

A-1 Personal Narrative

Budget Narrative: Attach a description of the role/responsibility of each person included above.
Resumes of key project staff should be included as an addendum to the Project Narrative Section.

1. Title:

Enter Role/Responsibility Below

2. Title:

Enter Role/Responsibility Below

3. Title:

Enter Role/Responsibility Below

4. Title:

Enter Role/Responsibility Below

5. Title:

Enter Role/Responsibility Below

6. Title:
Enter Role/Responsibility Below

7. Title:
Enter Role/Responsibility Below

8. Title:
Enter Role/Responsibility Below

9. Title:
Enter Role/Responsibility Below

10. Title:
Enter Role/Responsibility Below

11. Title:

Enter Role/Responsibility Below

12. Title:

Enter Role/Responsibility Below

13. Title:

Enter Role/Responsibility Below

14. Title:

Enter Role/Responsibility Below

15. Title:

Enter Role/Responsibility Below

16. Title:

Enter Role/Responsibility Below

17. Title:

Enter Role/Responsibility Below

18. Title:

Enter Role/Responsibility Below

19. Title:

Enter Role/Responsibility Below

20. Title:

Enter Role/Responsibility Below

| |
|--|
| Contractor Name: Period of Budget: Contract Number: |
|--|

ATTACHMENT B
BUDGET SUMMARY

(Rev. 1/8/02)

The purpose of this form is to document the budget for the proposed project. Indicate the amount of funds being requested to support the proposed project under "OCFS Funds."

| Expense Category 1 | Local Share/ Local Match (if applicable) 2 | OCFS Funds 3 | Total Project Cost 4 |
|---------------------------------------|--|-----------------|-------------------------|
| A. Personal Services | | | |
| 1. Project Staff Salaries | | | |
| 2. Fringe Benefits | | | |
| 3. Total (Lines 1 + 2) | | | |
| B. Non-Personal Services | | | |
| 4. Contractual/Consultant | | | |
| 5. Travel/Per Diem | | | |
| 6. Equipment | | | |
| 7. Supplies | | | |
| 8. Other Expenses | | | |
| 9. Total (Total Lines 4 to 8) | | | |
| C. Project Total (Lines 3 + 9) | | | |

| | |
|--|--|
| | Local Match (if required) Use *calculation below |
|--|--|

***Local Match Calculation** = % of matching funds (if required in the RFP or contract agreement) X OCFS grant award.

Total costs entered for each budget category above must reflect totals from attached Budget Sections.

Local Share refers to all funds other than this grant award, including in-kind contributions to support the project as described in the narrative section of the application. The type and amount of in-kind contributions should be specifically identified under the appropriate Budget Section. The total amount of the in-kind portion of Local Share should be entered in parenthesis next to Local Share Project Total space.

OCFS Funds are the funds you are requesting through this application.

Total Cost refers to the combined Local Share and Grant Funds for this project.

Budget Narrative: Complete the narrative section for each part of the budget. Instructions are included on the following application budget pages.

Note: All items in the Budget must be consistent with the goals and objectives of the Project Narrative. Additional budget narrative pages may be attached as necessary.

* Total Project Cost must agree with Total Anticipated Revenue form as submitted with this application.

Local Share/Match Breakdown

| | Source | Amount |
|---|--------|--------|
| A. Cash Donations | | |
| B. In-Kind Donations | | |
| C. Volunteers/Intern | | |
| D. Fees for Service | | |
| E. Unrestricted Cash or Fund Balance | | |
| F. Grants: | | |
| - Other grants supporting this project | | |
| Amount of OCFS Funds | | |
| Non-OCFS Funds supporting this project | | |
| | | |
| | | |
| Total | | |

Itemize amounts of assured revenue, potentially available funds, and estimated income from in-kind contributions to support this project.

Cash Donations should be calculated on the basis of what the applicant organization can realistically be expected to raise during the program year; attach a description of fund raising efforts.

In-Kind Donations refers to equipment, furnishings and other non-personal expenses that are donated to support the function of this project.

Volunteers (another type of in-kind contribution) refers to project personnel who donate their time to the functioning of this project. Volunteer job descriptions and timecards should be kept to substantiate this line item.

Unrestricted Cash or Fund Balance Unrestricted funds include all revenues that are not specifically restricted as to their use. Unrestricted funds include income from dues, publication sales, advertising sales, conference fees, mailing label sales, interest income from unrestricted funds, fees obtained in the execution of externally funded projects, and contributions.

Fees for Services refers primarily to income received from clients directly. In addition, any income received by the applicant organization for reimbursable activities funded by this contract such as counseling, training, speaking engagements, etc., must be listed here.

Grants refers not only to the amount being requested under this grant but also to monies received (or applied for) from another funding source for activities related to this contract, e.g., state, federal, local. Each grant must be listed separately under Section F.

Contractor Name:
 Period of Budget:
 Contract Number:

DISCRETIONARY BUDGET NARRATIVE WORKSHEET

This worksheet is not part of the approved contract budget and is subject to change

| Expense Category | Total OCFS Funds | Total Discretionary Funds |
|--|------------------|---------------------------|
| A. Personal Services | | |
| B. Non-Personal Services | | |
| 4. Contractual/Consultant | | |
| 5. Travel/Per Diem | | |
| 6. Equipment | | |
| 7. Supplies | | |
| 8. Other Expenses | | |
| 9. Total (Total Lines 4 to 8) | | |
| Total Discretionary NPS Amount | | |
| Total M/WBE Spend Amount (Total Discretionary NPS*30%) | | |

****Discretionary Budget Narrative** – For each expense category – if the amount of the ‘Total Discretionary Funds’ amount is less than the ‘Total OCFS Funds’ available, an explanation for the exclusion or exemption of items from MWBE consideration must be provided. The explanation must include the dollar amount, a description of the goods or services to be procured and a detailed explanation why it is not included as part of the MWBE spending goal.

| |
|-----------------------------------|
| B4. Contractual/Consultant |
| |
| B6. Equipment |
| |
| B7. Supplies |
| |
| B8. Other Expenses |
| |