# Steps to Successfully Complete EFNEP Budgets



USDA

#### By: Stephanie M. Blake, EFNEP Program Specialist

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#### Visit the EFNEP Planning and Reporting Webpage

#### http://www.csrees.usda.gov/business/reporting/efnep.html

You are here: Home / Business with CSREES / Planning and Reporting / Formula Fund Reporting Forms / Expanded Food and Nutrition Education Program Reporting Forms

#### Business with CSREES

#### **Expanded Food and Nutrition Education Program Reporting Forms**

Forms	Due Date	Fiscal Year	Submit via* System/Offices
SF-272, Federal Transactions Report-4rd quarter	11/15/2008	2008	DHHS
SF-272, Federal Transactions Report-1st quarter	02/15/2008	2008	DHHS
SF-269, Financial Status Report	04/01/2008	2007	OS
FY 2008 Budget Sheet (revised)	TBD	2008	NPL
FY 2008 Budget Justification (Guidelines)	TBD	2008	NPL
Annual Update (Guidelines)	01/15/2008	2008	NPL
Letter of Intent (Guidelines)	]	2011	NPL
SF-272, Federal Transactions Report-2nd quarter	05/15/2008	2008	DHHS
Certification Regarding Lobbying (for 1890s only)	08/15/2007	2008	OS
SF-272, Federal Transactions Report-3rd quarter	08/15/2008	2008	DHHS

#### **Review Budget Justification Narrative Guidelines**

- Click on "Budget Justification (Guidelines)"
- Review the information on budget categories
- Determine where expenditures should be listed on the budget

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#### Business with CSREES

Expanded Food and Nutrition Education Program Re

Forms	Due Date
SF-272, Federal Transactions Report-4rd quarter	11/15/2008
SF-272, Federal Transactions Report-1st quarter	02/15/2008
SF-269, Financial Status Report	04/01/2008
FY 2008 Budget Sheet (revised)	TBD
FY 2008 Budget Justification (Guidelines)	TBD
Annual Update (Guidelines)	01/15/2008
Letter of Intent (Guidelines)	
SF-272, Federal Transactions Report-2nd quarter	05/15/2008
Certification Regarding Lobbying (for 1890s only)	08/15/2007
SF-272, Federal Transactions Report-3rd quarter	08/15/2008

# **Obtain a copy of the Budget Sheet**

- Click on "Budget Sheet (revised)" to access the excel spreadsheet
- Select to save the file to your computer

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#### Business with CSREES

Expanded Food and Nutrition Education Program Re

Forms	Due Date
SF-272, Federal Transactions Report-4rd quarter	11/15/2008
SF-272, Federal Transactions Report-1st quarter	02/15/2008
SF-269, Financial Status Report	04/01/2008
FY 2008 Budget Sheet (revised)	TBD
FY 2008 Budget Justification (Guidelines)	TBD
Annual Update (Guidelines)	01/15/2008
Letter of Intent (Guidelines)	]
SF-272, Federal Transactions Report-2nd quarter	05/15/2008
Certification Regarding Lobbying (for 1890s only)	08/15/2007
SF-272, Federal Transactions Report-3rd quarter	08/15/2008

\*\*EFNEP Planning and Reporting Webpage - http://www.csrees.usda.gov/business/reporting/efnep.html

#### **Open the Budget Sheet in Excel**

	A	В	С	D	E	F	G	Н	
1		(	COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			<u>Expan</u>	<u>ded Food and N</u>	utrition Educati	<u>on Program (EF</u>	NEP)		
3									_
4									
5		State:				Estim	ated Carryover		
6		Institution:				Cu	rrent Allocation		
7		Fiscal Year	Ending:	September 30,		Total F	Funds Available	\$-	
8									
9									
10		C00	OPERATIV	VE EXTENSION W	ORK BUDGET BY	OBJECT CLAS	SIFICATION		
11									_
12				Salaries	Ac	ditional Expense	ses		
	EFNEP Fun	ding					Other		
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount	
14	Pi	rofessional						\$-	Ŀ
15	Paraprofessional	/Technical						\$ -	
16	Clerical & S	Secretarial						\$-	
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	_
18									
19	Other Sources of	f Funding ( (	universit	y, county, non-t	ax, etc.)				
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27	TOTAL 01	THER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$-	
29									Τ
30									Τ
31		Approved:							+
32			,	: Director or Administ	i Valor State Evlenciv	n Service?	•	(Date)	+
02			<i>P</i>		area, orare corease	or versivey		(Line)	+

