BUDGET DETAIL WORKSHEETS

Applicant Legal Name:

ORI #:

COPS FUNDING REQUEST

Federal assistance is being requested under the following COPS Office funding category:

Please select the funding category that was selected on the COPS Application Attachment to SF-424.

☐ Tribal Resources Grant Program   ☐ Targeted-Technology Program

☐ Targeted-Methamphetamine Initiative   ☐ Universal Hiring Program

☐ Community Policing Development Programs   ☐ Child Sexual Predator Program

☐ Secure Our Schools

A. Sworn Officer Positions

No Sworn Officer Positions Requested ☐

Instructions: For COPS programs which fund sworn officer positions, you may apply for entry-level salaries and benefits of newly hired, additional law enforcement officers. Please refer to the Application Guide for information on the length of the grant term for the specific program which you are applying.

This worksheet will assist your agency in properly organizing your ***maximum estimated*** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits ***rounded to the nearest whole dollar*** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (i.e., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions.

Officer Positions Requested:

Full-time:

Enter the number of new, entry-level full-time and/or part-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

Applicant Legal Name:

ORI #:

A. Sworn Officer Positions

Part 1: Full time sworn officer information

Total Entry-Level Base Salary for One Position $ [   ] **X** [   ] **Years = $** [   ]

(Base Salary Subtotal)

B. Fringe Benefit   **Cost**   **% of Base**   **Additional Information**

Social Security [   ] [   ]   If Exempt Check Here: ☐   Fixed Rate: ☐

Can't Exceed 6.2% of total base salary. If less than 6.2%, exempt or fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary".

Medicare [   ] [   ]   If Exempt Check Here: ☐   Fixed Rate: ☐

Can't Exceed 1.45% of total base salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary".

Health Insurance [   ] [   ]   Family Coverage? ☐ Yes   ☐ No   Fixed Rate: ☐

Can't Exceed 30% of total base salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in "Sworn Officer Position Budget Summary".

Life Insurance [   ] [   ]

Vacation [   ] [   ]   Number of Hours Annually: [   ]

Sick Leave [   ] [   ]   Number of Hours Annually: [   ]

Retirement [   ] [   ]   Fixed Rate: ☐

Can't Exceed 20% of the total base salary (unless a fixed rate). If a fixed rate, provide an explanation in the "Sworn Officer Position Budget Summary".

Worker's Comp [   ] [   ]   If Exempt Check Here: ☐   Fixed Rate: ☐

Can't Exceed 10% of the total base salary. If exempt or if it exceeds this rate, provide an explanation in the "Sworn Officer Position Budget Summary".

Unemployment Ins. [   ] [   ]   If Exempt Check Here: ☐   Fixed Rate: ☐

Can't Exceed 5% of the total base salary. If exempt or if it exceeds this rate, provide an explanation in the "Sworn Officer Position Budget Summary".

Other [   ] [   ]   Describe: [   ]

Other [   ] [   ]   Describe: [   ]

Other [   ] [   ]   Describe: [   ]

Total Salary (Part A)   **Total Fringe Benefits (Part B)**   **# of Positions**   **Sworn Officer Total**

$ [   ] **+** [   ] **X** [   ] **=** [   ]

Transfer to Budget Summary Line 1

Applicant Legal Name:

ORI #:

Part 2: Sworn Officer Position Budget Summary (all applicants requesting officer position(s) must complete this section.)

After completing Part 1 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

1. If your agency's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below. You must check at least one.

☐ Cost of living adjustment (COLA) ☐ Step Raises ☐ Change in benefit costs

☐ Other - please explain briefly:

2. If an explanation is required for any of the following categories, please provide in the space below: 1) Social Security, 2) Medicare, 3) Health Insurance, 4) Retirement, 5) Workers Compensation, and 6) Unemployment Insurance.

1) Social Security:

2) Medicare:

3) Health Insurance:

4) Retirement:

5) Worker's Compensation:

6) Unemployment Insurance:

Applicant Legal Name:

ORI #:

B. Civilian/Other Personnel

No Civilian Personnel Positions Requested ☐

Instructions: *Each position must be listed and computed separately.* On this page you can enter one civilian position and then by adding another Civilian/Other Personnel page, can enter 19 more unique positions for a total of 20. Complete each position in accordance with the instructions.

