	<b>Quantity</b>	<b>Total Amount Requested from OBH</b>	

ABC Training, Inc.	A contractor will be hired to conduct Project Towards No Drug Abuse training for 2 days with up to 15 participants from 3 area high schools. The contractor will be responsible for development and facilitation of training. A Request for Proposal will be developed to elicit contractors. Applications will be scored and selected based on reasonableness of cost and ability to meet stated criteria. The program staff members do not have the necessary skills to carry out the proposed work required as training skills are very specialized. Hiring a contractor is more feasible and cost effective than hiring a full-time employee for the first project year.	\$ 2,000.00	1	\$2,000.00
TIPS Trainer	Outreach & 12-monthly training sessions in Denver area with 25 participants. A contractor will be hired to conduct TIPS Training once a month in the metro Denver area for 25 participants. The contractor will be responsible for development and facilitation of training. A Request for Proposal will be developed to elicit contractors. Applications will be scored and selected based on reasonableness of cost and ability to meet stated criteria. The program staff members do not have the necessary skills to carry out the proposed work required as training skills are very specialized. Hiring a contractor is more feasible and cost effective than hiring a full-time employee for the first project year.	\$ 200.00	12	\$2,400.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>Total Contractors/Consultants</b>				<b>\$4,400.00</b>
<b>Travel</b>				<b>Annual Budget</b>

Item	Description of Item	Rate	Quantity	Total Amount Requested from OBH
Mileage	Program Coordinator traveling to 3 schools and other meetings, as needed by the grant. Reimbursement at \$.52/mile. (20 miles round trip per school, once a month = 20x3x12=720 miles/year + 20 miles once a month =20x12=240)	\$ 0.52	960	\$499.20
Meals	SAPST Training - 3 days for Program Coordinator	\$ 50.00	3	\$150.00
Lodging	SAPST Training - 3 days for Program Coordinator	\$ 149.00	3	\$447.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>Total Travel</b>				<b>\$1,096.20</b>
<b>Supplies &amp; Operating Expenses</b>				<b>Annual Budget</b>
Item	Description of Item	Rate	Quantity	Total Amount Requested from OBH
TND materials for 225 youth for 3 schools	Includes work book and other necessary supplies. Work book = \$15/student (\$15x225=\$3,375)and teacher supplies (paper, markers, flip chart, etc...) \$20/9 sessions			\$3,555.00
No Drug Abuse TOT Training	Includes work book and other necessary supplies. Work book = \$20/participants (\$20x15=\$300) and teacher supplies (paper, markers, flip chart, etc...) \$20			\$320.00
TIPS training materials	(20x25x12=\$6,000) and teacher supplies (paper, markers, flip chart, etc...) \$20/month			\$6,240.00

Food, snacks and materials for parent presentations.	Food, snacks, materials and printing of fact sheets (\$100 per 6 presentations)	\$ 100.00	6	\$600.00
TND and agency website	Website design and monthly hosting/admin	\$ 15.00	12	\$180.00
Telephone lines/long distance and Internet services	The project will need a budget for telephone service, long distance charges, and internet access. Internet/server access services and telephone services cost averages \$206.19 per person x 1 staff.	\$ 206.19	1	\$206.19
Postage	Mailing of TND certifications (15 participants x\$.25=\$3.75), TIPS certifications to individuals (300 participants x\$.25=\$75) and qtrly mailings of TIPS training (25,000 bars/retail outlets, etc. x .15 bulk rate for letter=\$3,750)			\$3,828.75
Copying/Printing	Printing of TND certification postcards (\$1.50 for color x 15=\$22.50) + TIPS certification postcards (\$1.50 x 300=\$450) and printing of TIPS letters (\$0.25 x 25,000=\$6,250)			\$6,722.50
Office supplies	\$500 per person for the year - consists of pens, sticky notes, etc.	\$ 500.00	1	\$500.00
				\$0.00
<b>Total Supplies &amp; Operating Expenses</b>				<b>\$22,152.44</b>
<b>TOTAL DIRECT COSTS (TDC)</b>				<b>\$115,473.64</b>
<b>Less: Expenses per OMB 2CFR § 200</b>				
				Subcontracts in excess of \$25,000 \$0.00
				Rent \$0.00
				Equipment \$0.00
				Other Unallowable Expenses \$0.00
<b>Total Expenses per OMB 2CFR § 200</b>				<b>\$0.00</b>
<b>MODIFIED TOTAL DIRECT COSTS (MTDC)</b>				<b>\$115,473.64</b>
<b>Indirect Costs</b> [not to exceed 10% unless Negotiated Federal Indirect Cost rate or Negotiated State Indirect Cost rate is attached]				<b>Annual Budget</b>
<b>Item</b>	<b>Description of Item</b>			<b>Total Amount Requested from OBH</b>
Negotiated Federal Indirect cost rate	N/A			\$0.00