#### **Enter your State: cell C5**

	A	В	С	D	E	F	G	Н
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expan	<u>ded Food and N</u>	utrition Educati	<u>on Program (EF</u>	NEP)	
3								
4								
5		State:				Estim	ated Carryover	
6		Institution:				Cu	rent Allocation	
7		Fiscal Year	Ending: \$	September 30,		Total F	unds Available	\$ -
8								
9								
10		CO	OPERATIN	E EXTENSION W	ORK BUDGET BY	OBJECT CLAS	SIFICATION	
11				alariae	0.0	lditional Evnens		
12	EFNEP Fun	ding		Jaiarics			Other	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	PI	rofessional						\$-
15	Paraprofessional	//Technical						\$-
16	Clerical &	Secretarial						\$-
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$-
18								
19	Other Sources o	f Funding ( (	university	y, county, non-t	ax, etc.)			
20								\$-
21								\$-
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23								\$ -
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25								\$ -
26								\$ -
27	TOTAL OT	THER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			1	Director or Administi	rator, State Extensio	n Service)		(Elate)
33			1-					

#### **Enter your Institution: cell C6**

	A	В	С	D	E	F	G	Н	
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			<u>Expan</u>	<u>ded Food and N</u>	utrition Educati	<u>on Program (EF</u>	NEP)		_
3									_
4									_
5		State:				Estim	ated Carryover		_
6		Institution:				Cu	rrent Allocation		4
7		Fiscal Year	Ending:	September 30,		Total F	Funds Available	<del>\$</del> -	+
8									+
9									+
10		CO	JPERA I II	E EXTENSION W	ORK BUDGET BY	OBJECT CLAS	SIFICATION		+
11				D-1					+
12	FENED Fun	dina		Salaries	AC	Iditional Expension	Ses Other		┥
13		ung	ETE	Amount	Тгана	Equipment	Fynenses	Total Amount	
14	0	vofoceional	111	Anodik	Haver	Equipment	Laponoco	4	┥
14	Гі Daranrofaceionai	Viessiviai Viessiviai						ф -	ť
16	Clerical &	Secretarial						\$ -	$\pm$
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			010	+	+	•	•	*	+
18									_
19	Other Sources of	f Funding ( u	universit	y, county, non-t	ax, etc.)				
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23								\$ -	1
24								\$ -	
25								\$ -	4
26								\$ -	4
27	TOTAL 01	HER FUNDS	0.0	<b>\$</b> -	<b>\$</b> -	<del>\$</del> -	<u> </u>	- <del>-</del>	┛
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	+
29									_
30									
31		Approved:							
32			6	Director or Administ	rator, State Extensio	on Service)		(Date)	
22									1

#### **Enter the Fiscal Year: cell E7**

	A	В	С	D	E	F	G	Н
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expan	ded Food and N	utrition Educati	<u>on Program (EF</u>	NEP)	
3								
4					<u> </u>			
5		State:				Estim	ated Carryover	
0		Institution:	F	C4				<b></b>
(		FISCAL YEAF	Enaing: :	September 30,		Iotali	-unds Availadie	<b>ə</b> -
0								
10		CO	OPFRATIN	 /F EXTENSION W	U ORK BUDGET BY	 / OBJECT CLAS:	SIFICATION	
11								
12				Salaries	Ac	ditional Expens	ses	
	EFNEP Fun	ding				· · · ·	Other	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	Pi	rofessional						\$ -
15	Paraprofessional	/Technical						\$ -
16	Clerical & S	Secretarial						\$ -
17		TOTAL	0.0	<del>\$</del> -	<del>\$</del> -	\$ -	\$ -	<b>\$</b> -
18								
19	Other Sources of	f Funding ( (	universit	y, county, non-t	ax, etc.)			
20								\$-
21								\$-
22								\$ -
23								\$-
24								\$-
25								\$ -
26								\$-
27	TOTAL 01	HER FUNDS	0.0	<del>5</del> -	<del>5</del> -	<u> \$ -</u>	<u> \$</u> -	<del>\$</del> -
28	TOTAL A	LL FUNDING	0.0	<del>\$</del> -	<del>\$</del> -	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -
29								
30								
31		Approved:						
32				Director or Administ	rator, State Extensio	on Service)		(Date)
33				1	1	1	1	