Part 1: Total Base Salary and Fringe Benefits for Civilian/Other Personnel

Civilian/Other Personnel Page 1 of 1

Position Title:

Base Salary Computation: (([ ] X [ ])= X [ ]) [ ] **(Base Salary Subtotal)**

((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Months Devoted to the Project)

Fringe Benefit	Cost	% of Base Salary Subtotal	Additional Information
Social Security			If Exempt Check Here: ☐ Fixed Rate: ☐

Can't Exceed 6.2% of total base salary. If less than 6.2%, exempt or fixed rate, provide an explanation in the "civilian/non-sworn personnel budget summary".

Medicare			If Exempt Check Here: ☐ Fixed Rate: ☐

Can't Exceed 1.45% of total base salary. If less than 1.45%, exempt, or fixed rate, provide an explanation in the "civilian/non-sworn personnel budget summary".

Health Insurance			Family Coverage? ☐ Yes ☐ No Fixed Rate: ☐

Can't Exceed 30% of total base salary for individual plans, or 45% for family plans. If it exceeds these rates or is a fixed rate, provide an explanation in the "civilian/non-sworn personnel budget summary".

Life Insurance			
Vacation			Number of Hours Annually: [ ]
Sick Leave			Number of Hours Annually: [ ]
Retirement			Fixed Rate: ☐

Can't Exceed 20% of the total base salary (unless a fixed rate). If a fixed rate, provide an explanation in the "civilian/non-sworn personnel budget summary".

Worker's Comp			If Exempt Check Here: ☐ Fixed Rate: ☐

Can't Exceed 10% of the total base salary. If exempt or if it exceeds this rate, provide an explanation in the "civilian/non-sworn personnel budget summary".

Unemployment Ins.			If Exempt Check Here: ☐ Fixed Rate: ☐

Can't Exceed 5% of the total base salary. If exempt or if it exceeds this rate, provide an explanation in the "civilian/non-sworn personnel budget summary".

Other			Describe:
Other			Describe:

Total Fringe Benefits: [ ]

Subtotal Position Salary and Benefits: [ ]

CIVILIAN/OTHER PERSONNEL TOTAL:
(Add together all Subtotals per position) [ ]

Total Civilian/Other Personnel Cost
(Transfer to Budget Summary Line 2)

Please include a detailed position description for all positions listed in the Budget Narrative

Applicant Legal Name:

ORI #:

Part 2: Civilian/Non-Sworn Personnel Budget Summary (all applicants requesting civilian/non-sworn position(s) must complete this section.)

After completing Part 1 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

1. If your agency's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below. You must check at least one.

☐ Cost of living adjustment (COLA) ☐ Step Raises ☐ Change in benefit costs

☐ Other - please explain briefly:

2. If an explanation is required for any of the following categories, please provide in the space below: 1) Social Security, 2) Medicare, 3) Health Insurance, 4) Retirement, 5) Workers Compensation, and 6) Unemployment Insurance.

1) Social Security:

2) Medicare:

3) Health Insurance:

4) Retirement:

5) Worker's Compensation:

6) Unemployment Insurance:

Applicant Legal Name:

ORI #:

C. EQUIPMENT/TECHNOLOGY

No Equipment/Technology Requested ☐

Instructions: List non-expendable items that are to be purchased. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than two years. Expendable items should be included either in the "**SUPPLIES**" or "**OTHER**" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "**CONTRACTS/ CONSULTANTS**" category. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Grants.gov forms package.

Pursuant to the Continuing Appropriations Resolution, 2008, (P.L.110-161), be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units	X	Unit Cost)	Per Item Subtotal

EQUIPMENT TOTAL:

Transfer to Budget
Summary Line 3

Please include a detailed description for all items listed in the Budget Narrative

Applicant Legal Name:

ORI #:

D. OTHER COSTS

No Other Costs Requested ☐

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer positions and/or civilian positions if allowable under the program for which you are applying. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Grants.gov forms package.

