## WORKFORCE SOLUTIONS – CAPITAL AREA WORKFORCE BOARD

## WORKFORCE – CHILD CARE SOLUTIONS

## BUDGET NARRATIVE

## BUDGET FORM C

*Attach additional sheets as necessary – be sure to label each item.*

**II. Personnel Costs:**

a. **Salaries** – Complete Budget Form B - Salary Allocation Plan. The information entered on Budget Form D should be consistent with the proposal narrative and the total salaries should match the amount entered on the Line-Item Budget.

b. **Fringe Benefits** – List all fringe benefits to be provided to staff. Provide the cost and percentage of salary each represent. Only costs to be paid for by the employer should be included in the Fringe Benefits line. However, if any costs are to be shared by the employee, please show them here in the Budget Narrative (percentage or amount).

c. **Travel** – Identify all travel costs (mileage reimbursement, per diem, lodging, transportation, etc. are limited to rates approved by the State). List in-state and out-of-state travel costs separately. Explain all out-of-state travel.

d. **Staff Training** – Explain the type and purpose of each training exercise to be provided to staff and breakdown of all related costs (tuition, registration fees, trainer costs, etc.).

e. **Temporary Staffing** – explain the purpose of any temporary staffing needs and identify type(s) of positions.

f. **Other** **Personnel Costs** – Identify and explain any other personnel costs not included in items Salaries and Fringe benefits.

**III. Non-Personnel Costs:**

1. **Insurance** – List each type of insurance coverage and cost separately.
2. **Contractual Services**
3. Accounting/Bookkpeeing – identify costs related to contractual accounting and bookkeeping services. If known, identify the service provider, including contact information.
4. Audit Services – identify the estimated cost of conducting the annual audit. If known, provide the name and contact information for the auditor.
5. Legal Services – if outside legal services are to be used, provide the rates and how the cost was calculated. If known, provide the name and contact information of the service provider.
6. Consulting Services – list each professional consulting service to be purchased. Provide a brief explanation/reason for each service along with cost information (hourly/daily rates, other related costs).
7. Other Contractual Services – List each other contractual service separately and provide a brief explanation of the service and costs.

c. **Advertising** – Advertising costs related to help wanted ads, legal notices, etc. only.

1. **Outreach** - Identify all costs related to customer outreach.
2. **Memberships, Dues, Subscriptions** – Identify all organizations fees and dues will be paid to. List all subscriptions, if known.
3. **Postage/Delivery/Shipping** – Costs associated with postage, shipping (e.g. UPS, FedEx), and courier services.
4. **Printing/Reproduction –** costs associated with any outside printing and reproduction of materials.
5. **Consumable Supplies/Materials** – costs associated with all consumable supplies/materials used by program staff.
6. **Communications** – costs for items such as cell phones, pagers, etc. Identity the individuals or positions for which such items will be issued.
7. **Other** – identify all other costs not included in the above items. Explain purpose and method cost calculation.

**D.** **Indirect Costs/Management Fees** Must specify Indirect or Management fee (can’t include both). Specify the rate used and describe the method of calculation used in deriving the rate. You must submit a copy of your approved plan and/or cognizant agency letter approving an indirect cost rate. Must meet the requirements specified in the TWC Financial Manual for Grants and Contracts. Indirect or Management Fees are negotiable and may not be computed on Direct Care or pass through Quality costs.

**E.** **Profit/Incentive Bonus** Can’t include both. Profit is available to only for-profit entities. Indicate the percentage used to calculate profit. The Incentive Bonus is only available to not-for-profit entities. Indicate incentive amount, together with the expected basis of qualifying for an incentive payment. Profit or Incentive Bonuses are negotiable and may not be computed on Direct Care or pass through Quality costs. See Budget Form E for the Profit/Incentive Bonus Worksheet.

**F. Matching/In-Kind Funds** - List and explain any in-kind contributions that the proposing entity will bring to the project.