

Cost-Reimbursement Contract Detailed Budget

Applicant Organization	ABC Organization		
Expected Contract Start	10/1/2025	Expected Contract End	9/29/2026
Tier	A	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 and 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.

[illegible]**TOTAL C-1 Salaries**

\$12,250.00

\$36,750.00

\$49,000.00

C-2 BENEFITS

Provide a percentage breakdown for the benefits computation.

Leave blank if a staff member does not receive benefits.

Complete columns G and H only.

They will auto-populate column I.

[illegible]

						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	

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

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.

Complete columns G and H.
They will auto-populate column I.

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	
				\$0.00	
				\$0.00	

TOTAL C-3 Travel and Training **\$150.00** **\$450.00** **\$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.

Item	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.

Complete columns G and H.
They will auto-populate column I.

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	

C-6 SUPPLIES

Complete columns G and H.
They will auto-populate column I.

Item	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	\$1,199.98	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.

Item	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	

C-8 INDIRECT COST

Cannot be more than 15% of total direct costs; maximum is \$9,782.61.

Complete columns G and H.
They will auto-populate column I.

Item	Description	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds	Justification for Costs
Indirect Cost		\$1,350.00	\$4,050.00	\$5,400.00	
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

COST-REIMBURSEMENT CONTRACT BUDGET OVERVIEW

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