Budget Detail

Salary Detail

Staff Title	Salary	% of Time	Total
A.		0.00%	
B.		0.00%	
C.		0.00%	
D.		0.00%	
E.		0.00%	
F.		0.00%	
G.		0.00%	
		Total Amount Requested	**$**

Personnel Benefit Detail

Position	Base Salary	FICA/ Medicare	Workers Comp	UI	Health Insurance	Life Insurance	Holiday/ Leave	Retirement	Total %	Total Fringe $
A	**$**									**$**
B	**$**									**$**
C	**$**									**$**
D	**$**									**$**
E	**$**									**$**
F	**$**									**$**
G	**$**									**$**
H	**$**									**$**
									Total Fringe Requested	**$**

*Enter each benefit as a % of base salary.

Mileage Detail

# of Miles	Per Mile Charge	Total
		$
Total Mileage Requested		$

Travel Detail

Amount	Detail/Explanation of Travel
$	

Direct Cost(s) Detail

Line Item	Amount Requested
Materials & Supplies (Non-Training Related)	$
Telephone	$
Postage	$
Rent	$
Utilities	$
Maintenance	$
Bond	$
Advertising	$
Audit	$
Other (Specify)	$
Other (Specify)	$
Total Direct Costs	**$**

Indirect Cost Detail

%	Base Amount	Total
	$	$

Profit Cost Detail

%	Base Amount	Total
	$	$

Participant Costs - Training

Line Item	Amount Requested	Details
Books/Supplies	$	
Teaching Aids	$	
Assessment(s)	$	
Tuition	$	
Other (Specify)	$	
Other (Specify)	$	
Total Participant Training Costs Requested		**$**

Participant Costs – Support

Line Item	Amount Requested	Details/Notes
Support*	$	
Total Participant Support Requested		**$**

Participant Costs – Work Experience

Line Item	Amount Requested	Details/Notes
Work Experience	$	
Total Participant WEX Requested		**$**