Negotiated State Indirect cost rate	N/A	\$0.00
or 10% Indirect rate:		\$11,547.36
<b>Total Indirect</b>		<b>\$11,547.36</b>
<b>TOTAL</b>		<b>\$127,021.00</b>



**FY 2019-2020**

Revision Date:

Agency Name	Arapahoe County Sheriff's Office
Budget Period	08/01/2019-09/29/2019
Project Name	State Opiate Response JMAT

Program Contact Name, Title, Phone and Email	Carl Anderson, RW, BSN, CCH canderson@arapahoegov.com 720-874-3598
Fiscal Contact Name, Title, Phone and Email	Shauna Deeble sdeeble@arapahoegov.com 720-874-4136
Date Completed	07/09/2019

All budget numbers are estimates. Contract billing will be on a cost reimbursement basis for actual expenses incurred.

Expenditure Categories					
Personnel Services Salaried Employees					Annual Budget
Position Title/Employee Name	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from OBH
Personnel Services Hourly Employees					Annual Budget
Position Title/Employee Name	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from OBH
None					\$ -
<b>Total Personnel Services (including fringe benefits)</b>					<b>\$ -</b>
Contractors/Consultants (payments to third parties or entities)					Annual Budget
Name	Description of Item	Rate	Quantity		Total Amount Requested from OBH
Camera Project	In an attempt to ensure that proper safety, security, and accountability tools are in place; we are going to enhance our camera system. Since implementing our MAT program, these needs obviously include some risk, and having a camera system in place at the key areas will certainly improve our ability to maintain a safe environment for our staff, and our patients. Currently, we have a very robust camera upgrading project underway, and we are able to add this MAT related camera project onto the existing camera project; resulting in an efficient use of everyone's time and resources.				22,884.00
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Contractors/Consultants</b>					<b>\$ -</b>
Travel					Annual Budget

Item	Description of Item	Rate	Quantity	Total Amount Requested from OBH
Total Travel				\$ -
<b>Supplies &amp; Operating Expenses</b>				<b>Annual Budget</b>
Item	Description of Item	Rate	Quantity	Total Amount Requested from OBH
				\$ -
Total Supplies & Operating Expenses				
<b>TOTAL DIRECT COSTS (TDC)</b>				
<b>Less: Expenses per OMB 2CFR § 200</b>				
Subcontracts in excess of \$25,000				\$ -
Rent				\$ -
Equipment				\$ -
Other Unallowable Expenses				\$ -
<b>Total Expenses per OMB 2CFR § 200</b>				\$ -
<b>MODIFIED TOTAL DIRECT COSTS (MTDC)</b>				
<b>Indirect Costs</b> [not to exceed 10% unless Negotiated Federal Indirect Cost rate or Negotiated State Indirect Cost rate is attached]				<b>Annual Budget</b>
Item	Description of Item			Total Amount Requested from OBH
Negotiated Federal Indirect cost rate (0%)	____%			
Negotiated State Indirect cost rate	____%			\$ -
or 10% Indirect rate:			10%	
<b>Total Indirect</b>				\$ -
<b>TOTAL</b>				\$ -

The Parties may mutually agree, in writing, to modify the Budget administratively.

