**Applicant:**

**Project Name:**

**BUDGET SUMMARY**

| **Line Item** | **Expense Item** | **WIOA 15 Percent Funds** | **Amount Leveraged** | **Total Project Budget** | **Source of Leveraged Funds** | **In-Kind/ Cash** |
| --- | --- | --- | --- | --- | --- | --- |
| A. | Staff Salaries |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| B. | Number of full-time equivalents | Skip to next row | Skip to next row | Skip to next row | Skip to next row | Skip to next row |
| C. | Staff Fringe Benefit Cost |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| D. | Staff Fringe Benefit Rate (percent) | Skip to next row | Skip to next row | Skip to next row | Skip to next row | Skip to next row |
| E. | Staff Travel  |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| F. | Operating Expenses  |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| G. | Furniture and Equipment (complete Exhibit G for purchases over $5,000) | Skip to next row | Skip to next row | Skip to next row | Skip to next row | Skip to next row |
| 1. | Small Purchase (unit cost of under $5,000) |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| 2. | Large Purchase (unit cost of over $5,000)  |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| 3. | Equipment Lease |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| H. | Consumable Testing and Instructional Materials |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| I. | Tuition Payments/Vouchers | N/A | N/A | N/A | N/A | N/A |
| J. | Work-Based Learning  | N/A | N/A | N/A | N/A | N/A |
| K. | Training | N/A | N/A | N/A | N/A | N/A |
| L. | Participant Supportive Services | N/A | N/A | N/A | N/A | N/A |
| M. | Contractual Services (Exhibit G, complete if applicable) |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| N. | Indirect Costs\*(complete items 1 and 2 below) |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| O. | Other (describe): |       |       | $0.00 |       | [ ] In-Kind [ ] Cash |
| P. | **TOTAL FUNDING** | $ 0.00 | $ 0.00 | $ 0.00 | Skip to next row | Skip to next row |
| blank | blank | blank | blank | blank | **Total Award** |  $ 0.00  |
| blank | blank | blank | blank | blank | \*\*Administrative Costs |  $       |
| blank | blank | blank | blank | blank | Program Costs | $      |

\*Indirect Cost Rate must be negotiated and approved by Cognizant Agency, per Appendices III or IV to Uniform Guidance, 2CFR200.

1. Indirect Cost Rate (percent): Click here to enter text.

2. Name of Cognizant Agency: Click here to enter text.

\*\* A maximum of 7.5% of the total project budget will be allowed for administrative costs. The definition of administrative costs is provided in Appendix D of the SFP.

In order to populate the Total Project and Total Funding fields see Appendix A: Proposal Package Instructions.

| **STATE USE ONLY** | **EXHIBIT F** |
| --- | --- |
| Subgrant Number |   |
| Grant Code |   |
| Initial Plan |   |
| Modification Date |   |
| Subrecipient Code |   |