**ATTACHMENT A**

**BUDGET FORM**

**REGIONAL IMMIGRATION ASSISTANCE CENTERS**

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**BUDGET FORM**

**REGIONAL IMMIGRATION ASSISTANCE CENTERS**

|  |  |
| --- | --- |
| **County** |  |
| **Budget Contact Person’s Name** |  |
| **Phone** |  |
| **E-mail Address** |  |

Include all anticipated costs in the Budget Detail below.

**Proceed to Budget Detail section, next 3 pages.**

**Budget Detail Section:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Personal Services**  List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.  Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed below and only for the percentage of time devoted to the project. | | | | | |
| **Position** | **FTE** | **Year 1** | **Year 2** | **Year 3** | **Total** |
| (Example)  0. Title: Project Coordinator | 100% |  |  |  |  |
| Annual Salary |  | $45,000 | $45,000 | $45,000 | **$135,000** |
| Annual Fringe |  | $12,600 | $12,600 | $12,600 | **$37,800** |
|  |  |  |  |  |  |
| 1. Title: |  |  |  |  |  |
| Annual Salary |  |  |  |  |  |
| Annual Fringe |  |  |  |  |  |
|  |  |  |  |  |  |
| 2. Title: |  |  |  |  |  |
| Annual Salary |  |  |  |  |  |
| Annual Fringe |  |  |  |  |  |
|  |  |  |  |  |  |
| 3. Title: |  |  |  |  |  |
| Annual Salary |  |  |  |  |  |
| Annual Fringe |  |  |  |  |  |
|  |  |  |  |  |  |
| 4. Title: |  |  |  |  |  |
| Annual Sal |  |  |  |  |  |
| Annual Fringe |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Contractual/Consultant Services** | | | | |
| **Service** | **Year 1** | **Year 2** | **Year 3** | **Total** |
|  |  |  |  |  |
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|  |  |  |  | **Total:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. Non-Personal Service** | | | | |
| **Item** | **Year 1** | **Year 2** | **Year 3** | **Total** |
| **Training (in-house staff and regional CLE)** |  |  |  |  |
| **Travel** (Travel costs for employees and consultants must adhere to the established New York State travel rates. See Office of the State Comptroller Travel Manual  <http://www.osc.state.ny.us/agencies/travel/manual.pdf> |  |  |  |  |
| **Supplies** |  |  |  |  |
| **Space/Rent** |  |  |  |  |
| **Website Development** |  |  |  |  |
| **Printed Resources** |  |  |  |  |
| **Other (specify):** |  |  |  |  |
|  |  |  |  | **Total:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. Equipment**  *Please note: Rented or leased equipment costs should be listed in the “Contractual” category.* | | | | |
| **Item** | **Year 1** | **Year 2** | **Year 3** | **Total** |
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|  |  |  |  | **Total:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. Other Costs** | | | | |
| **Item** | **Year 1** | **Year 2** | **Year 3** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  | **Total:** |

|  |  |  |
| --- | --- | --- |
| **Cost Categories** | | **Total 3-Year Project Cost by Category** |
| 1. | Personal Services |  |
| 2. | Contractual/Consultant Services |  |
| 3. | Non-Personal Services |  |
| 4. | Equipment |  |
| 5. | Other Costs |  |
| **Total 3-Year Project Cost** | |  |

**An authorized officer of the lead county (see page 10) must sign the budget form.**

**Lead County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lead County Authorized Officer (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**