Cost-Reimbursement Contract Detailed Budget

Applicant Organization	ABC Organization							
Expected Contract Start	10/1/2025	Expected Contract End	9/29/2026					
Tier	Α	Award Period (months)	12					
Budget Submission Date	7/1/2025 Last Revision Date							
Note: Instructions for completing the budget are provided in the 'Guide' tab at the bottom of this Excel workbook.								

The contract start date is dependent upon when the application is submitted and approved. Delays during the review process may affect contract start dates.

Descriptions <u>and</u> justifications must be provided for ALL BUDGET ITEMS. Incomplete budgets may not be reviewed.

C-1 SALARIES	The executive salary cap is: \$221,900. Level of effort may not exceed 100% across all federal grants for a single person.			Complete columns D, E, and F only. They will auto-populate columns G, H, I.				
Position Title	Name	FTE	Annual Salary	Level of Effort	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Explain How Staff Salaries Were Determined and Justified
Program Director	Fred Flintstone	1.00	\$100,000.00	25%	\$6,250.00	\$18,750.00		25% Effort Level - Program Oversight, conduct SBIRT services
SBIRT & Referral Coordinator	Mary Mack	1.00	\$60,000.00	40%	\$6,000.00	\$18,000.00		40% Effort Level - Oversee SBIRT services & Referrals to MAT
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
			TOTAL C-1	Salaries	\$12,250.00	\$36,750.00	\$49,000.00	

Provide a percentage breakdown for the benefits computation.

C-2 BENEFITS

Leave blank if a staff member does not receive benefits. Columns B, C, and F will automatically populate based on section C-1.

Complete columns G and H only.

	Columns B, C, and F will automatically populate based on section C-1.			They will auto-populate column I.			
Position Title	Name	Benefits Computation	Level of Effort	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Narrative Description of Cost
Program Director	Fred Flintstone	30%	25%	\$1,850.00	\$5,650.00		Current organization fringe rate of 30% covers retirement, FICA, health insurance, and unemployment insurance
SBIRT & Referral Coordinator	Mary Mack	30%	40%	\$1,800.00	\$5,400.00	\$7,200.00	Current organization fringe rate of 30% covers retirement, FICA, health insurance, and unemployment insurance
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	

					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
-	TOTAL C-2	Benefits	\$3,650.00	\$11,050.00	\$14,700.00	

TOTAL C-2 Benefits

\$11,050.00

C-3 TRAVEL & TRAINING	Mileage is paid at the state reimbursement rate of \$0.50 per mile. Training hours for staff must be in C-1 Salaries.	Cor They v			
Item	Description	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Justification for Costs
Staff Travel	\$0.50 x 100/miles per month	\$150.00	\$450.00	\$600.00	Transportation costs for SBIRT including screens, warm handoffs, or follow-up services throughout Delaware.
				\$0.00	
				\$0.00	
				\$0.00	

TOTAL C-3 Travel and Training \$150.00

\$450.00

\$0.00 \$0.00

\$600.00

C-4 OPERATIONAL	Utilities should be broken down as separate line items.	Complete columns G and H. They will auto-populate column I.			
ltem	Description	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Justification for Costs
Phone	Phone line \$20/month	\$30.00	\$90.00	\$120.00	phone line cost - dedicated
Rent	Rental Space (\$400/month)	\$600.00	\$1,800.00	\$2,400.00	rental space for our SBIRT program is shared. Cost includes 50% proportional share.
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

TOTAL C-4 Operational \$630.00 \$1,890.00 \$2,520.00

C-5 CONTRACTUAL	e.g., hired staff not on payroll, leased equipment, EHR vendor, etc.		nplete columns G ar vill auto-populate co		
Name of Organization/Consultant	Description	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Justification for Costs
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

			\$0.00	
			\$0.00	
			\$0.00	
TOTAL C-5 Contractual	\$0.00	\$0.00	\$0.00	

TOTAL C-5 Contractual \$0.00 \$0.00

C-6 SUPPLIES		Complete columns G and H. They will auto-populate column I.					
ltem	Description	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Justification for Costs		
Office Supplies	paper, folders, pens, pencils, binder, etc	\$200.00	\$600.00	\$800.00	Supplies needed for SBIRT operations		
iPads	2 iPads for screening and client management	\$1,199.98	\$0.00		Utilized for screening tools and follow up, \$599 each		
Printer	Dedicated printer for screening tools and information sharing	\$699.00	\$0.00	\$699.00	Staff printer - dedicated		
				\$0.00			
				\$0.00			
				\$0.00			
				\$0.00			
				\$0.00			
	TOTAL C-6 Supplies	\$2,098.98	\$600.00	\$2,698.98			

C-7 EQUIPMENT ONLY singular, machine-type items \$10,000 or more should be listed in this section. Complete columns G and H. They will auto-populate column I.					
ltem	Description	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Justification for Costs
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
	TOTAL C-7 Equipment	\$0.00	\$0.00	\$0.00	

Complete columns G and H. C-8 INDIRECT COST Cannot be more than 15% of total direct costs; maximum is \$9,782.61. They will auto-populate column I. **Initial Payment** Remaining Requested Balance Description Justification for Costs Item **Contract Funds** (Estimate of first (invoiced monthly three months) starting at month 4) \$1,350.00 \$4,050.00 \$5,400.00 Indirect Cost TOTAL C-8 Indirect \$1,350.00 \$4,050.00 \$5,400.00

Total Budget	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds
	\$20,128.98	\$54,790.00	\$74,918.98

Budget Category	Requested Contract Funds
C-1 SALARIES	\$49,000.00
C-2 BENEFITS	\$14,700.00
C-3 TRAVEL AND TRAINING	\$600.00
C-4 OPERATIONAL	\$2,520.00
C-5 CONTRACTUAL	\$0.00
C-6 SUPPLIES	\$2,698.98
C-7 EQUIPMENT	\$0.00
TOTAL DIRECT COST	\$69,518.98
C-8 INDIRECT COST	\$5,400.00
TOTAL CONTRACT COST	\$74,918.98