SAMPLE COMPLETED GRANT PROPOSAL BUDGET

GRANT PROPOSAL BUDGET DETAIL YEAR 1

A. PERSONNEL

APPLICANT ORGANIZATION NAME	State Chapter USA
AWARD TYPE	Chapter Core Services
AUTHORIZED AGENCY REPRESENTATIVE	Grant C. Kerr

NCA INFORMATION (IF AWARDED)											
NCA AWARD NUMBER											
NCA CONTACT											
DATE BUDGET APPROVED BY NCA											

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation poid for employees engaged in grant activities must be consistent with that poid for similar work within the applicant organization.



AOTHORIZED AGENCT REPRESENTATIVE	_									_		_								
RANT PROPOSAL BUDGET SUMMARY YEAR 1																				
BUDGET CATEGORIES		POSED BUDGET	Р	PROPOSED		PROPOSED		OVED	NCA NOTES	Proj	Projected Period 1		ected Period 2	Projected Period 3			Projected Period 4		Total Period	
DIRECT PROJECT COSTS		FOSED BODGET	BASE	LINE BUDGET	VARIABL	LE BUDGET	ORIGINAL B	UDGET	NCA NOTES		Expenses	Expenses			Expenses	Expenses		Projections		
Personnel	\$	82,720.00	\$	29,480.00	\$	53,240.00	\$	-		\$	24,816.00	\$	20,680.00	\$	20,680.00	\$	16,544.00	\$	82,720.00	
Fringe	\$	24,455.00	\$	8,854.00	\$	15,601.00	\$	-		\$	7,336.00	\$	6,114.00	\$	6,114.00	\$	4,891.00	\$	24,455.00	
Travel	\$	3,770.00	\$	1,949.00	\$	1,821.00	\$	-		\$	500.00	\$	2,690.00	\$	400.00	\$	180.00	\$	3,770.00	
Equipment	\$	-	\$	-	\$	-	\$	-		\$	-	\$	-	\$	-	\$	-	\$	-	
Supplies	\$	-	\$	-	\$	-	\$	-		\$	-	\$	-	\$	-	\$	-	\$	-	
Consultants/Contracts	\$	20,175.00	\$	-	\$	20,175.00	\$	-		\$	5,000.00	\$	5,000.00	\$	7,000.00	\$	3,175.00	\$	20,175.00	
Other	\$	76,970.00	\$	3,020.00	\$	73,950.00	\$	-		\$	19,000.00	\$	19,970.00	\$	19,500.00	\$	18,500.00	\$	76,970.00	
TOTAL DIRECT PROJECT COSTS	\$	208,090.00	\$	43,303.00	\$ 1	164,787.00	\$			\$	56,652.00	\$	54,454.00	\$	53,694.00	\$	43,290.00	\$	208,090.00	
Indirect Expenses	\$	-	\$	-	\$	-	\$	-		\$	-	\$	-	\$	-	\$	-	\$	-	
TOTAL INDIRECT COSTS	\$	-	\$	-	\$	-	\$													
GRAND TOTAL	\$	208,090.00	\$	43,303.00	\$ 1	164,787.00	\$													

In the columns titled "Projected Period Expenses" you will need to enter the amounts that you anticipate spending in each of the applicable periods, CACs only need to fill out Periods 1-3 while Chapters should complete all four periods.

A red warning box will appear for any category where the total period projections do not match the amount in the proposed budget year 1 column. If you see this flag, please adjust your projected expenses until the flag disappears.