# **Enter Estimated Carryover: cell H5**

	A	В	С	D	E	F	G	Н
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			<u>Expan</u>	<u>ded Food and N</u>	utrition Educati	<u>on Program (EF</u>	NEP)	
3								
4								
5		State:				Estim	ated Carryover	
6		Institution:				Cu	rrent Allocation	
7		Fiscal Year	Ending: 9	September 30,		Total F	unds Available	<del>\$</del> -
8								
9								
10		COC	OPERATIN	TE EXTENSION W	ORK BUDGET BY	OBJECT CLAS	SIFICATION	
11								
12		dina		Salaries	Ac	Iditional Expense	es Other	
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13			FIE	Απουπ	Iravei	Equipment	Expenses	
14	Pl	otessional						\$ -
15	Paraprotessional Classical 9	/lechnical						<b>*</b> -
10	Ciericai & 3	TOTAL	0.0	¢	¢	¢	¢	ф -
17		TOTAL	0.0	τ <b>ρ</b> -	φ -	φ -	τ <b>ρ</b> -	<b>p</b> -
18								
19	Other Sources of	f Funding ( u	universit	y, county, non-t	ax, etc.)			
20								\$-
21								\$ -
22								\$ -
23								\$-
24								\$-
25								\$-
26								\$-
27	TOTAL 01	HER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL A	L FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			1	Director or Administ	Tator, State Extensio	on Service?		(Date)
22			r					1

#### **Enter Current Allocation\*: cell H6**

	A	В	С	D	E	F	G	Н
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			<u>Expan</u>	<u>ded Food and N</u>	<u>utrition Educati</u>	<u>on Program (EF</u>	NEP)	
3								
4								
5		State:				Estim	ated Carryover	
6		Institution:				Cu	rrent Allocation	•
7		Fiscal Year	Ending: S	September 30,		Total F	unds Available	<b>\$</b> -
8								
9								
10		CU	JPERATI	E EXTENSION W	ORK BUDGET BY	OBJECT CLAS:	SIFICATION	
12				Salariee	0.	Iditional Evnens	200	
12	EFNEP Fun	ding	,				Other	•
13		<u> </u>	FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	PI	rofessional						\$-
15	Paraprofessional	/Technical						\$-
16	Clerical & S	Secretarial						\$-
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$-
18								
19	Other Sources of	f Funding ( (	universit	y, county, non-t	ax, etc.)			
20								\$-
21								\$-
22								\$-
23								\$-
24								\$-
25								\$-
26								\$-
27	TOTAL 01	THER FUNDS	0.0	\$-	\$-	\$-	\$-	\$-
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			1	Director or Administ	rator, State Extensio	on Service)		(Date)
33								

\*To view current allocation visit - http://www.csrees.usda.gov/business/awards/formula/smithlever.html#distribution

#### Total Funds Available will Calculate Automatically\*: cell H7

	A	В	С	D	E	F	G	Н
1		(	COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expan	<u>ded Food and N</u>	utrition Education	<u>on Program (EF</u>	NEP)	
3								
4								
5		State:				Estim	ated Carryover	
6		Institution:				Cu	rrent Allocation	
7		Fiscal Year	Ending: 9	September 30,		Total F	unds Available	\$-
8								
9								
10			JPERATI	E EXTENSION W	URK BUDGET BY	OBJECT CLAS:	SIFICATION	
12				Salaries	Ad	lditional Expens	ses	
	EFNEP Fun	iding					Other	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	P	rofessional						\$ -
15	Paraprofessiona	l/Technical						\$ -
16	Clerical &	Secretarial						\$ -
17		TOTAL	0.0	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	<b>\$</b> -
18								
19	Other Sources o	f Funding ( u	university	y, county, non-t	ax, etc.)			
20								\$-
21								\$-
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								<u>\$</u> -
27	TOTAL O	THER FUNDS	0.0	- <del>-</del>	<b>\$</b> -	<b>5</b> -	<u> \$</u> -	- <del>-</del>
28	TOTAL A	LL FUNDING	0.0	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	<b>\$</b> -	<del>\$</del> -
29								
30								
31		Approved:						
32				Director or Administ.	rator, State Extensio	n Service)		(Date)
22							1	

\*If total does not calculate automatically, enter the total amount

# **Enter Professional FTE\*, Salary and Expenses: cells C14-G14**

	A	В	С	D	E	F	G	Н	
1		C	COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			Expan	<u>ded Food and N</u>	utrition Educati	<u>on Program (EF</u>	NEP)		
3									
4									_
5		State:				Estim	ated Carryover		_
6		Institution:				Cu	rrent Allocation		_
7		Fiscal Year	Ending: 9	September 30,		Total I	unds Available	\$-	_
8									_
9									-
10		COC	OPERATIN	E EXTENSION W	ORK BUDGET BY	OBJECT CLAS	SIFICATION		+
12				Salaries	Ad	l Iditional Expense	285		$\neg$
	EFNEP Fun	ding	`				Other \		-
13			FTE	Amount	Travel	Equipment	Expenses	Total Arnount	
14	P	rofessional					•	-	
15	Paraprofessiona	l/Technical						\$ -	_[
16	Clerical &	Secretariai						\$-	4
17		TOTAL	0.0	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	_
18									
19	Other Sources o	f Funding ( u	universit	y, county, non-t	ax, etc.)				
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21								\$-	
22								\$-	
23								\$-	
24								\$-	
25								\$-	
26								\$ -	4
27	TOTAL 0	THER FUNDS	0.0	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	- \$	- \$	
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$-	$\rightarrow$
29									$\rightarrow$
30									
31		Approved:							
32			6	Director or Administ	rator, State Extensio	in Service)		(Date)	
22									

