Instructions for Using the Organizational Budget Template

1. Overview

This budget workbook is designed to help nonprofit organizations build a comprehensive annual budget. It allows for income tracking, allocation of expenses across multiple programs, and planning for both restricted and unrestricted funding sources. Macros are used to streamline processes like renaming sheets and maintaining data integrity.

→ When opening this workbook, please enable macros. To enable macros:

→ When/If prompted with a yellow security warning bar when you open the file, click 'Enable Content'.

→ If the macro is blocked, close the file, right-click on it in File Explorer, choose 'Properties', and check 'Unblock' before reopening.

→ Please pay attention to formatting in cells - if one turns red, it means that something has not been entered correctly. Look for instructions in each worksheet to help you find what you need to change.

→ There are instructions in each sheet highlighted in yellow. Taking the time to read these instructions will help you immenseley in using this workbook to create your budget.

→ Fill out the Enter Organizational Info Here worksheet first. Then go to your expenses and finally to your income page. The budget Summary page then consolidates the information for you.

→ This workbook is meant to help you manage your funding through the income page. Take your time filling it out correctly and you will be able to use this for your budgeting process, decisions, and grantwriting.

2. Enter Your Organizational Info Here Worksheet

Begin with this sheet:

→ Enter or update the names of your programs in cells A3 to A10.

→ These names will be used to automatically rename key sections of this spreadsheet and the worksheets when you run the macro.

→ Fill out the fringe benefits for your organization.This data will be used to budget for fringe when you enter your staff information.

→ Fill out the information in the peach colored staffing chart. This will calculate yoru salaries and automatically populate your staffing and fringe amts to the program budgets.

3. Budget Summary

→ This sheet has no data entry. It takes all of your data

→ It takes all of the data you entered and summarizes it.

→ You can use this data for your grant proposals and to understand your various budget scenarios

4. Income Tracking

On the 'Income' sheet:

→ The Income sheet is an active sheet that allows you to project funding for your fiscal year. You should enter all committed and projected funding here and apply your likelihood projections to them. Please see detailed instructions on sheet for data entry tips.

→ The totals will populate in the 'Budget Summary' .

→ You will also see the program profit and loss from the budget summary in row 45. This will help you to allocate "unrestricted" funding to the appropriate programs.

→ Make sure the allocations you enter for each funding source match the total in Column H.

→ If there's a mismatch, cells will highlight in red as a visual alert.

→ Start by NOT allocating your unrestricted $ to any program. The budget number will show up in column T. After you finish all of your data-entry, you will be able to allocate funds according to your priorities.

→ When you allocate unrestricted $ to a program, that does NOT restrict it. If you are applying for a grant for that program, you can move the funding back to column T and show that you have a need in that program. If that grant is funded, then you can apply the unrestricted funding elsewhere - or save it and have it in reserve!

→ See instructions on the Income Sheet for further information.

5. ProgramExpense Budgets

→ Each program will have its own budget worksheet. It will be named according to your entries in the Organizational Info Sheet if you have macros enabled.

→ Enter all expected direct program expenses in this sheet.

→ Do NOT enter Income into this sheet. That is entered in the Income worksheet.

→ A summary of the direct expenses, the program income, and the allocated indirect expenses can be found in the Budget Summary sheet.

→ Your personnel expenses are allocated from your entry on the Organizational worksheet.

→ Be sure to select or enter an expense category for every line item.

→ If a category is missing, it will throw off your totals. Cell K14 will highlight itself in Red.

5. Sheet Protection and Macros

Macros are used to rename sheets and to reapply protection automatically.

→ Sheets are protected to prevent accidental edits, especially in formula-driven areas.

→ If you need to unprotect a sheet to make deeper changes, the password is blank. Si

→ To unprotect: go to the Review tab > Unprotect Sheet > enter the password.

→ Be cautious: editing protected cells or formulas may cause the workbook to function incorrectly.

7. Tips for Use

- Save a backup before making major changes.
- Use the workbook in Excel with macros enabled.
- Contact your administrator if you're unsure about a change or macro behavior.
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Instructions: Please put program names in columns 3-10. No special characters allowed except hyphens. After updating this list, push the button next to this chart to update worksheet names.

