

Fringe Benefits - \$(Enter Total Amount)

Fringe benefits have been calculated at ____% of total salaries and wages proposed. Below provide the breakdown of fringe benefits for your organization.

Component	Rate	Budgeted Cost
F.I.C.A.		\$ -
Health Insurance		\$ -
Unemployment Insurance		\$ -
Dental Insurance		\$ -
Life Insurance		\$ -
Workers' Compensation		\$ -
Pension/Retirement		\$ -
Medicare		\$ -
NYC Transit Tax		\$ -
ST Disability Insurance		\$ -
LT Disability Insurance		\$ -
Vision		\$ -
Total Fringe Benefit Rate	0.00%	

Contractual Services \$(Enter Total Amount)

Below is a summary of proposed subcontracts or consultant costs, if any, including estimated amounts for each. Coalition members should be included as subcontractors. Please copy and paste the table below to add additional subcontractors/consultants.

Subcontractor/Consultant 1	
1. Name of Subcontractor/Consultant:	
2. Nature of Services to be Rendered/Scope of Work:	
3. Relevance of Service to the Project:	
4. Period of Service	
5. Expected Rate of Compensation (for consultants, include hourly rate and estimated number of hours:	
6. Method of Accountability:	

Total

Temporary Staff - \$(Enter Total Amount)

Temporary staff expenses, if any, are outlined below. This category should include costs for temporary staff hired through an agency.

Name of Agency/Organization	Number of Staff	Cost per staff	Amount Requested

Justification for temporary staff requested:

Office Supplies - \$(Enter Total Amount)

Office supplies expenses, if any, are outlined below. Supplies may be budgeted in a single line using an estimated amount per month or quarter. In the justification section, provide a list of the types of supplies to be purchased.

Item Requested	Type	Number Needed	Unit Cost	Amount Requested

Justification for office supplies requested:

IT Supplies - \$

IT supply expenses, if any, are outlined below. Electronic devices, such as personal computers, laptops, tablets, or cellphones, with a per item acquisition cost of less than \$5,000 should be classified as IT Supplies unless the Contractors' written property management policy classifies these items differently.

Item Requested	Number Needed	Unit Cost	Amount Requested

Justification for IT supplies requested:

Program Supplies - \$

Program supply expenses, if any, are outlined below. Program supplies include other consumables used in the performance of your project, such as printed materials, signage, table throws, etc. To the extent possible, each item type should be listed as a separate budget line. Nominal items may be grouped and budgeted based on monthly or quarterly estimates. For grouped items, provide a list of the types of supplies to be purchased in the justification section

Item Requested	Type	Number Needed	Unit Cost	Amount Requested

Justification for program supplies requested:

Travel - \$(Enter Total Amount)

Travel expenses, if any, are outlined below. Only local travel is allowable and must utilize the most cost-effective way practicable. MetroCards must be budgeted as pay per ride cards; unlimited MetroCards are not allowable and will not be reimbursed.

Number of Trips	Number of People	Cost per trip	Amount Requested

Travel Justification:

Incentives - \$(Enter Total Amount)

Incentive expenses are outlined below. Incentives may be budgeted under a single incentive budget line or broken out by type of incentive. Incentive costs should be estimated based on the number of estimated participants and the cost per incentive. Each incentive cannot exceed \$25 per participant.

Incentive Type	Number Needed	Unit Cost	Amount Requested

Incentive Justification:

Training/Professional Development- \$(Enter Total Amount)

Training/Professional Development expenses, if any, are outlined below. Training and/or professional development costs not included as a subcontract or consultant costs, should be included in this category. Training costs may be budgeted in a single line using an estimated amount per staff or workshop.

Training	Number of Staff	Unit Cost	Amount Requested

Justification for requested items:

Space/Property/Utilities- \$(Enter Total Amount)

Space/Property/Utilities expenses, if any, are outlined below. Any utilities or rent/space costs that are being charged as direct costs must be itemized in the budget. There should be a line for each unique utility and rent cost. The following information should be included for each utilities/rent line:

Item Requested	Number of Units	Unit Cost	Amount Requested

Justification for requested items, including methodology used to calculate each requested item:

Other- \$(Enter Total Amount)

Other expenses, if any, are outlined below. The "Other" category includes costs that are directly charged, yet not included in the above categories. List "Other" costs individually by major type, such as media/marketing, printing, postage, etc.

Item Requested	Number of Units	Unit Cost	Amount Requested

Justification for requested items:

Direct Costs - \$(Enter Total Amount)

Indirect Costs - \$(Enter Total Amount)

To claim indirect costs, the applicant organization must have a current approved negotiated indirect cost rate agreement (NICRA) . A copy of the most recent NICRA must be uploaded in the application as supporting documentation. If the applicant organization does not have an approved NICRA, the organization can charge a 10% de minimis rate of modified total direct costs. Indirect costs are expenses incurred for a common purpose that are too time consuming/costly to allocate to a specific cost objective. Examples of indirect costs include office space rental, utilities, and clerical and managerial staff salaries. **Indirect cannot be claimed on coalition subcontract costs.** To the extent that indirect costs are reasonable, allowable and allocable, they are a legitimate cost of doing business payable under a U.S. Government assistance award.

Total Budget - \$(Enter Total Amount Here)

The table below represents a listing of totals for each budget category previously described.

Budget Category	Total Requested	
Salaries and Wages (Employees)	01	\$
Fringe Benefits	02	\$
Contractual Services	03	\$
Temporary Staff	04	\$
Office Supplies	05	\$
Program Supplies	06	\$
IT Supplies	07	\$
Travel	08	\$
Training/Professional	09	\$
Space/Property/Utilities	10	\$
Other	11	\$
Indirect Costs	12	\$
	Total Budget:	\$

*Please ensure that the total budget amount and subtotals are rounded to the nearest whole number.