#### **Professional Total Amount will calculate automatically: cell H14**

	A	В	С	D	E	F	G	Н	
1		C	OOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			Expan	ded Food and N	utrition Education	<u>on Program (EF</u>	NEP)		
3									
4									
5		State:				Estim	ated Carryover		
6		nstitution:				Cur	rent Allocation	•	
/		iscal Year	Ending: S	September 30,		lotali	unds Available	\$	-
8									
9		C0(		E EYTENCIAN W					
11			PERATIN		VKK DUDGET DT	VDJECT CLAS			
12				Salaries	Ad	lditional Exnens			
	EFNEP Fund	ing 🛛	`				Other		
13			FTE	Amount	Travel	Equipment	Expenses	Total Amoun	it 👘
14	Pro	fessional						\$	-
15	Paraprofessional/	Technical						\$	-
16	Clerical & Se	ecretarial						\$	-
17		TOTAL	0.0	\$ -	<del>\$</del> -	\$ -	\$-	\$	-
18									
10	Other Sources of	Eundina ( 1	minereit	k county non t	av atc.)				
20	Viller Sources of	ranany ( t	nnvei sig	y, county, non-a	ax, e.c.,			¢	
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22								\$	-
23								\$	-
24								\$	-
25								\$	-
26								\$	-
27	TOTAL OT	IER FUNDS	0.0	\$ -	\$-	\$ -	\$ -	\$	-
28	TOTAL AL	L FUNDING	0.0	\$-	\$-	\$ -	\$-	\$	-
29									
30									
31	A	pproved:							
32			6	Director or Administ	rator, State Extensio	n Service)		(Date)	
22									

#### **Enter Paraprofessional FTE\*, Salary and Expenses: cells C15-G15**

	A	В	С	D	E	F	G	Н	
1		C	:OOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			Expan	ded Food and N	utrition Education	<u>on Program (EF</u>	NEP)		
3									
4									
5		State:				Estim	ated Carryover		_
6		Institution:				Cur	rrent Allocation	•	_
7		Fiscal Year	Ending: S	September 30,		Total F	unds Available	\$-	
8									
9									
10		COL	JPERATI	E EXTENSION W	VKK BUDGET BY	UBJECT CLAS:	SIFICATION		-
12				Salaries	Ad	lditional Expens	es		
	EFNEP Fun	ding					Other		
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount	
14	P	rofessional						\$ -	
15	Paraprofessiona.	l/Technical					4	-	
16	Clerical &	Secretarial						\$-	
17		TOTAL	0.0	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	<del>\$</del> -	
18									
19	Other Sources o	f Funding ( u	universit	y, county, non-t	ax, etc.)				
20								\$-	
21								\$-	
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24								\$-	
25								\$ -	_
26								\$-	
27	TOTAL O	THER FUNDS	0.0	<u> </u>	<u> </u>	<del>\$</del> -	<u> </u>	<u> </u>	
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
29									$\rightarrow$
30									
31		Approved:							
32				Director or Administr	rator, State Extensio	in Service)	· · · · · · · · · · · · · · · · · · ·	(Date)	
22		1					1		

#### Paraprofessional Total Amount will calculate automatically\*: cell H15

	A	В	С	D	E	F	G	н	
1		(	OOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			Expan	<u>ded Food and N</u>	utrition Education	<u>on Program (EF</u>	NEP)		
3									
4									
5		State:				Estim	ated Carryover		
<u>р</u>		Institution:	F- di 1						
- (		riscal tear	Enaing: :	september 30,		l otal r	unds Avallable	2	-
0									
10		C0(	OPERATIN	FEXTENSION W	ORK BUDGET BY	OBJECT CLASS	SIFICATION		
11									
12				Salaries	Ad	Iditional Expens	es		
	EFNEP Fun	ding					Other		-
13			FTE	Amount	Travel	Equipment	Expenses	Total Arnou	int
14	PI	rofessional						\$	-
15	Paraprofessional	/Technical						\$	-
16	Clerical &	Sec <i>retarial</i>						\$	-
17		TOTAL	0.0	\$-	\$ -	\$ -	\$ -	\$	-
18									
19	Other Sources o	f Fundina ( i	minersit		av etc.)				
20			inversie	y, county, non-c	un, c.c.,			\$	
21								\$	-
22								\$	-
23								\$	-
24								\$	-
25								\$	-
26								\$	-
27	TOTAL OT	THER FUNDS	0.0	\$ -	<u>\$</u> -	\$ -	\$ -	\$	-
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$	-
29									
30									
31		Approved:							
32				Director or Administ	rator, State Extensio	in Service)		(Elate)	
22							1		