Pursuant to the Continuing Appropriations Resolution, 2008, (P.L.110-161), be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units	X	Unit Cost)	Per Item Subtotal)

OTHER COST TOTAL:

Transfer to Budget
Summary Line 4

Please include a detailed description for all items listed in the Budget Narrative

Applicant Legal Name:

ORI #:

E. SUPPLIES

No Supplies Requested ☐

Instructions: List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). Generally, supplies include any materials that are expendable or consumed during the course of the project. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Grants.gov forms package.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units	X	Unit Cost)	Per Item Subtotal

SUPPLIES TOTAL:

Transfer to Budget
Summary Line 5

Please include a detailed description for all items listed in the Budget Narrative

Applicant Legal Name:

ORI #:

F. TRAVEL/TRAINING

No Travel/Training Costs Requested ☐

Instructions: Itemize travel expenses of project personnel by purpose (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Show the basis of computation (e.g., 6 staff members times the unit cost per person for lodging for 3 days). Training projects, training fees, travel, lodging and per diem rates for trainees should be listed as separate travel items. Show the number of staff attending any event and the unit costs per person involved. Identify the location of travel, when possible. Note: Any local training costs (within a 50-mile radius) should be listed under Section D ("Other Costs"). If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Grants.gov forms package.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Reason for Travel/ Training & Location of Travel/Training	Travel/ Training Item	Computation			Per Item Subtotal
		(# of Staff X	Unit Cost X	# of Days/ Trips/Events)	

TRAVEL/TRAINING TOTAL:

Transfer to Budget
Summary Line 6

Please include a detailed description for all items listed in the Budget Narrative

Applicant Legal Name:

ORI #:

G. CONTRACTS/CONSULTANTS

No Contracts/Consultants Costs Requested ☐

Instructions: See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Grants.gov forms package.

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. If awarded, requests for sole source procurements of equipment, technology or services in excess of $100,000 must be submitted to the COPS Office for prior approval.

Contract Description	Per Contract Subtotal

Contracts Subtotal: _____ (G1)

Consultant Fees: For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Unless otherwise approved by the COPS Office, approved consultant rates will be based on the salary a consultant receives from his or her primary employer. Consultant fees in excess of $550 per day require additional written justification in the Budget Narrative and must be pre-approved in writing by the COPS Office.

Consultant Name/Title	Service Provided	Computation (Cost	X # Days or # Hours)	Per Consultant Fee Subtotal

Consultant Fees Subtotal: _____ (G2)

Consultant Expenses: List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

Consultant Name/Title	Service Provided	Computation (Cost	X # of Days)	Per Consultant Fee Subtotal

Consultant Subtotal: _____ (G3)

CONTRACTS/CONSULTANTS TOTAL: _____

Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)

Transfer to Budget Summary Line 7

Please include a detailed description for all contracts listed in the Budget Narrative.

Applicant Legal Name:

ORI #:

H. INDIRECT COSTS

No Indirect Costs Requested ☐

Instructions: Indirect costs are allowed under a **very limited** number of specialized COPS Training and Technical Assistance programs. Please see the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Grants.gov forms package.

If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.

Indirect Cost Description	Computation	Per Indirect Cost Subtotal

INDIRECT COSTS TOTAL:

Transfer to Budget
Summary Line 8

Applicant Legal Name:

ORI #:

BUDGET SUMMARY

Instructions: When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category	Category Total	Line #
A. Sworn Officer Positions		**1**
B. Civilian/Other Personnel		**2**
C. Equipment/Technology		**3**
D. Other Costs		**4**
E. Supplies		**5**
F. Travel/Training		**6**
G. Contracts/Consultants		**7**
H. Indirect Costs		**8**
Total Project Amount:		

Total Federal Share Amount:
(Total Project Amount X Federal Share Percentage Allowable)

Total Local Share Amount (If applicable):
(Total Project Amount - Total Federal Share Amount)

Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Phone: Fax:

E-mail Address:

PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated to be up to 2 hours per response, depending upon the COPS program being applied for, including the time for reviewing instructions, searching existing data sources, gathering the budget data needed, and completing the worksheets. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0097 and the expiration date is 5/31/2011.