Note: Throughout this Budget Sandbox, the blue cells are protected, because they are formula based.

Peach cells are to be updated with project-specific data

Program Names	Budget Category
After School	Travel
Healthy Families	Equipment
Parent School Partnership	Supplies
ELL	Contract
Program 5	Construction
Program 6	Other
Program 7	
Program 8	
Fundraising	
Indirect/Overhead	

Click to update worksheet names after entering program names in cells A3 to A10

Sheets Renamed Successfully!

Note: This autocalculates your indirect rate based upon your budget worksheets.

Total Budget	$ 766,183
Total Indirect Expenses	$ 128,642
Indirect Rate	17%

Instructions - Please put in correct numbers for all fringe benefits here.

Fringe Category	Rate
FICA/Medicare	7.65%
State unemployment	1.20%
Retirement contribution	7.50%
Health insurance	12.00%
Worker's Compensation	1.25%
Other??	
Workers compensation	
Total	29.60%

Directions - Please enter all of your staff here first along with their base salary and FTE % for each of the programs. This will autopopulate numbers throughout the worksheet including for each program budget. Please ensure that the percentage numbers entered equal the overall FTE assigned to each employee.

Staffing Plan				Percentage FTE By Program											
Position	Staff Name	Salary	Overall FTE	Indirect/Overhead	Fundraising	After School	Healthy Families	Parent School Partnership	ELL	Program 5	Program 6	Program 7	Program 8	Total	Check
Executive Director	George Castanza	$ 90,000	100%	15%	25%	15%	15%	15%	15%	0%	0%	0%	0%	100%	0%
Office Manager	Simone Biles	$ 50,000	100%	30%	10%	15%	15%	15%	15%	0%	0%	0%	0%	100%	0%
Development Director	Christopher Nolan	$ 65,000	100%	5%	75%	5%	5%	5%	5%	0%	0%	0%	0%	100%	0%
Program Director	Mahershala Ali	$ 55,000	100%	5%	5%	50%	20%	10%	10%	0%	0%	0%	0%	100%	0%
Community Outreach Coord	Cesar Chavez	$ 45,000	75%	0%	0%	10%	20%	20%	25%	0%	0%	0%	0%	75%	0%
Community Health Worker	Florence Nightengale	$ 45,000	75%	0%	0%	0%	75%	0%	0%	0%	0%	0%	0%	75%	0%
Community Health Worker	Rebecca Lee Crumpler	$ 45,000	50%	0%	0%	0%	50%	0%	0%	0%	0%	0%	0%	50%	0%
Staff 8				0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Staff 9														0%	0%
Staff 10														0%	0%
	Total Direct Expense FTE		430%	55%	115%	95%	200%	65%	70%	0%	0%	0%	0%		
	Indirect Allocation Rate					**22%**	**47%**	**15%**	**16%**	**0%**	**0%**	**0%**	**0%**	**100%**	

Note - This chart will autopopulate based upon your entries above. Please do not enter data here!

