GOVERNOR'S NEIGHBORHOOD RECOVERY INITIATIVE
Sample PLAN Providing Partner 1 of 2 Budget v2-Suburbs

Applicant:

Budget Categories and Line Items	Requested From IVPA	Applicant and Other Funds	12 Month Budget	Budget Justification
Personnel Services				
Salary	1,688		1,688	sample personnel detail breakdown attached
Fringe	312		312	sample personnel detail breakdown attached
Sub Total	***2,000***	***0***	2,000	
Contractual Services				
Contractual Employment			0	
Contractual Services			0	
Rent/Occupancy/Utilities			0	
Telephone/Telecommunications			0	
Postage/Shipping			0	
Training Costs	0		0	
Conference Registration			0	
Equipment Rental/Lease			0	
Other:			0	
Sub Total	***0***	***0***	0	
Supplies				
Office			0	
Program			0	
Printing	0		0	
Photocopying/Duplicating			0	
Other:	0		0	
Sub Total	***0***	***0***	0	
Travel				
Staff			0	
Client			0	
Other: Specify			0	
Sub Total	***0***	***0***	0	
Equipment				
Office Furniture			0	
Computer/Electronic			0	
Other: Specify			0	
Sub Total	***0***	***0***	0	
TOTAL	**2,000**	**0**	**2,000**	

PERSONNEL DETAIL

PERSONNEL Name and Position Title	Full-Time Equivalent Monthly Salary	Number of Months Budgeted	Percent of Time on Program	Total for Program	Sources of Funds	
					Applicant and Other	Requested from IVPA
Program Coordinator to recruit participants and promote events	$1,875	9	10%	1,688		
SUBTOTAL, Personnel				1,688	$ -	$ -
FRINGE BENEFITS (Rate __18.52____%) Components and rates must be itemized below				312		
PERSONNEL & FRINGE TOTAL				2,000	$ -	$ -

FRINGE DETAIL

Fringe Breakdown	Percent
FICA (Social Security)	7.65%
Pension/Retirement	
Group Health Insurance	8.25%
Group Life Insurance	0.00%
Unemployment Insurance	1.01%
Worker's Compensation	1.61%
Other: _____	
TOTAL	18.52%

Add Additional Pages if necessary

GOVERNOR'S NEIGHBORHOOD RECOVERY INITIATIVE
Sample PLAN PP 2 of 2 Budget-Suburbs

Applicant:

Budget Categories and Line Items	Requested From IVPA	Applicant and Other Funds	12 Month Budget	Budget Justification
Personnel Services				
Salary	1,688		1,688	sample personnel detail breakdown attached
Fringe	312		312	sample personnel detail breakdown attached
Sub Total	***2,000***	***0***	2,000	
Contractual Services				
Contractual Employment			0	
Contractual Services			0	
Rent/Occupancy/Utilities			0	
Telephone/Telecommunications			0	
Postage/Shipping			0	
Training Costs	0		0	
Conference Registration			0	
Equipment Rental/Lease			0	
Other:			0	
Sub Total	***0***	***0***	0	
Supplies				
Office			0	
Program			0	
Printing	0		0	
Photocopying/Duplicating			0	
Other:	0		0	
Sub Total	***0***	***0***	0	
Travel				
Staff			0	
Client			0	
Other: Specify			0	
Sub Total	***0***	***0***	0	
Equipment				
Office Furniture			0	
Computer/Electronic			0	
Other: Specify			0	
Sub Total	***0***	***0***	0	

TOTAL	2,000	0	2,000	

TOTAL SOURCES OF FUNDS-APPLICANT AND OTHER		
Name of Funding Source	Amount	Pending or Confirmed
TOTAL	-	

PERSONNEL DETAIL

PERSONNEL Name and Position Title	Full-Time Equivalent Monthly Salary	Number of Months Budgeted	Percent of Time on Program	Total for Program	Sources of Funds	
					Applicant and Other	Requested from IVPA
Program Coordinator to recruit participants and promote events	$1,875	9	10%	1,688		
SUBTOTAL, Personnel				1,688	$ -	$ -
FRINGE BENEFITS (Rate __18.52____%) Components and rates must be itemized below				312		
PERSONNEL & FRINGE TOTAL				2,000	$ -	$ -

FRINGE DETAIL

Fringe Breakdown	Percent
FICA (Social Security)	7.65%
Pension/Retirement	
Group Health Insurance	8.25%
Group Life Insurance	0.00%
Unemployment Insurance	1.01%
Worker's Compensation	1.61%
Other: _____	
TOTAL	18.52%

Add Additional Pages if necessary

BUDGET INSTRUCTIONS

Applicant: Please type the name of the agency applying for funding, NRI Lead Agency Name and NRI Program Component

PERSONNEL

On the Personnel Detail Page,

Enter the position title and name of the current incumbent; if the position is new or currently not filled, enter "Vacant."