Paraprofessional Total Amount <u>must</u> be at least 60% of the Current Allocation

#### **Paraprofessional Total Amount**

- "At least sixty (60) percent of the total annual Federal appropriation to each state is to be used for paraprofessional personnel and their support costs" (see http://www.csrees.usda.gov/nea/food/efnep/pdf/program-policy.pdf)
- If your budget sheet does not adhere to this policy it will not be approved.

#### **Paraprofessional Total Amount**

- To calculate % of funds allocated in support of paraprofessional staff: divide the total amount for Paraprofessionals by the Current Allocation
- Hint: Cell I15 ("eye"15) automatically calculates the above value. If cell I15 is less than 60% it will turn red indicating the budget needs to be revised.

#### **Enter Clerical & Secretarial FTE\*, Salary and Expenses: cells C16-G16**

	A	В	С	D	E	F	G	Н	
1		C	OOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			Expan	<u>ded Food and N</u>	utrition Educati	<u>on Program (EF</u>	NEP)		
3									
4									
5		State:				Estim	ated Carryover		
0		Institution:	<b>F</b>					<u>ф</u>	_
- (		FISCAI TEAF	Enaing: :	september 30,		Total r	-unds Available	<b>Þ</b>	
0									
10		00	) PFRATIN	I (E EXTENSION W	NRK BUDGET BY	OBJECT CLAS	SIFICATION		
11						VISCOLOCI CENS			
12			9	Salaries	Ac	difional Expens	ses.		
	EFNEP Fun	ding					Other		-
13			FTE	Amount	Travel	Equipment	Expenses	Total Amour	nt
14	P	rofessional						\$	-
15	Paraprofessiona	l/Technical						\$	-
16	Clerical &	Secretarial					<		-
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$	-
18									
10	Other Sources o	f Funding ( i	minereit	v county non t	av etc.)				
20	Viller Sources o		Inversity	y, county, non-t	an, 6(6.)			¢	_
20								\$	
22								\$	-
23								\$	- 1
24								\$	-
25								\$	-
26								\$	-
27	TOTAL O	THER FUNDS	0.0	\$-	\$-	\$-	\$-	\$	-
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$	-
29									
30									
31		Approved:							
32			(4	Director or Administ	rator, State Extensio	in Service)		(Date)	
00									

#### Clerical & Secretarial Total Amount will calculate automatically\*: cell H16

	A	В	С	D	E	F	G	Н	
1		C	:OOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			Expan	ded Food and N	utrition Educati	<u>on Program (EF</u>	NEP)		
3									
4									
5		State:				Estim	ated Carryover		
6		Institution:				Cui	rrent Allocation	•	_
		Fiscal Year	Ending: S	September 30,		lotali	unds Available	\$	
8									
9		C0(		E EVTENCIÓN W					
11		COL	PERATI	E EXTENSION W	VKK DUDGET DT	ODJECT CLAS			
12			5	Salaries	Ad	lditional Expens	es		
	EFNEP Fund	ding 🔰					Other		
13			FTE	Amount	Travel	Equipment	Expenses	Total Amoun	<i>i</i> t
14	Pr	ofessional						\$	-
15	Paraprofessional	/Technical						\$	-
16	Clerical & S	Secretarial						\$	-
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$	-
18									
19	Other Sources of	Fundina ( i	iniversit	v. county. non-t	ax. etc.)				
20				, , ,				\$	- 1
21								\$	-
22								\$	-
23								\$	-
24								\$	-
25								\$	-
26								\$	-
27	TOTAL OT	HER FUNDS	0.0	\$-	\$-	\$-	\$-	\$	-
28	TOTAL AL	L FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$	-
29									
30									
31		Approved:							
32			(4	Director or Administ	rator, State Extensio	n Service)		(Date)	
22									

