

2009-2010 MONTANA AMERICORPS APPLICATION

AMERICORPS BUDGET NARRATIVE

		Applicant Organization:				
BUDGET WORKSHEET (Narrative)		Program Name:				
SECTION I: PROGRAM OPERATING COSTS						
		Column 1	Column 2	Column 3	Column 4	Column 5
A. Personnel Expenses						
Position/Title	Qty.	Annual Salary	% Time Spent on Program	Total Cost	CNCS Share	Grantee Share
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
Subtotal - Personnel				\$ -	\$ -	\$ -
B. Personnel Fringe Benefits						
Purpose	Calculation			Cost	CNCS Share	Share
					\$ -	\$ -
					\$ -	\$ -
	Totals:			\$ -	\$ -	\$ -
C.1. Staff Travel						
Purpose	Calculation			Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
					\$ -	\$ -
	Totals:			\$ -	\$ -	\$ -
C.2. Member Travel						
Purpose	Calculation			Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
					\$ -	\$ -
	Totals:			\$ -	\$ -	\$ -
D. Equipment						
Item/Purpose	Qty.	Unit Cost		Total Program Cost	CNCS Share	Grantee Share
N/A					\$ -	\$ -
	Totals:			\$ -	\$ -	\$ -

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Applicant Organization:		Program Name:				
BUDGET WORKSHEET (Narrative)						
E. Supplies (includes Member Service Gear)						
Item	Calculation			Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
					\$ -	\$ -
Totals:				\$ -	\$ -	\$ -
F. Contractual and Consultant Services (Not to Exceed \$540/day)						
Purpose	Calculation	Daily Rate		Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
Totals:				\$ -	\$ -	\$ -
G.1. Staff Training						
Purpose	Calculation	Daily Rate		Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
					\$ -	\$ -
Totals:				\$ -	\$ -	\$ -
G.2. Member Training						
Purpose	Calculation	Daily Rate		Cost	CNCS Share	Share
					\$ -	\$ -
					\$ -	\$ -
Totals:				\$ -	\$ -	\$ -
H. Evaluation						
Purpose	Calculation	Daily Rate		Cost	CNCS Share	Share
					\$ -	\$ -
Totals:				\$ -	\$ -	\$ -
I. Other Program Operating Costs (includes CNCS Sponsored Meetings)						
Item	Calculation			Cost	CNCS Share	Share
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Totals:				\$ -	\$ -	\$ -
Subtotal SECTION I.				\$ -	\$ -	\$ -

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BUDGET WORKSHEET (Narrative)		Applicant Organization:		Program Name:		
SECTION II: MEMBER COSTS				Column 3	Column 4	Column 5
A. Living Allowance						
Item	Amount	No. of Members with Living Allowance	Members without Living Allowance	Total Program Cost	CNCS Share	Grantee Share
1 year FT 1700 hours	\$ -	0	0	\$ -	\$ -	\$ -
1 year PT 900 hours	\$ -	0	0	\$ -	\$ -	\$ -
Expanded PT 675 hours	\$ -	0	0	\$ -	\$ -	\$ -
Quarter Time 450 hours	\$ -	0	0	\$ -	\$ -	\$ -
Minimum Time 300 hours	\$ -	0	0	\$ -	\$ -	\$ -
Subtotal - Living Allowance/MSY		0.00	0.00	\$ -	\$ -	\$ -
Total MSY		0.00				
B. FICA (7.65% of Total Living Allowances)						
Item	Calculation			Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
	Totals:			\$ -	\$ -	\$ -
C. Worker's Compensation						
Item	Calculation			Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
	Totals:			\$ -	\$ -	\$ -
D. Health Care (required for FT members, optional for PT; must meet CNCS reqs.)						
Item	Calculation			Total Program Cost	CNCS Share	Grantee Share
						\$ -
	Totals:			\$ -	\$ -	\$ -
E. Other Member Costs						
Item	Calculation			Total Program Cost	CNCS Share	Grantee Share
					\$ -	\$ -
	Totals:			\$ -	\$ -	\$ -
Subtotal SECTION II.				\$ -	\$ -	\$ -

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AMERICORPS BUDGET FORM

Applicant Organization: 0

Program Name: 0

SECTION I: PROGRAM OPERATING COSTS

	Column 1	Column 2	Column 3	Column 4	Column 5
A. Personnel (list each staff position)	Annual Salary	% Time Spent on Program	Total Program Cost	Corporation Funds Requested	Grantee Match
	0 \$ -	0%	\$ -	\$ -	\$ -
	0 \$ -	0%	\$ -	\$ -	\$ -
	0 \$ -	0%	\$ -	\$ -	\$ -
	0 \$ -	0%	\$ -	\$ -	\$ -
	0 \$ -	0%	\$ -	\$ -	\$ -
Subtotal - Personnel			\$ -	\$ -	\$ -
B. Benefits (includes FICA, Worker's Comp, Leave, other Fringe, etc.)			\$ -	\$ -	\$ -
C.1. Staff Travel			\$ -	\$ -	\$ -
C.2. Member Travel			\$ -	\$ -	\$ -
D. Equipment			\$ -	\$ -	\$ -
E. Supplies (includes Member Service Gear)			\$ -	\$ -	\$ -
F. Contracts & Consultants (Consultant daily rate NTE CNCS maximum \$540/day)			\$ -	\$ -	\$ -
G.1. Training-Staff			\$ -	\$ -	\$ -
G.2. Training-Member			\$ -	\$ -	\$ -
H. Evaluation (Consultant daily rate NTE CNS maximum \$540/day)			\$ -	\$ -	\$ -
I. Other (includes CNCS-sponsored meetings)			\$ -	\$ -	\$ -
Subtotal SECTION I.			\$ -	\$ -	\$ -

SECTION II: MEMBER COSTS

			Column 3	Column 4	Column 5
A. Living Allowance	Amount	No. of Members with LA	No. of Members without Living Allowance		
1 year FT 1700 hours	\$ -	-	-	\$ -	\$ -
1 year PT 900 hours	\$ -	-	-	\$ -	\$ -
Expanded PT 675 hours	\$ -	-	-	\$ -	\$ -
Quarter Time 450 hours	\$ -	-	-	\$ -	\$ -
Minimum Time 300 hours	\$ -	-	-	\$ -	\$ -
Subtotal - Living Allowance/MSY		0.00	0.00	\$ -	\$ -
Total MSY		0.00			
B. FICA (7.65% of Total Member Living Allowances)			\$ -	\$ -	\$ -
C. Worker's Compensation (or other Death & Dismemberment coverage)			\$ -	\$ -	\$ -
D. Health Care (required for FT members, optional for PT; must meet CNCS reqs.)			\$ -	\$ -	\$ -
E. Other Member Costs			\$ -	\$ -	\$ -
Subtotal (add items A through E above, total not to exceed 85% CNCS funds and provide minimum 15% Grantee Funds - Cash Match Only)					
Subtotal SECTION II.			\$ -	\$ -	\$ -