Staffing Plan				Percentage FTE By Program											
Position	Staff Name	Salary	Overall FTE	Indirect/Overhead	Fundraising	After School	Healthy Families	Parent School Partnership	ELL	Program 5	Program 6	Program 7	Program 8	Total	Check
Executive Director	George Castanza	$ 90,000	100%	$ 13,500	$ 22,500	$ 13,500	$ 13,500	$ 13,500	$ 13,500	$ -	$ -	$ -	$ -	$ 90,000	$ -
Office Manager	Simone Biles	$ 50,000	100%	$ 15,000	$ 5,000	$ 7,500	$ 7,500	$ 7,500	$ 7,500	$ -	$ -	$ -	$ -	$ 50,000	$ -
Development Director	Christopher Nolan	$ 65,000	100%	$ 3,250	$ 48,750	$ 3,250	$ 3,250	$ 3,250	$ 3,250	$ -	$ -	$ -	$ -	$ 65,000	$ 0
Program Director	Mahershala Ali	$ 55,000	100%	$ 2,750	$ 2,750	$ 27,500	$ 11,000	$ 5,500	$ 5,500	$ -	$ -	$ -	$ -	$ 55,000	$ -
Community Outreach Coord	Cesar Chavez	$ 45,000	75%	$ -	$ -	$ 4,500	$ 9,000	$ 9,000	$ 11,250	$ -	$ -	$ -	$ -	$ 33,750	$ -
Community Health Worker	Florence Nightengale	$ 45,000	75%	$ -	$ -	$ -	$ 33,750	$ -	$ -	$ -	$ -	$ -	$ -	$ 33,750	$ -
Community Health Worker	Rebecca Lee Crumpler	$ 45,000	50%	$ -	$ -	$ -	$ 22,500	$ -	$ -	$ -	$ -	$ -	$ -	$ 22,500	$ -
Staff 8				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Staff 9				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Staff 10														$ -	$ -
				$ 34,500	**$ 79,000**	**$ 56,250**	**$ 100,500**	**$ 38,750**	**$ 41,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 350,000**	

Note: Throughout this Budget Sandbox, the blue cells are protected, because they are formula based.

Peach cells are to be updated with project-specific data

Expense	Program Name											
Category	**After School**	**Healthy Families**	**Parent School Partnership**	**ELL**	**Program 5**	**Program 6**	**Program 7**	**Program 8**	**Fundraising**	**Indirect/Overhead**	**Subtotal**	**Check**
A. Personnel	$56,250	$100,500	$38,750	$41,000	$0	$0	$0	$0	$79,000	$34,500	$350,000	
B. Fringe	$16,650	$29,748	$11,470	$12,136	$0	$0	$0	$0	$23,384	$10,212	$103,600	
C. Travel	$1,820	$7,280	$4,375	$0	$0	$0	$0	$0	$728	$0	$14,203	
D. Equipment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
E. Supplies	$5,000	$20,000	$6,000	$3,000	$0	$0	$0	$0	$17,500	$0	$51,500	
F. Contractual	$93,000	$3,000	$3,000	$18,000	$0	$0	$0	$0	$0	$43,300	$160,300	
G. Construction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
H. Other	$3,500	$1,000	$3,600	$11,250	$0	$0	$0	$0	$26,600	$40,630	$86,580	
I. Total Expense	$176,220	$161,528	$67,195	$85,386	$0	$0	$0	$0	$147,212	$128,642	$766,183	$766,183
J. Indirect Charges	$28,421	$59,833	$19,446	$20,942	$0	$0	$0	$0	$0	$0		
J. Fundraising Allocation	$32,524	$68,471	$22,253	$23,965	$0	$0	$0	$0				
Total Project Costs	**$237,164**	**$289,832**	**$108,894**	**$130,292**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$766,183**	
								Number Check	**$147,212**	**$128,642**	**$766,183**	

Income	After School	Healthy Families	Parent School Partnership	ELL	Program 5	Program 6	Program 7	Program 8	Fundraising	Indirect/Overhead	Subtotal
Annual Fund	$0	$0	$2,500	$0	$0	$0	$0	$0	$0	$0	$2,500
Foundations	$190,888	$77,500	$0	$25,000	$0	$0	$0	$0	$0	$0	$293,388
Government	$0	$87,500	$36,000	$0	$0	$0	$0	$0	$0	$0	$123,500
Membership	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Corporation	$11,500	$130,000	$0	$0	$0	$0	$0	$0	$0	$0	$141,500
Special Event	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Earned Income	$0	$0	$0	$37,500	$0	$0	$0	$0	$0	$0	$37,500
Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total	$202,388	$295,000	$38,500	$62,500	$0	$0	$0	$0	$0	$0	$598,388
Total Committed	**$ 140,000**	**$ 207,500**	**$ 2,500**	**$ 25,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 402,640**	**Committed**
Total Pending w/probability % applied	**$ 62,388**	**$ 87,500**	**$ 36,000**	**$ 37,500**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 384,888**	**Total Pending w/probability % applied**
Profit/(Loss) w/out pending	**$ (97,164)**	**$ (82,332)**	**$ (106,394)**	**$ (105,292)**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ (363,543)**	**Profit/Loss (w/out pending $)**
Profit/(Loss) with pending	**$ (34,776)**	**$ 5,168**	**$ (70,394)**	**$ (67,792)**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 21,345**	**Profit/Loss (w/ pending $)**

