

# Budget

## INDIANA DEPARTMENT OF CHILD SERVICES October 1, 2016 to September 30, 2018

Note: The budget submitted should be a one (1) year budget which will be used for the two (2) years.

### EXPLANATION OF BUDGET JUSTIFICATION WORKSHEETS

Please use the budget justification worksheets to calculate the amounts entered on this page. The following information is to be entered in the Total Proposed Program Costs column:

#### Item A. Personnel Costs

- 1.0 Salaries & Wages-Enter the total projected salary and wage expenses for personnel providing coordination for forensic interviews and MDT Meetings.
- 1.0 Fringe Benefits-Enter the total projected fringe benefit expenses for personnel providing coordination for forensic interviews and MDT Meetings.
- 1.1 Salary & Wages- Enter the total projected salary and wage expenses for personnel providing forensic interviews.
- 1.1 Fringe Benefits- Enter the total projected fringe benefit expenses for personnel providing forensic interviews.
2. Consultant/Contract Services--Enter all consultant and contracted services that will be purchased by applicant in order to provide the proposed services. Calculate at cost without fringe benefits.

#### Item B. Other Direct Costs

1. Travel Expenses
  - a. Staff-Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
  - b. Clients-Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
2. Consumable Supplies and Printing-Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
3. Space Costs (Rent and Utilities)-Enter the total projected expenses for space costs as calculated on the budget justification worksheet. Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
4. Staff Training-Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
5. Telephone and Postage-Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
6. Translation/Interpreter Service Costs- Enter the total projected expenses for translation services.
7. Court Costs- Enter the total projected expenses for court appearances.

#### Item C. Total Program Costs

Enter the sum of the projected expenses listed in the Total Proposed Program Costs. This total is to include all known and anticipated costs required to provide the services described in the proposal.

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Funding Period: From October 1, 2016 to September 30, 2017  
(One year budget for both years)

Agency Name:

Service Standard Title:

County:

## Budget

### A. Personnel

	1. Salaries & Wages	2. Fringe Benefits
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(A) Position/Job Title*	FTE	(B) Average # of Hours/ Month for Program	(C) Salary/Wage per Month for Program	(D) # of Months (1-12)	(E) Salary/Wage for Program	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost
*Please list each staff position individually							

Total Salaries and Wages:

Total Fringe:

Agency Name:

Service Standard Title:

County:

**H. Full-Time Equivalents by Position:**

Title of Position	FTE

**A. 2. Consultant and Contracted Services**


Total Consultant and Contracted Services:

# INDIANA DEPARTMENT OF CHILD SERVICES BUDGET WORKSHEET

Funding Period: From October 1, 2016 to September 30, 2017  
(One year budget for both years)

Agency Name:

Service Standard Title:

County:

## Budget (Continued)

### B. Other Costs

#### 1. Travel (Compute staff and client costs separately)

Calculations/Descriptions:

#### 2. Consumable Supplies & Printing (Justify by type of expense)

Calculations/Descriptions:

#### 3. Space Costs (Show computations of each cost)

Rent (Calculations/Descriptions):

Utilities (Calculations/Descriptions):

AgencyName:

Service Standard Title:

County:

**4. Staff Training (Show factors included and computation)**

Calculations/Descriptions:

5. Telephone:

Postage:

Total:

**6. Rental/Lease/Prorated Share of Equipment Purchase and Renovated Costs**

Calculations/Descriptions

**7. Translation Services/Interpreter Services**

Calculations/Descriptions:

**8. Court costs**

Calculations/Descriptions

# INDIANA DEPARTMENT OF CHILD SERVICES

## BUDGET SUMMARY

Agency Name:

Service Standard Title:

County:

Budget	
October 1, 2016 to September 30, 2017	Total Proposed Program Costs (totals from worksheets)
<b>A. Personnel</b>	
*1.0 Salaries & Wages	
*1.0 Fringe Benefits	
*1.1 Salaries & Wages	
*1.1 Fringe Benefits	
*2. Consultant and Contracted Services	
<b>B. Other Direct Costs</b>	
*1. Travel Expenses a. Staff b. Clients	
*2. Consumable Supplies & Printing	
*3. Space Costs (Rent and Utilities)	
*4. Staff Training	
*5. Telephone & Postage	
*6. Rental/Lease/Prorated Share of Equipment Purchase and Renovation Costs	
*7. Translation Services/Interpreter Services	
*8. Court Costs	
<b>D. TOTAL PROGRAM COSTS</b>	

