

ATTACHMENT B

<p>SUMMER YOUTH EMPLOYMENT PROGRAM</p> <p>Program Services</p> <p>STAFF COSTS</p>
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P-1 STAFF COSTS				
Position Title	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	% of Time On Program	Number <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	Total Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
See Attached Staff Costs TOTAL-Staff Salaries and Wages (<i>Budget P-1</i>) <input type="checkbox"/>				\$
Comments				

P-2 COST OF FRINGE BENEFITS FOR STAFF				
TYPE OF BENEFIT	PERCENT %	<u>TIMES</u>	AMOUNT (In Dollars)	TOTAL COST
1. F.I.C.A.		X	\$	\$
2. Worker's Compensation		X	\$	\$
3. Health/Dental Insurance		X	\$	\$
a. Retirement		X	\$	\$
b. Pension		X	\$	\$
4. Other (specify)		X	\$	\$
a. UI		X	\$	\$
b.		X	\$	\$
TOTAL Cost of fringe benefits for staff (<i>Budget Item P-2</i>) <input type="checkbox"/>				\$
Comments:				

SUMMER YOUTH EMPLOYMENT PROGRAM

Program Services

IN/OUT-OF-STATE STAFF TRAVEL EXPENSES

P-3 IN-STATE STAFF TRAVEL EXPENSES

MILEAGE DATA				
No of Miles Traveled	Cost Per Mile	No. of Wks	Destination	TOTAL-In State Staff Mileage Expenses
				\$
PER DIEM AND ACTUAL COST DATA				
No. of Days Of per Diem	Cost per Day	Actual Cost In Lieu of Per Diem	Destination	TOTAL: In State Per Diem Expenses
				\$
TOTAL- In-State Mileage & Per-Diem Cost (Budget Item P-3) □				\$
Comments:				

P-4 OUT-OF-STATE STAFF TRAVEL EXPENSES

MILEAGE DATA				
No. of Miles Traveled	Cost Per Mile	No. of Weeks	Destination	TOTAL-Out of State Staff Mileage Expenses
	\$			\$
	\$			\$
PER DIEM AND ACTUAL COST DATA				
No. of Days Per Diem Used	Cost per Day	Actual Cost (In lieu of Per Diem)	Destination	TOTAL Out of State Per Diem Expenses
	\$			\$
	\$			\$
TOTAL- Out-of-State Mileage & Per-Diem Cost (Budget Item P-4) □				\$

Comments:	
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SUMMER YOUTH EMPLOYMENT PROGRAM
Program Services
MATERIALS, SUPPLIES AND PROPERTY COSTS

P-5 MATERIALS AND SUPPLIES

List below all materials and supplies that are estimated as necessary for performance of this program:

ITEM	QUANTITY	UNIT PRICE	TOTAL
		\$	\$
		\$	\$
		\$	\$
TOTAL-Material and Supplies (Budget Item P-5) □			\$

Comments:

P-6 PROPERTY REQUIREMENTS

List below all property that is estimated as necessary for performance of this program:

DESCRIPTION OF ITEM	QTY.	UNIT	UNIT COST	TOTAL
			\$	\$
			\$	\$
			\$	\$
TOTAL-Property Requirements Cost (Budget Item P-6) □				\$

Comments:

SUMMER YOUTH EMPLOYMENT PROGRAM

Program Services

FACILITY RENTAL AND **OPERATIONAL** COSTS

P-7 FACILITY RENTAL

Type of Facility	Location	No. of Staff Housed	No. of Sq. Feet	Times	Rates/Sq. Ft./Yr.	Total Rent
				<u>X</u>		\$
Utilities/Custodial Services (if not included in rent)						\$
TOTAL-Facility Rental Cost (Budget Item P-7) ☐						\$

Comments:

P-8 **OPERATIONAL** COSTS

TYPE OF SERVICE	AMOUNT PER MO.	TIMES	NO. OF MONTHS	TOTAL
Telephone	\$	X		\$
Telefax	\$	X		\$
Postage	\$	X		\$
Liability Bonding	\$	X		\$
Copying	\$	X		\$
Other (Specify) Equip Rent/Expenses	\$	X		\$
Other (Specify) advertisement, commercial insurance, audit, professional services, training		X		\$
TOTAL-Operational Cost (Budget Item P-8) ☐				\$

Comments:

SUMMER YOUTH EMPLOYMENT PROGRAM

Program Services

PROFESSIONAL SERVICES AND INDIRECT COSTS

P-9 PROFESSIONAL SERVICES

List below professional services costs that are estimated as necessary for performance of this program (e.g., accounting, audit, other).

TYPE OF SERVICE	JUSTIFICATION	COST
		\$
		\$
		\$
		\$
		\$
TOTAL-Professional Services Cost (Budget Item P-9) ☐		\$
Comments:		

P-10 INDIRECT COST

List below the indirect cost that is estimated as applicable for performance of this program. If indirect costs are included, the provider must attach an approved indirect cost negotiation agreement and an explanation of how the amount was derived.

TOTAL DIRECT COSTS (e.g. staff salaries + fringe benefits)	TIMES	APPROVED INDIRECT COST RATE	TOTAL INDIRECT COST
TOTAL-Indirect Cost (Budget Item P-10) ☐			\$
Comments:			

SUMMER YOUTH EMPLOYMENT PROGRAM
Program Service Elements
PARTICIPANT SERVICES

P-11 PARTICIPANT SERVICES

List below participant services which are a cost to the program and show method of calculation

TYPE OF SERVICE	CALCULATION (No. of participants x cost per)	TOTAL
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL-Participant Services (Budget Item P-11) □		\$

TOTAL SYEP PROGRAM COSTS	\$
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SUMMER YOUTH EMPLOYMENT PROGRAM

BUDGET COST SUMMARY

A. Administration Expense Category	1ST QTR	2ND QTR	3RD QTR	4TH QTR	TOTAL
1. Staff Salary					\$
2. Fringe Benefits					\$
3. In-State Travel					\$
4. Out of State Travel					\$
5. Materials & Supplies					\$
6. Property					\$
7. Facility Rental					\$
8. Operational Cost					\$
9. Professional Services					\$
10. Indirect Cost					\$
TOTALS:					\$
B. Program Expense Category	1ST QTR	2ND QTR	3RD QTR	4TH QTR	TOTAL
1. Staff Salary					\$
2. Fringe Benefits					\$
3. In-State Travel					\$
4. Out of State Travel					\$
5. Materials & Supplies					\$
6. Property					\$
7. Facility Rental					\$
8. Operational Cost					\$
9. Professional Services					\$
10. Indirect Cost					\$
11. Participant Services					
a. Youth Elements					\$
TOTAL					\$ 000,000.00