Total Unrestricted & Unallocated Funds			
Committed	**$ 27,640**	**$ 1,053,390**	**Total Potential Funding**
Pending	**$ 161,500**	**137%**	**Potential Funding/Org Budget Ratio**

Please enter all actual and potential funding sources on this spreadsheet. See Instructions below for information on each cell. Please note, there are a variety of checks in this worksheet. If a cell is filled with red, there is something wrong. Most likely it is that the numbers in Columns H to R don't match the Budget Amts in Column G.

Only enter data in these cells

Total Funding/ Request Amt	Funding Source Name	Funding Source Type	Restriction	Status	Priority	% Probability	Budget Amt	After School	Healthy Families	Parent School Partnership	ELL	Subtotal	Unrestricted Remainder	Total		
$ 80,000	Major Donor Campaign	Annual Fund	Unrestricted	Pending		60%	$ 48,000	$ -	$ -	$ -	$ -	$ -	$ 48,000	$ 48,000		
$ 2,500	Scholarship Donations	Annual Fund	Restricted	Committed		100%	$ 2,500	$ -	$ -	$ 2,500	$ -	$ 2,500	$ -	$ 2,500		
$ 100,000	Annual Fund Mailings	Annual Fund	Unrestricted	Pending		75%	$ 75,000	$ -	$ -	$ -	$ -	$ -	$ 75,000	$ 75,000		
$ 10,000	Business Contributions Misc.	Corporation	Restricted	Committed		100%	$ 10,000	$ 5,000	$ 5,000	$ -	$ -	$ 10,000	$ -	$ 10,000		
$ 125,000	Blue Cross Health Fdn	Corporation	Restricted	Committed		100%	$ 125,000	$ -	$ 125,000	$ -	$ -	$ 125,000	$ -	$ 125,000		
$ 65,000	LGL Corp	Corporation	Restricted	Pending		10%	$ 6,500	$ 6,500	$ -	$ -	$ -	$ 6,500	$ -	$ 6,500		
$ 50,000	ELL Class Contracts	Earned Income	Restricted	Pending		75%	$ 37,500	$ -	$ -	$ -	$ 37,500	$ 37,500	$ -	$ 37,500		
$ 55,000	WFF	Foundation	Restricted	To Submit		85%	$ 46,750	$ 46,750	$ -	$ -	$ -	$ 46,750	$ -	$ 46,750		
$ 12,500	Santa Rosa Community Fdn	Foundation	Restricted	Committed		100%	$ 12,500	$ -	$ 12,500	$ -	$ -	$ 12,500	$ -	$ 12,500		
$ 75,000	NFW Foundation	Foundation	Restricted	Committed		100%	$ 75,000	$ 75,000	$ -	$ -	$ -	$ 75,000	$ -	$ 75,000		
$ 25,000	MARFIN Foundation	Foundation	Restricted	Committed		100%	$ 25,000	$ 25,000	$ -	$ -	$ -	$ 25,000	$ -	$ 25,000		
$ 125,000	TBI	Foundation	Restricted	Committed		100%	$ 125,000	$ 35,000	$ 65,000	$ -	$ 25,000	$ 125,000	$ -	$ 125,000		
$ 10,750	TNC	Foundation	Restricted	To Submit		85%	$ 9,138	$ 9,138	$ -	$ -	$ -	$ 9,138	$ -	$ 9,138		
$ 175,000	HRSA Grant	Government	Restricted	Pending		50%	$ 87,500	$ -	$ 87,500	$ -	$ -	$ 87,500	$ -	$ 87,500		
$ 60,000	Dept of Ed	Government	Restricted	Pending		60%	$ 36,000	$ -	$ -	$ 36,000	$ -	$ 36,000	$ -	$ 36,000		
$ 25,000	Reserve Allocation	Other	Unrestricted	Committed		100%	$ 25,000	$ -	$ -	$ -	$ -	$ -	$ 25,000	$ 25,000		
$ 2,640	Interest	Other	Unrestricted	Committed		100%	$ 2,640	$ -	$ -	$ -	$ -	$ -	$ 2,640	$ 2,640		
$ 30,000	Concert Series Income	Special Event	Unrestricted	Pending		70%	$ 21,000	$ -	$ -	$ -	$ -	$ -	$ 21,000	$ 21,000		
$ 25,000	Annual Gala	Special Event	Unrestricted	Pending		70%	$ 17,500	$ -	$ -	$ -	$ -	$ -	$ 17,500	$ 17,500		
$ 1,053,390	**Total Potential Funding**						$ 787,528	$ 202,388	$ 295,000	$ 38,500	$ 62,500	$ 598,388	$ 189,140	$ 787,528	$	787,528
$ 402,640	**Total Committed Amt**						$ 402,640	$ 140,000	$ 207,500	$ 2,500	$ 25,000	$ 375,000	$ 27,640	$ 402,640	$	402,640
$ 650,750	**Total Pending Amt**						$ 384,888	$ 62,388	$ 87,500	$ 36,000	$ 37,500	$ 223,388	$ 161,500	$ 384,888	$	384,888
						Total Budgeted Income	$ 787,528	$ 202,388	$ 295,000	$ 38,500	$ 62,500	$ 598,388	$ 189,140			
						Program Profit/Loss from Budget Summary without pending funding allocations		**$ (97,164)**	**$ (82,332)**	**$ (106,394)**	**$ (105,292)**					
						Program Profit/Loss from Budget Summary with committed and pending allocations		**$ (34,776)**	**$ 5,168**	**$ (70,394)**	**$ (67,792)**					

