Agency Name _____

Personal Service	FTEs	AMOUNT BILLED TO CSFP	In-Kind
Site Management Staff	0.00	$0	$0
Program Support Staff	0.00	$0	$0
Non-Direct Staff**	0.00	$0	$0
Total FTEs and Salary	0.00	$0	$0
Direct Fringe Benefits		$0	$0
Non-Direct Fringe Benefits		$0	$0
Total Personal Service and Fringe Benefits (a)		$0	$0
Other Than Personal Service			
Space		$0	$0
Other Non-Personal Service*		$0	$0
Subtotal Other Than Personal Service (b)		$0	$0
Total Direct Costs (a+b)		$0	$0
Indirect Costs (c)**			$0
GRAND TOTAL (a+b+c)		$0	$0

Refer to the instructions in Attachment 18 and then use the budget back-up forms to justify the costs and budgeted amounts for each of these categories, include the budgeted total for these categories.

* The "Other Non-Personal Service" line includes Program Operations, Travel, Equipment, Audit, and Other. Use the budget back-up forms to justify the costs and budgeted amounts for each of these categories and include the budgeted total for these categories in the "Other Non-Personal Service" line.

**CSFP will limit indirect and non-direct program related costs to 10 percent of the total budget.

Federal funds are being used to support this contract. The Code of Federal Domestic Assistance (CFDA) number for these funds is 10.557.

Additional Budget Notes

Site Management Staff

Additional Site Management Staff Notes

Title	First Name	Last Name	Effective Date	Hours in Agency Work Week	Hours Worked Per Week	Total Hours Devoted to CSFP Contract	FTE	Annualized Salary	Justified Amount	Amount Billed to CSFP	Billed FTE	Is CSFP Director
			10/1/2009						$0	$0	0.00	☐

Total Billed Site Management Staff Costs	**0.00**		**$0**
Total In-Kind Site Management Staff Costs	***0.00***		***$0***

Program Support Staff

Additional Program Support Staff Notes

Title	First Name	Last Name	Effective Date	Hours in Agency Work Week	Hours Worked Per Week	Total Hours Devoted to CSFP Contract	FTE	Annualized Salary	Justified Amount	Amount Billed to CSFP	Billed FTE	Is CSFP Director
			10/1/2009						$0	$0	0.00	☐

Total Billed Program Support Staff Costs	**0.00**		**$0**
Total In-Kind Program Support Staff Costs	***0.00***		***$0***

Non-Direct Staff

Additional Non-Direct Staff Notes

Title	First Name	Last Name	Effective Date	Hours in Agency Work Week	Hours Worked Per Week	Total Hours Devoted to CSFP Contract	FTE	Annualized Salary	Justified Amount	Amount Billed to CSFP	Billed FTE
			10/1/2009						$0	$0	0.00

Total Billed Non-Direct Staff Costs	**0.00**		**$0**
Total In-Kind Non-Direct Staff Costs	***0.00***		***$0***

Direct Fringe

Additional Fringe Notes

Total Justified Direct Salaries: **$0**

Component Name	Positions to which Component Applies / Calculation Methodology	Total Salaries	Rate (%)	Justified Amount	Billed Amount
Total Justified Fringe Costs				**$0**	
Total Billed Fringe Costs				**$0**	

In-Kind Fringe Costs ***$0***

Non-Direct Staff Fringe

Additional Non-Direct Staff Fringe Notes

Total Justified Non-Direct Salaries: **$0**

Component Name	Positions to which Component Applies / Calculation Methodology	Total Salaries	Rate (%)	Justified Amount	Billed Amount
Total Justified Non-Direct Staff Fringe Costs				**$0**	
Total Billed Non-Direct Staff Fringe Costs				**$0**	

In-Kind Non-Direct Staff Fringe Costs ***$0***

Space

Additional Space Notes

Site Number	Site Name	Permanent	Proposed Caseload	Justified Cost	Billed Amount
		☐		$0	$0
Total Justified Space Costs			**0**	$0	
Total Billed Space Costs				**$0**	
Total In-Kind Space Costs				***$0***	