Agency approval: \_\_\_\_\_  
Signature of Authorized Official Date Submitted

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Name and Title (Type or Print)





**FY 2019-2020**

Revision Date:

Agency Name	Arapahoe County Sheriff's Office
Budget Period	09/30/2019 - 09/29/2020
Project Name	State Opiate Response JMAT

Program Contact Name, Title, Phone and Email	Don Anderson, RN, BSN, CPH canderson@arapahoegov.com 720-874-3598
Fiscal Contact Name, Title, Phone and Email	Shauna Deeble sdeeble@arapahoegov.com 720-874-4136
Date Completed	07/09/2019

All budget numbers are estimates. Contract billing will be on a cost reimbursement basis for actual expenses incurred.

Expenditure Categories					
<b>Personnel Services Salaried Employees</b>					<b>Annual Budget</b>
Position Title/Employee Name	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from OBH
MAT RN	Part-time RN to provide oversight for MAT program	\$ 30,000	\$ 10,500		\$ 34,286
<b>Personnel Services Hourly Employees</b>					<b>Annual Budget</b>
Position Title/Employee Name	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from OBH
None					\$ -
<b>Total Personnel Services (including fringe benefits)</b>					<b>\$ 34,286</b>
<b>Contractors/Consultants (payments to third parties or entities)</b>					<b>Annual Budget</b>
Name	Description of Item	Rate	Quantity	Total Amount Requested from OBH	
OTP training	Quarterly training to on-site staff offered by partnering OTPs.			\$ 171	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
<b>Total Contractors/Consultants</b>					<b>\$ 171</b>
<b>Travel</b>					<b>Annual Budget</b>
Item	Description of Item	Rate	Quantity	Total Amount Requested from OBH	
Travel	MAT related travel training/conferences by NCCHC, ACA or OBH	\$ 2,000		\$ 2,000	

				Total Travel	\$ 2,000
<b>Supplies &amp; Operating Expenses</b>				<b>Annual Budget</b>	
<b>Item</b>	<b>Description of Item</b>	<b>Rate</b>	<b>Quantity</b>	<b>Total Amount Requested from OBH</b>	
Methadone	12/dose x 3300	\$ 12		\$ 33,943	
Buprenorphine	12.67/does x 500	\$ 13		\$ 5,571	
Naltrexone	1193/dose x 3	\$ 1,193	3	\$ 3,579	
Delivery of MAT Meds	410 x 75	\$ 75		\$ 30,750	
Office Supplies	paper, copies, ink pens, etc	\$ 500		\$ 429	
Training Supplies	Peer reviewed material, literature	\$ 500		\$ 429	
				\$ -	
				\$ -	
<b>Total Supplies &amp; Operating Expenses</b>				<b>\$ 74,701</b>	
<b>TOTAL DIRECT COSTS (TDC)</b>				<b>\$ 111,158</b>	
<b>Less: Expenses per OMB 2CFR § 200</b>					
Subcontracts in excess of \$25,000				\$ -	
Rent				\$ -	
Equipment				\$ -	
Other Unallowable Expenses				\$ -	
<b>Total Expenses per OMB 2CFR § 200</b>				<b>\$ -</b>	
<b>MODIFIED TOTAL DIRECT COSTS (MTDC)</b>				<b>\$ 111,158</b>	
<b>Indirect Costs</b> <b>[not to exceed 10% unless Negotiated Federal Indirect Cost rate or Negotiated State Indirect Cost rate is attached]</b>				<b>Annual Budget</b>	
<b>Item</b>	<b>Description of Item</b>				
Negotiated Federal Indirect cost rate (0%)	____%				
Negotiated State Indirect cost rate	____%				
or 10% Indirect rate:	____%				
<b>Total Indirect</b>				<b>\$ 12,499</b>	
<b>TOTAL</b>				<b>\$ 123,657</b>	

The Parties may mutually agree, in writing, to modify the Budget administratively.

Agency approval: \_\_\_\_\_  
Signature of Authorized Official Date Submitted

\_\_\_\_\_  
Name and Title (Type or Print)