Instructions: Column Title	**Insructions**
A	Enter total budgeted or requested amount
B	Enter funding source name
C	Choose funding source type/budget category
D	Choose from unrestricted or restricted - important - this will allow you to unrestricted funds across programs
E	Choose whether funding is pending, committed, or hasn't been submitted yet. This allows you to project funding from grants you know you will submit in the current year. For annual fund/special event income choose pending and a percentage amount based on your projections. This will allow you to play with scenarios by changing column F percentages.
F	You can decide to which funding sources to apply based upon these priorities. Prioritize most important programs with funding gaps and most likely funding sources.
G	Type % of likelihood to receive this funding. This is an educated guess in many circumstances. If funding is committed, this will require a 100% entry. If funding amt is different than projected, update column A
H	This calculates your budget total based upon the Funding Request (A) and the % Probability (F).
I to R	Enter allocations to programs based upon amount in Column G. For unrestricted grants, use Row 33 to determine unmet need and allocate funds where they are needed. It is okay to have unallocated funds remaining.
T	This is the amount of unallocated funds remaining. It is okay to leave these where they are as you determine budgets for other funding sources. This will demonstrate need.
U	This is the total allocated money in columns H to Q, plus unallocated unrestricted funds. If this is highlighted in red, it means that the corresponding total in G does not match and you have allocated too little/much money here. Check column F to see if you have set probabilities.

Indirect/Overhead Expense

Instructions: Please put all Indirect costs such as rent, org insurances, utilities, audit, board expense, etc., excluding salaries and fringe, into this worksheet. Make sure an expense category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - eg office space rent - $1,500/mo*12 months or contract accountat - $25hrs/mo*$75/hr*12mos). If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column. Pro-tip - many of these expenses will be in the Contract or Other categories!

