

Cost-Reimbursement Contract Detailed Budget

Applicant Organization	ABC Community Organization		
Expected Contract Start	10/1/2025	Expected Contract End	9/29/2026
Tier (select from drop-down)	4C	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, 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 Manager	Mary Mack	1.00	\$85,000.00	50%	\$10,625.00	\$31,875.00	\$42,500.00	Staff needed to supervise the project
Administrative Assistant/ Data Analyst	Fred Flinstone	1.00	\$80,000.00	25%	\$5,000.00	\$15,000.00	\$20,000.00	Staff needed to provide administrative support and data submission requirements for this project
Peer Support Specialist	TBD	1.00	\$60,000.00	100%	\$15,000.00	\$45,000.00	\$60,000.00	Staff will provide emotional support and share lived experiences with clients to build community and encourage engagement. This position will be hired to work solely on the TAP project.
					\$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					\$30,625.00	\$91,875.00	\$122,500.00	

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.

They will auto-populate column I.

[illegible]

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

TOTAL C-2 Benefits **\$9,187.50** **\$27,562.50** **\$36,750.00**

C-3 TRAVEL & TRAINING

Mileage is paid at the state reimbursement rate of **\$0.50 per mile**.
Training hours for staff must be included 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
Mileage	\$0.50 x 100/miles per month x 1 staff person	\$150.00	\$450.00	\$600.00	Transportation costs for peer service support throughout Delaware. All mileage will be recorded in a mileage log.
				\$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	Business lines needed to provide services.	\$75.00	\$225.00	\$300.00	Dedicated phone line at \$25/month
Rent	Rental Space	\$750.00	\$2,250.00	\$3,000.00	Rental space is shared - Total cost is \$1000/month - 25% proportional share
Zoom	Subscription required for effective program operations, including systems that support treatment, client follow-ups, and team planning.	\$300.00	\$0.00	\$300.00	Annual dedicated zoom subscription paid at start of the award.
Licensing Fees	Malware and Security license fees for laptop	\$150.00	\$0.00	\$150.00	Required licensing for laptop for peer support specialist
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

TOTAL C-4 Operational **\$1,275.00** **\$2,475.00** **\$3,750.00**

C-5 CONTRACTUAL

e.g., Hired staff not on payroll, leased equipment, EHR vendor

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 (including hourly rate & expected number of hours, if applicable)
				\$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	\$150.00	\$450.00	\$600.00	Anticipated cost of office supplies is \$50/month
iPad	1 iPad for screening tools and client support	\$599.98	\$0.00	\$599.98	One iPad will be purchased at the start of the award to facilitate client interactions. (\$599.98 each)
Laptop	One Laptop for Peer Support Specialist	\$1,200.00	\$0.00	\$1,200.00	One laptop will be purchased at the start of the award to support the work of the peer support specialist (\$2000)
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
<u>TOTAL C-6 Supplies</u>		\$1,949.98	\$450.00	\$2,399.98	

C-7 EQUIPMENT

ONLY singular, machine-type items costing \$10,000 or more should be 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	
<u>TOTAL C-7 Equipment</u>		\$0.00	\$0.00	\$0.00	

C-8 INDIRECT COST

Cannot be more than 15% of total direct costs; maximum is \$26,086.96.

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	Indirect costs are associated with overhead admin costs, e.g., HR, IT, audit, payroll, etc.	\$6,200.00	\$15,000.00	\$21,200.00	For this project, the indirect rate is capped at 15% of the total direct costs (not total budget).
<u>TOTAL C-8 Indirect</u>		\$6,200.00	\$15,000.00	\$21,200.00	

Total Budget	Initial Payment (Estimate of first three months)	Remaining Balance (invoiced monthly starting at month 4)	Requested Contract Funds
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	\$49,387.48	\$137,812.50	\$187,199.98
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COST-REIMBURSEMENT CONTRACT BUDGET OVERVIEW

Budget Category	Requested Contract Funds
C-1 SALARIES	\$122,500.00
C-2 BENEFITS	\$36,750.00
C-3 TRAVEL AND TRAINING	\$600.00
C-4 OPERATIONAL	\$3,750.00
C-5 CONTRACTUAL	\$0.00
C-6 SUPPLIES	\$2,399.98
C-7 EQUIPMENT	\$0.00
TOTAL DIRECT COST	\$165,999.98
C-8 INDIRECT COST	\$21,200.00
TOTAL CONTRACT COST	\$187,199.98