Other Non-Personal Service Summary

Category	Justified Amount	Billed Amount	*In-Kind*
Program Operations	$0	$0	*$0*
Travel	$0	$0	*$0*
Equipment	$0	$0	*$0*
Audit	$0	$0	*$0*
Other	$0	$0	*$0*
Total Other Non-Personal Service Costs	$0	$0	*$0*

Program Operations

Additional Program Operations Notes

Description	Justification	Justified Amount	Billed Amount	Additional Budget Line Comments
Office/Computer Materials/ Supplies				
Informational/Education Materials				
Printing and Reproduction				
Equipment Leases/Maintenance Contracts				
Telecommunications Costs	Details on next sheet	$0	$0	
Postage/Delivery				
Total Justified Program Operations Costs		**$0**		
Total Billed Program Operations Costs		**$0**		
Total In-Kind Program Operations Costs		***$0***		

Program Operations - Telecommunications Detail

Expense Name	Monthly Cost	Number of Lines Allocated to Program	Number Of Months	Justified Amount	Billed Amount	Additional Budget Line Comments
			12	$0	$0	
Total Telecommunications Cost				**$0**	**$0**	

Travel

Additional Travel Notes

Local Travel

	Justification	Justified Amount	Billed Amount	Additional Budget Line Comments
Program Travel				
Mobile/Van Operations				
	Total Local Travel	$0	$0	

Non - Local Travel

Description/Location	Total # Positions/Titles	Anticipated Date(s) of Travel	Justified Amount	Billed Amount	Additional Budget Line Comments

Total Justified Travel Costs	**$0**
Total Billed Travel Costs	**$0**
Total In-Kind Travel Costs	**$0**

Equipment

Additional Equipment Notes

Item Description	Quantity Requested	Replacement	Use at Site #s	Purpose/Explanation of Need for Item	Unit Cost	Justified Amount (Unit Cost * Quantity)	Billed Amount	Additional Budget Line Comments
		☐				$0	$0	
Total Justified Equipment Costs						**$0**		
Total Billed Equipment Costs						**$0**		

Total In-Kind Equipment Costs **$0**

Audit

Additional Audit Notes

Audit Costs	
Time Period of Audit for Which Funding is Requested (Agency Fiscal Year, not necessarily the CSFP Local Agency contract year):	Start Date: End Date:
Estimated Date the Audit Will be Submitted to the State* (The audit is due to both Clearinghouses either nine (9) months after the end of the sponsoring agency's fiscal year **OR** within 30 days of the audit completion date, **whichever comes first.**)	
Methodology to Calculate the Amount Requested:	
A.) Total Cost of Audit (Total cost for entity-wide financial AND A-133 Single Audit)	
B.) Total Sponsoring Agency Expenditures for Period Audited (Total entity expenditures per Statement of Activities or Expenses in financial report for ALL programs including CSFP)	
C.) Total Local Agency Contract Expenditures for Period Audited (Includes all CSFP Contract dollars expended during the audit period)	
D.) Percent of CSFP Contract Expenditures to Agency Total Expenditures (C / B) (To 2 decimal places)	0.00 %
E.) Maximum Allowable CSFP Program Share of Audit Cost (A x D)	$0
Total Billed Audit Cost	$0
Total In-Kind Audit Cost	$0

ONPS Other

Additional ONPS Other Notes

Item Description	Purpose/Explanation of Need for Item	Justified Amount	Billed Amount	Additional Budget Line Comments
Total Justified ONPS Other Costs		**$0**		
Total Billed ONPS Other Costs		**$0**		
Total In-Kind ONPS Other Costs		**$0**		

Indirect Costs

Additional Indirect Cost Notes

Situation	Rate
☐ Agency has a Federally approved rate	
☐ Agency has applied for a Federally approved rate	
☐ NONE PRESENTLY IN USE	

Supported Indirect Rate (%)	Total Allowable Costs	Justified Amount	Billed Amount (cannot exceed 10% of Total costs)	Billed Rate (cannot exceed 10%)	In-Kind Amount
0.00	$0	$0		0.00 %	$0