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
Accountant	10/hrs/month *12mos*$85/hr	Contract	10	12	1	$ 85.00	$ 10,200
Board Meetings	Food/Supplies 12 mtgs@ $100/mtg	Other	12	1	1	$ 100.00	$ 1,200
Web subscriptions	GoDaddy Domains	Other	1	1	1	$ 500.00	$ 500
Audit		Contract	1	1	1	$ 7,500.00	$ 7,500
D&o & Liability Insurance		Other	1	1	1	$ 2,500.00	$ 2,500
Strategic Planning Consultant	4 days *$2,500/day	Contract	4	1	1	$ 2,500.00	$ 10,000
Office Rent	$1,500/month	Other	12	1	1	$ 1,500.00	$ 18,000
Utilities	$1,000/month	Other	12	1	1	$ 1,000.00	$ 12,000
Cell Phone Contract	6 phones @$65/month	Other	12	6	1	$ 65.00	$ 4,680
Office Phone	$125/month	Other	12	1	1	$ 125.00	$ 1,500
Office Cleaning	$250/month	Contract	12	1	1	$ 250.00	$ 3,000
Website Consultant	$75/hr*10hrs/month*12 months	Contract	12	10	1	$ 75.00	$ 9,000
Graphic Design	$60/hr*5hrs/month*12 months	Contract	12	5	1	$ 60.00	$ 3,600
Background Checks	five staff @ $50/staff	Other	5	1	1	$ 50.00	$ 250
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
						Total	$ 83,930

Budget Summary w/out allocations	
Indirect/Overhead	
Personnel	$ **34,500**
Fringe	$ **10,212**
Travel	$ -
Equipment	$ -
Supplies	$ -
Contract	$ **43,300**
Construction	$ -
Other	$ **40,630**
SubTotal	$ **128,642**
	$ **128,642**

Fundraising Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
Concert Series Expenses	$2,500/concert*4 concerts	Other	4	1	1	$ 2,500.00	$ 10,000
CRM Subscription	Membership and contact management $500/mont	Other	12	1	1	$ 500.00	$ 6,000
Credit Card Fees	3%*$200000	Other	1	1	1	$ 2,000.00	$ 2,000
Postage	5000 per average annual postage cost	Other	1	1	1	$ 5,000.00	$ 5,000
Printing	misc printing for signs/banners etc	Supplies	1	1	1	$ 2,500.00	$ 2,500
professional development	training for Dev director	Other	1	1	1	$ 1,000.00	$ 1,000
Mileage for Dev Dir	30 miles/wk*52wks*.70/mile	Travel	20	52	1	$ 0.70	$ 728
Major Donor Mtg Budget	$25/mtg*2 mtgs/wk*52wks	Other	2	52	1	$ 25.00	$ 2,600
Schwag	$15/item*1000 items	Supplies	1000	1	1	$ 15.00	$ 15,000
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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						Total	$ 44,828

Budget Summary w/out allocations	
Fundraising	
Personnel	$ 79,000
Fringe	$ 23,384
Travel	$ 728
Equipment	$ -
Supplies	$ 17,500
Contract	$ -
Construction	$ -
Other	$ 26,600
SubTotal	$ 147,212
	$ 147,212

After School Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
Professional Development	2 staff@$500/staff	Other	2	1	1	$ 500.00	$ 1,000
Mileage	25miles/wk*2 staff*/.70/mile	Travel	2	25	52	$ 0.70	$ 1,820
Snacks for Children	$25/day*5days/wk*50wks	Other	5	50	1	$ 10.00	$ 2,500
Supplies	Supplies for student activities	Supplies	1	1	1	$ 5,000.00	$ 5,000
Program Evaluation	20 hours @ $150/hr	Contract	20	1	1	$ 150.00	$ 3,000
After School Staff	6 staff @ *15 hrs/wk*40wks*$25/hr	Contract	6	15	40	$ 25.00	$ 90,000
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	$ 103,320

Budget Summary w/out allocations	
After School	
Personnel	$ 56,250
Fringe	$ 16,650
Travel	$ 1,820
Equipment	$ -
Supplies	$ 5,000
Contract	$ 93,000
Construction	$ -
Other	$ 3,500
SubTotal	$ 176,220
	$ 176,220

Healthy Families Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
Professional Dev	2 staff @ $500/staff	Other	2	1	1	$ 500.00	$ 1,000
Mileage	2 staff *100 miles/wk*52wks*.70/mile	Travel	2	100	52	$ 0.70	$ 7,280
Healthy You Kits	1000 kits @ $20 each	Supplies	1000	1	1	$ 20.00	$ 20,000
Program Evaluation	20 hours @ $150/hr	Contract	20	1	1	$ 150.00	$ 3,000
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	$ 31,280