#### Column Totals will Calculate Automatically\*: cells C17-H17

	A	В	С	D	E	F	G	Н
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expan	<u>ded Food and N</u>	utrition Education	<u>on Program (EF</u>	NEP)	
3								
4		Ctata				Eatim	ated Carponer	
о 6		State:				Cur	rent Allocation	
7		Fiscal Year	Endina: 4	Sentember 30		Total F	unds Auailable	\$ _
8		riocui roui	Linding, (			Total		Ψ
9								
10		CO	OPERATIN	E EXTENSION W	ORK BUDGET BY	OBJECT CLASS	SIFICATION	
11								
12				Salaries	Ad	ditional Expens	es	
	EFNEP Fun	ding					Other	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	Pl D	rofessional						\$ -
15	Paraprotessional Classical &	Viecnnicai Secretarial						\$ - ¢
17	Ciericar &		0.0	¢	¢	¢	¢	ф -
11		IVIAL	0.0	φ -	φ -	φ -	φ -	φ -
18								
19	Other Sources o	f Funding ( u	university	y, county, non-t	ax, etc.)			
20								\$ -
21								\$ -
22								\$-
23								\$ -
24								<b>ֆ</b> -
25								τ - Φ
20	TOTAL OT	THER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	φ - \$
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$-
29				•	•	•	*	*
30								
31		Approved:						
32			1	Director or Administ	Tator, State Extensio	n Service)		(Date)
33								

#### **!** Verify that cell H7 - Total Funds Available equals cell H17 Total Amount

	A	B	С	D	E	F	G	Н
1		0	OOPERA	TIVE EXTENSION	WORK SUMMAR	RY BUDGET STAT	TEMENT	
2			Expand	<u>ded Food and Nu</u>	<u>utrition Education</u>	<u>on Program (EFI</u>	NEP)	
3								
4								
5		State:				Estim	ated Carryover	\$ -
6		Institution:				Cur	rent Allocation	
7		Fiscal Year	Ending: 9	September 30,		Total F	unds Available	\$-
8								
9								
10		COC	PERATIV	E EXTENSION W	ORK BUDGET BY	OBJECT CLASS	IFICATION	
11				L				
12		es						
10	EFNEP FUN	aing						T-4-1 A
13			FIE	Amount	Traver	Equipment	cxpenses	
14	PI	rotessional						\$ -
15	Paraprotessional Classical 9	//iechnical						\$ - ¢
10	Cierical &	Secrecariai		*	*	*	*	<b>Φ</b> -
17		TUTAL	0.0	<b>b</b> -	<b>ð</b> -	<b>b</b> -	*	<b>b</b> -
18								
19	Other Sources of	Fundina ( u	niversitv	. county. non-ta	x. etc.)			
20				, <b>,</b> ,				\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OT	THER FUNDS	0.0	\$ -	\$-	\$-	\$-	\$-
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32				Director or Administ	Lator, State Extensio	n Service i		(Fiate)
			· · · · · ·			·····		leare's

# **List Other Sources of EFNEP Funding**

			-				<u> </u>	
	A	в	C		E	F	G	H
1		C	OOPERA	TIVE EXTENSION	WORK SUMMAR	RY BUDGET STA	TEMENT	
2			Expand	<u>ded Food and Nu</u>	<u>rtrition Education</u>	<u>on Program (EFI</u>	NEP)	
3								
4								
5		State:				Estim	ated Carryover	\$-
6		Institution:				Cu	rent Allocation	
7		Fiscal Year	Ending: \$	September 30,		Total F	unds Available	\$-
8								
9								
10		COC	PERATIV	E EXTENSION W	ORK BUDGET BY	OBJECT CLASS	SIFICATION	
11								
12			9	Salaries	Ad	Iditional Exnens	es	
	EFNEP Fund	ding	<b>`</b>				Other	
13		-	FTE	Arnount	Travel	Equipment	Expenses	Total Amount
14	Pi	rofessional						\$-
15	Paraprofessional	/Technical						\$ -
16	Clerical & S	Secretarial						\$ -
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$-	\$ -
					-	· ·	-	•
18								
19	Other Sources of	Funding ( u	niversity	, county, non-ta	x, etc.) 🛛 <			
20								\$-
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL 01	THER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29				•	•	•	-	•
20								
30		Approved:						
31		Approvea:				<b>_</b>		17
32				Clirector or Administi	rator, State Extensio	vn Service)	]	(Liate)

