Appendix D
BUDGET WORKSHEET FORMAT
FY 2006-2008 Byrne Methamphetamine Reduction Grant Program

	Grant Request	Match Amount	Other Funding*	Total
PERSONNEL SALARIES List each position by title, percentage of time devoted to the program or FTE, annual salary/hourly rate, fringe benefits, and payroll taxes.				
CONTRACTUAL/CONSULTANT SERVICES Provide a brief description of the services to be provided and the hourly/daily rate and estimated time on program. Consultant fees in excess of $450/day must receive prior approval.				
RENT AND UTILITIES Itemize by type (rent, telephone, pager, janitorial services) and monthly rate.				
SUPPLIES Generally, supplies are items that have a useful life less than one year. List supplies by type, quantity, and unit cost.				
TRAVEL/TRAINING/ CONFERENCES Itemize travel expenses such as conference registration fees, meals (or per diem), lodging, airfare, mileage, tolls, commercial transportation, and parking fees. Make sure travel expenses are documented in sufficient detail (dates/times/receipts/brief description of the purpose of the trip and for how many people). ***Be sure to obtain prior approval for out-of-state travel.***				
EQUIPMENT Generally, equipment is tangible personal property costing over $5,000 and having a useful life of more than one year. Specify type, quantity, and unit cost.				
ADMINISTRATION Administrative costs may not exceed ten percent of the total grant and will be approved on a case-by-case basis. Itemize costs such as accounting, payroll, etc.				
EVALUATION Itemize expenses related to the development and implementation of evaluation data collection and analysis				
OTHER EXPENSES Itemize expenses that do not readily fit into any of the other budget categories (such as direct client services)				
TOTAL EXPENSES				

* Itemize all other sources and amounts of funding.