Enter the full-time equivalent monthly salary for each position which will be filled for all or any part of the period. Enter the number of months (up to a maximum of twelve months) the position will be filled by an incumbent working on the program. Enter the percent of time the incumbent will devote to the program during the months shown. Enter the total amount of support to be provided for the program, as computed from the information shown, using the following formula:
[Monthly Salary] X [Number of Months Budgeted] X [Percent of Time on Program] = [Total for the Program]

FRINGE BENEFITS

If fringe benefits will be applied, the components included in the applicant agency's fringe benefit rate are to be itemized in the Personnel Detail Page. The total fringe benefits rate is entered on the Fringe Benefits line; If the applicant agency included fringe benefits in the amount requested from IVPA and the various IVPA components, the amounts of fringe benefits may not exceed the fringe benefits rate times the Personnel, Subtotal for those columns.
If no fringe benefits will be applied, type NA for "not applicable" in the blank for the rate.

CONTRACTUAL

In the budget justification column, list the costs directly attributable to the program that are estimated to be incurred during the period covered by this application. For each cost allocated, include the monthly rate x number of months for total allocated cost. If the monthly rate is a percentage of the total cost, include the percent allocated and the total cost.
Examples of Contractual Services include conference registration fees; contractual employees, repair and maintenance of furniture and equipment; postage; UPS or other carrier costs; software; subscriptions; training and education costs; and telecommunication costs. See also Appendix for other allowable costs.
Please use the following subcategories when itemizing your contractual costs.

- Contractual Employment (includes individual contracted employees and agency subcontracts)
- Rent
- Telephone/Telecommunications
- Postage/Shipping
- Training Costs (includes speakers, room rental, food, training materials, etc.)
- Conference Registration
- Equipment Rental/Lease
- Other (e.g., participant incentives)

PROGRAM SUB-CONTRACTORS

Include the amount for each of the five required Neighborhood Recovery Plan program Components.

SUPPLIES

In the budget justification coloum, list the cost, directly attributable to the program, estimated to be incurred during the period covered by this application. For each cost allocated, include the monthly rate x number of months for total allocated cost. If the monthly rate is a percentage of the total cost, include the percent allocated and the total cost.

Please use the following subcategories when itemizing your supplies costs. Type the subcategory on the front and list associated costs underneath:

- Office (e.g., general office supplies)

• Program (e.g., educational and instructional materials, reference books/videos)
• Printing (e.g., letterpress, offset printing, and other printing services)
• Photocopying (e.g., photocopy costs, copy paper supplies)
• Other
See also the Allowable Costs section of the Application Package.

TRAVEL

List the costs, directly attributable to the program for carrying out the activities described in the application. Unless specifically approved in the budget, the rates for reimbursement of travel will be assumed to be the same as that authorized for state employees by the Governor's Travel Control Board. See also the Allowable Costs section of the Application Package.

Travel costs for contractual consultants are to be included in the Contractual Services line.

Please use the following subcategories when itemizing your travel costs. Type the subcategory on the front and list associated costs underneath:

• Staff travel
• Client travel

In the Budget Justification column of the Budget Worksheet, provide details including amount budgeted for miles (the state reimbursement rate is $0.50/mile), lodging, meals/per diem (the state reimbursement rate is $28/day), and commercial transportation. Include the approx number of miles x mileage rate for total mileage allocation. For lodging, meals/perdiem include the number of days x rate for total lodgin and/or meals/perdiem allocation.

EQUIPMENT

Equipment costs may be requested for equipment with a useful life of more than one year that is required for the successful completion of the activities described in the application. Equipment costs shall include all freight and installation charges. In the budget justification column, include the cost for each item.

Please use the following subcategories when itemizing your travel costs. Type the subcategory on the front and list associated costs underneath:

• Office Furniture (e.g., desks, chairs, computer tables)
• Computer/Electronic Equipment (e.g., computers, printers, calculators)
• Other

See also the Allowable Costs section of the Application Package.
For each equipment item over $1000, applicant must submit three vendor quotes.