#### List the Names of Other Sources of Funding: cells A20-A26 (add rows as needed\*)

	A	В	С	D	E	F	G	Н
1		C	OOPERAT	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expand	led Food and Nu	utrition Educati	on Program (EFI	NEP)	
3								
4								
5		State:				Estim	ated Carryover	\$-
6		Institution:				Cu	rrent Allocation	
7		Fiscal Year	Ending: \$	September 30,		Total F	<sup>-</sup> unds Available	\$-
8								
9								
10		C00	PERATIV	E EXTENSION W	ORK BUDGET BY	OBJECT CLASS	SIFICATION	
11								
12			9	Salaries	Ad	ditional Expens	ses	
	EFNEP Fund	ling					Other	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	Pi	ofessional						\$-
15	Paraprofessional	/Technical						\$ -
16	Clerical & S	Secretarial						\$-
17		TOTAL	0.0	\$ -	<del>\$</del> -	\$ -	\$ -	\$ -
18								
40	Ather Courses of	Eucline (	niversity	acusti ses ta	u otoli			
19	Viller Sources of	runuiny ( u	niver sity.	, county, non-ta	x, etc.)			ф.
20								<b>Þ</b> -
21								<b>Þ</b> -
22								<b>Þ</b> -
23				_				<b>Þ</b> -
24			-					- φ -
25								Ф -
20	TOTAL OF		0.0	¢	¢	¢	¢	τ - τ φ
27		L EUNDING	0.0	φ - Φ	φ - Φ	φ - Φ	φ - φ	φ - Φ
28	TOTAL AL	L FUNDING	0.0	<b>ə</b> -	<b>ə</b> -	<b>P</b> -	D -	<b>P</b> -
29								
30								
31		Approved:						
32				Director or Administ	rator, State Extensio	on Service)	·	(Date)
00	1					1	1	

#### **Enter FTE, Salary and Expenses for Other Sources of Funding: cells C-G, 20-26**

	A	В	С	D	E	F	G	Н	
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT		
2			Expan	ded Food and N	utrition Education	on Program (EF	NEP)		
3									
4		Ctatas				F-4:			
5 6		State:				Esum	ated Carryover		-
7		Fiscal Vear	Endina: 4	Sentember 30		Total F	unde Ausilable	\$	-
8		riscarrea	chung	September 30,		Totari		Ψ -	-
9									-
10		COC	OPERATIV	E EXTENSION W	ORK BUDGET BY	OBJECT CLASS	SIFICATION		
11									
12			ş	Salaries	Ad	ditional Expens	es		
	EFNEP Fun	ding					Other		
13			FTE	Arnount	Travel	Equipment	Expenses	Total Amount	
14	Pi	rofessional						\$-	÷
15	Paraprofessional	l/Technical						\$ -	_[
16	Cierical & :	Secretariai		<b>*</b>	<b>*</b>	<u>۴</u>	<b>*</b>	<b>*</b> -	_
17		TUTAL	0.0	<b>Þ</b> -	<b>Þ</b> -	<b>Þ</b> -	<b>Þ</b> -	<b>Þ</b> -	
18									
19	Other Sources o	f Funding ( u	university	y, county, non-t	ax, etc.)				
20								\$-	
21								\$-	
22								\$-	
23								\$-	
24								<del>\$</del> -	$\rightarrow$
25								<del>\$</del> -	$\rightarrow$
26	TOTAL OF		0.0	¢	¢	¢	¢	\$- ¢	
27			0.0	φ - Φ	φ - Φ	φ - Φ	φ - Φ	<del>Ծ -</del>	-
20	TOTAL A	LL FUNDING	0.0	φ -	φ -	φ -	φ -	ъ -	
23									$\rightarrow$
30		Approvati							
31		whblosed:		 Disantas as Anto-inint		n Convinci		(Pata)	-
32			<i>[4</i>	Livector of Adminish	rator, State Extension	n servicej		(Liare)	

#### **Total Amounts for Other Sources of Funding will calculate automatically: cell H20-H26**

	A	В	С	D	E	F	G	Н
1		0	COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expan	ded Food and N	utrition Educati	<u>on Program (EF</u>	NEP)	-
3								
4								
5		State:				Estim	ated Carryover	
6		Institution:				Cu	rrent Allocation	
7		Fiscal Year	Ending: 9	September 30,		Total I	Funds Available	\$ -
8								
9								
10		COC	OPERATIN	E EXTENSION W	ORK BUDGET BY	OBJECT CLAS	SIFICATION	
11								
12				Salaries	Ac	Iditional Expense	ses	
	EFNEP Fun	ding					Other	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	PI	rofessional						\$ -
15	Paraprofessional	/Technical						\$ -
16	Clerical &	Secretarial						<b>\$</b> -
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
18								
10	Other Courses o	f Eundina ( i	minoroit		ou oto )			
13	Viller Julices u		univer sig	y, county, non-t	ал, с.с.,			¢
20								φ - ¢
21								φ - ¢
22								ф -
23								¢ -
24								\$
26								¢ -
27	TOTAL OI	THER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL A		0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29				· •	· ·	· · ·	· ·	· · ·
20								
30		Approved						
31		whhi ovea:						(7)-(-)
32			<u> </u>	Livector of Raminist. 	rator, state Extensio 	n bervicej		(Liare)

\*If total does not calculate automatically, enter the total amount; ! - If rows are added formulas to calculate totals may need to be adjusted

