SOR 4.0 TAP Year 3: Cost-Reimbursement Contract Detailed Budget

Applicant Organization	**ABC Organization**		
Expected Contract Start	**10/1/2026**	**Expected Contract End**	**9/29/2027**
Tier	**A**	**Award Period** (months)	**12**
Budget Submission Date	6/1/2026	**Last Revision Date**	6/1/2026
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: $228,000.
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 three months)	Remaining Balance (Invoiced monthly starting at month 4)	Requested Contract Funds	Explain How Staff Salaries Were Determined and Justified
Program Director	Fred Flinstone	1.00	$100,000.00	25%	$4,166.67	$20,833.33	$25,000.00	Provides program oversight, conducts SBIRT services
Referral Coordinator	Mary Mack	1.00	$60,000.00	30%	$3,000.00	$15,000.00	$18,000.00	Supports SBIRT services and referrals to MAT, manages data collection and reporting
					$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		**$7,166.67**	**$35,833.33**	**$43,000.00**	

C-2 BENEFITS

Provide a percentage breakdown for the benefits computation.
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.
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 Flinstone	30% fringe x salary x LOE	25%	$1,875.00	$5,625.00	$7,500.00	Current organization fringe rate of 30% covers retirement, FICA, health insurance, and unemployment insurance
Referral Coordinator	Mary Mack	30% fringe x salary x LOE	30%	$1,350.00	$4,050.00	$5,400.00	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	**$3,225.00**	**$9,675.00**	**$12,900.00**	

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/month for program director and referral coordinator	$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
Rent	20% proportional share of existing rental space at $400/mo	$240.00	$720.00	$960.00	Shared rental space for our SBIRT program
Phone line	20% proportional share of monthly cell services at $20/mo	$12.00	$36.00	$48.00	Proportional share of existing phone line to be used to support referral and follow-up
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
	TOTAL C-4 Operational	**$252.00**	**$756.00**	**$1,008.00**	

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
Barney Ruble	$20/hour @10 hours per week for 12 months	$2,600.00	$7,800.00	$10,400.00	Data collection and reporting for grant activities
				$0.00	

				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
	TOTAL C-5 Contractual	**$2,600.00**	**$7,800.00**	**$10,400.00**	

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
iPads	2 iPads x $599 each	$1,198.00	$0.00	$1,198.00	Up front purchase of ipads to support screening and client management
Printer	20% proportional share of new printer ($699)	$139.80	$0.00	$139.80	Up front purchase of printer to be used for printing referral information
Office supplies	Printer paper, folders, pens (estimated at $30/month)	$90.00	$270.00	$360.00	Supplies needed for SBIRT operations
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
	TOTAL C-6 Supplies	**$1,427.80**	**$270.00**	**$1,697.80**	

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.

See Guide Tab at bottom for instructions.

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 calculated at <15% of total direct costs	$1,250.00	$3,750.00	$5,000.00	These costs are associated with overhead administration such as HR, IT, audit, payroll, etc.
	TOTAL C-8 Indirect	**$1,250.00**	**$3,750.00**	**$5,000.00**	

Total Budget	Initial Payment (Estimate of first three months)	Remaining Balance (Invoiced monthly starting at month 4)	Requested Contract Funds
	$16,071.47	**$58,534.33**	$74,605.80

COST-REIMBURSEMENT CONTRACT BUDGET OVERVIEW

Budget Category	Requested Contract Funds
C-1 SALARIES	$43,000.00
C-2 BENEFITS	$12,900.00
C-3 TRAVEL AND TRAINING	$600.00
C-4 OPERATIONAL	$1,008.00
C-5 CONTRACTUAL	$10,400.00
C-6 SUPPLIES	$1,697.80
C-7 EQUIPMENT	$0.00
TOTAL DIRECT COST	**$69,605.80**
C-8 INDIRECT COST	$5,000.00
TOTAL CONTRACT COST	**$74,605.80**