Budget Summary w/out allocations	
Healthy Families	
Personnel	$ 100,500
Fringe	$ 29,748
Travel	$ 7,280
Equipment	$ -
Supplies	$ 20,000
Contract	$ 3,000
Construction	$ -
Other	$ 1,000
SubTotal	$ 161,528
	$ 161,528

Parent School Partnership Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
Mileage	1 staff @125 miles/wk*50wks*.70/mile	Travel	1	125	50	$ 0.70	$ 4,375
Food/Snacks	4 mtgs/wk*36 wks*$25/mtg	Other	4	36	1	$ 25.00	$ 3,600
Supplies	6 schools*1,000/schoo	Supplies	6	1	1	$ 1,000.00	$ 6,000
Program Evaluation	20 hours @ $150/hr	Contract	20	1	1	$ 150.00	$ 3,000
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	**$ 16,975**

Budget Summary w/out allocations	
Parent School Partnership	
Personnel	**$ 38,750**
Fringe	**$ 11,470**
Travel	**$ 4,375**
Equipment	**$ -**
Supplies	**$ 6,000**
Contract	**$ 3,000**
Construction	**$ -**
Other	**$ 3,600**
SubTotal	**$ 67,195**
	$ 67,195

ELL Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
ELL Instructor -	3 classes/wk*50wks*2 hrs/class*$50/hr	Contract	3	50	2	$ 50.00	$ 15,000
Space Rental	3classes/wk*50wks*$75/wk	Other	3	50	1	$ 75.00	$ 11,250
Instructional Materials	$1,000/class	Supplies	3	1	1	$ 1,000.00	$ 3,000
Program Evaluation	20 hours @ $150/hr	Contract	20	1	1	$ 150.00	$ 3,000
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	**$ 32,250**

Budget Summary w/out allocations	
	ELL
Personnel	$ 41,000
Fringe	$ 12,136
Travel	$ -
Equipment	$ -
Supplies	$ 3,000
Contract	$ 18,000
Construction	$ -
Other	$ 11,250
SubTotal	**$ 85,386**
	$ 85,386

Program 5 Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
			2	1	1	$ -	$ -
			2	3	1	$ -	$ -
			2	3	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	$ -

Budget Summary w/out allocations Program 5	
Personnel	$ -
Fringe	$ -
Travel	$ -
Equipment	$ -
Supplies	$ -
Contract	$ -
Construction	$ -
Other	$ -
SubTotal	**$ -**
	$ -

Program 6 Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	$ -

Budget Summary w/out allocations Program 6	
Personnel	$ -
Fringe	$ -
Travel	$ -
Equipment	$ -
Supplies	$ -
Contract	$ -
Construction	$ -
Other	$ -
SubTotal	**$ -**
	$ -

Program 7 Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			4	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	$ -

Budget Summary w/out allocations Program 7	
Personnel	$ -
Fringe	$ -
Travel	$ -
Equipment	$ -
Supplies	$ -
Contract	$ -
Construction	$ -
Other	$ -
SubTotal	**$ -**
	$ -

Program 8 Expense

Instructions: Please put all DIRECT program expenses, excluding salaries and fringe, into this worksheet. Make sure a program category is chosed for each item. Use the units colums, where necessary, to delineate unit costs - e.g. hotel for 3 conferences*2 people*3 nights@$175/night. If an iitem has a flat cost, keep the units at 1 and put the cost in the cost/unit column.

Only enter data in these cells

Item	Description	Budget Category	# of Units 1	# of Units 2	# of Units 3	Cost/Unit	Amount
		Other	1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
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			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
			1	1	1	$ -	$ -
						Total	$ -

Budget Summary w/out allocations Program 8	
Personnel	$ -
Fringe	$ -
Travel	$ -
Equipment	$ -
Supplies	$ -
Contract	$ -
Construction	$ -
Other	$ -
SubTotal	**$ -**
	$ -