#### Totals for Other Funds will calculate automatically: cell C27-H27

	A	В	С	D	E	F	G	Н
1			COOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expan	ded Food and N	utrition Educati	ion Program (EF	<u>NEP)</u>	
3								
4		<b>0</b> 1 - 1				<b>F</b> _4*	4.1.0	
5		State:				Estim	ated Carryover	
7		Figure Voor	Endinari	Contombor 20	,	Cu Total		¢
6		riscal teal	chuling:	september 50,		TUTAL		Þ -
0								
- 3 10		00	ΝΡΕΡΑΤΙΊ	L REFERENSION W	L MRK BUDGET BY	L COBJECT CLAS	SIFICATION	
11								
12				Salaries	A	ditional Expens	ses	
	EFNEP Fun	ding		1			Other	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	PI	rofessional						\$-
15	Paraprofessional	/Technical						\$-
16	Clerical & S	Secretarial						\$-
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
18								
19	Other Sources of	f Fundina ( i	universit	v county non-t	av etc.)			
20		T analig (		y, county, non-t				\$ _
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$-
26								\$ -
27	TOTAL 01	THER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$-
28	TOTAL A	LL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$-
29								
30								
31		Approved:						
32			1	Elirector or Administ	rator, State Extensio	on Service)		(Date)
22								

\*If total does not calculate automatically, enter the total amount; ! - If rows are added formulas to calculate totals may need to be adjusted

#### **Totals for All Funding Sources will calculate automatically: cell C28-H28**

	A	В	С	D	E	F	G	Н
1		C	:OOPERA	TIVE EXTENSION	WORK SUMMA	RY BUDGET STA	TEMENT	
2			Expan	<u>ded Food and N</u>	utrition Educati	<u>on Program (EF</u>	NEP)	
3								
4								
5		State:				Estim	ated Carryover	
<u>ь</u> т		Institution:	F- di 1	C4				¢
		riscai tear	Enaing: :	september 30,		l otal r	unds Avallable	Þ -
0								
9 10		00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I (E EXTENSION W	NRK BUDGET BY	OB IECT CLAS	SIFICATION	
11						VBSECT CENS		
12				Salaries	Ad	Iditional Expens	es	
	EFNEP Fun	ding					Other \	
13			FTE	Amount	Travel	Equipment	Expenses	Total Amount
14	Pi	ofessional						\$-
15	Paraprofessional	/Technical						\$ -
16	Clerical & S	Secretarial						\$ -
17		TOTAL	0.0	\$-	\$ -	\$ -	\$ -	\$ -
18								
19	Other Sources of	f Fundina ( i	minersit		av etc.)			
20			inversie	y, county, non-c				\$ _
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OT	HER FUNDS	0.0	\$ -	<u>\$</u> -	\$ -	\$ -	\$ -
20	TOTAL AL	L FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32				Director or Administ	rator, State Extensio	in Service)		(Date)
22							1	

\*If total does not calculate automatically, enter the total amount

#### **!** Budget Sheets <u>MUST</u> be Signed by your State Extension Director or Administrator

	A	В	С	D	E	F	G	Н
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2			Expan	ded Food and N	utrition Education	<u>on Program (EF</u>	NEP)	
3								
4								
5		State:				Estimated Carryover		
5		Institution:	F					
	riscal year		Ending: September 30,			i otai Funds Available		\$ -
0								
10	COOPERATIVE EXTENSION WORK BUDGET BY OR JECT OF ASSIEICATION							
11								
12	EFNEP Funding		Salaries		Additional Expenses			
							Other	
13			FTE	Arnount	Travel	Equipment	Expenses	Total Amount
14	Professional							\$ -
15	Paraprofessional/Technical							\$ - [
16	Cierical & :	Secretariai		*	*	*	*	<b>\$</b> -
17		TOTAL	0.0	\$ -	\$ -	<b>\$</b> -	\$ -	<b>\$</b> -
18								
19	Other Sources of Funding ( university, county, non-tax, etc.)							
20								\$-
21								\$-
22								\$-
23								\$-
24								\$ -
25								\$ -
26				•	•	•		<u> </u>
27	TOTAL O	HER FUNDS	0.0	<u> </u>	<u> </u>	<u> </u>	\$ -	<u>\$</u> -
28	TOTAL A	LL FUNDING	0.0	<del>\$</del> -	<del>\$</del> -	\$ -	<del>\$</del> -	<del>\$</del> -
29								
30		Approved						
31		Approved:						(0.1.)
32				Lorector or Administ	rator, State Extensio	n Service/		(Liate)

#### **Reminder:** each institution <u>must</u> submit a budget justification narrative with their budget sheet

# **Submission Information\***

- Signed Budget Sheets and Budget Justification Narratives <u>must</u> be saved as PDF documents using Adobe 8.1.1 or higher.
- PDF documents should be submitted through grants.gov as part of your Formula Grant Opportunity (FGO) Package.