Eligible Objectives/Activity Org Cap - Enter "Org Cap" SWP - Enter code # from approved list	Title, Name of Employee* If known, "New Hire" can be used for vacant/new positions		sponsibilities/duties he project goals and		FT/PT	Salary hourly, daily, weekly or yearly rates	Rate hourly, daily, weekly or yearly	Time Worked # of hours, days, weeks or year	Percentage of Project Time	Requested Amount	Org Cap Portion of Requested Amount	SWP Portion of Requested Amount	Error Check - *this column must be \$0 if it is not you need to recheck your Baseline/Variable split		NCA Approved Org Cap	NCA Approved SWP	NCA Notes
Org Cap, 12, 13, 20, 2, 8, 22, 23	Sally Smith, Executive Director	and facilitate pr		AD, TTA Coordinator ward period including support and	FT		yearly	1.00	40.00%	\$ 30,000	\$ 8,730	\$ 21,270	\$ -	\$ -	\$ -	s -	
12, 13, 20, 2, 3, 8, 22	Associate Director - to be hired	Outreach, TA to support	CACs, strategic plan	work, training	FT		yearly	1.00	40.00%	\$ 24,000	\$ -	\$ 24,000	\$ -	\$ -	\$ -	\$ -	
Org Cap, 13, 1, 2, 3, 4, 5, 8, 9, 11, 19	Robert Klein, Training & TA Coordinator	Specialist and wa accreditation/re	tht and direction to A work with CACs to inc eaccreditation, organ training opportuniti trainings)	clude support for nizing and	FT		yearly	1.00	60.00%	\$ 27,000	\$ 20,750	\$ 6,250	\$ -	\$ -	\$ -	\$ -	
20,1, 2, 3, 4, 11, 19	Training & Admin Support Specialist	admin support	to CACs and TTA Coo	ordinator	PT	\$ 20.00	hourly	86.00	100.00%	\$ 1,720	\$ -	\$ 1,720	\$ -	\$ -	\$ -	\$ -	
										TTENTION:	6 11						
									ng a yearly rate and	or							
					1	the staff member	will not be worki	ng on the project f		ex. due to delay in s prorate their annual		ork later in year due	to training dates, etc.)				
						For example, if a	n employee is di	ue a salary of \$60,0				ed salary for that ye	ar would be \$40,000.				
								\$60.000 per vear ÷	- 12 months = \$ 5,000	0.00 per month: \$5.0	100.00 x 8 months =	\$40.000					
										\$ 82,720			s -	s -	s -	s -	
	B. FRINGE BENEFITS			ıal known costs or an ap													
	B. FRINGE DENEFITS	If not based on a	n approved negotiated	rate, list the compositio	n of the fringe benefit p	oackage.					Oig Cap Poition	awr rui uuii ui	ELLOI CHECK - THIS COMMINI MUSICIO				
	Title, Name of Employee			Composition	on			Base	Rate	Requested Amount	of Requested	Requested	\$0 if it is not you need to recheck	NCA Approved Amount	NCA Approved Org Cap	NCA Approved SWP	NCA Notes
	Sally Smith, Executive Director	FICA, Workers	Comp, Unemployme	ent, Reitrement, Health	n, Dental, Disability			\$ 30,000.00	30.00%	\$ 9,000	\$ 2,619	\$ 6,381	\$ -	s -	\$ -	s -	
	Associate Director - to be hired	FICA, Workers	Comp, Unemployme	ent, Reitrement, Health	n, Dental, Disability			\$ 24,000.00	30.00%	\$ 7,200	\$ -	\$ 7,200	\$ -	\$ -	\$ -	\$ -	
	Robert Klein, Training & TA Coordinator	FICA, Workers Comp, Unemployment, Reitrement, Health, Dental, Disability						\$ 27,000.00	30.00%	\$ 8,100	\$ 6,235	\$ 1,865	\$ -	\$ -	\$ -	\$ -	
	Training & Admin Support Specialist	FICA, Workers	Comp, Unemployme	ent				\$ 1,720.00	9.00%	\$ 155	s -	\$ 155	\$ -	s -	\$ -	s -	
								\$ -	0.00%	*	\$ -			\$ -	\$ -	\$ -	
								\$ -	0.00%	*	\$ -			s -		\$ -	
								\$ -	0.00%	*	\$ -	\$ -		\$ -		\$ -	
								\$ -	0.00%		\$ -	\$ -		\$ -		\$ -	
	Fringe Benefit Narrative - Detail what benefits are being cov							\$ -	0.00%	\$ -	\$ -	\$ -		\$ - Benefit Rate Status		\$ -	
	Our FT employee fringe benefit rate averages 30% and covers the FICA - 7.65%, Worker's Comp - 1.35%, Unemployment - 0.87%, Remployee Health Insurance - 11%, Employee Dental - 2.13%, Disal	following items: tirement - 5%	Our PT employs	ee fringe benefit rate av /orker's Comp - 1.35%, l	erages 9% and covers Jnemployment - 0.87%	the following items	:			_			d fringe benefit rate approved by a Fed	eral agency. We will s	ubmit actual fringe b	enefit expenses for ea	ch grant funded employee.
								TOTAL FRI	INGE BENEFITS	\$ 24,455	\$ 8,854	\$ 15,601	\$ -	\$ -	\$ -	\$ -	
	C. TRAVEL	If you are reques	sting to use grant dolla	ers for organizing events	, trainings, conference	s, etc, please visit t	ne Event Determi	nation tab to see if y	your event meets the	definition of a confere	ence. Note: This ONL	applies to funds for	organizing/hosting events and not ever	ts where you are just	an attendee. Please	verify GSA rates here	https://www.gsa.gov/travel/plan-book/per-diem-rates
Eligible Objectives/Activity Org Cap - Enter "Org Cap" SWP - Enter code # from approved list	Purpose of Travel Must be related to project objectives	Location if unknown, enter "TBD"	Type of Expense	Cost Rate	Basis for Rate	Quantity (of Basis for Rate)	Number of People	Number of Trips	Cost	Requested Amount	Org Cap Portion of Requested Amount	SWP Portion of Requested Amount	Error Check - *this column must be \$0 if it is not you need to recheck your Baseline/Variable split		NCA Approved Org Cap	NCA Approved SWP	NCA Notes
Org Cap	NCA Leadership Conference		Lodging	\$ 224.00	Night	3	2	1	\$ 1,344.00								
	Chapter staff - attend NCA's annual leadership conference.	Washington, DC	Airfare	\$ 405.00	Round Trip	1	1	1	\$ 405.00								Contingent upon detailed review of the travel request from the NCA Program Associate prior to travel plans being made.
			Baggage/Uber	\$ 200.00	Other	1	1	1	\$ 200.00		\$ 1,949	\$ -	\$ -	\$ -	\$ -	\$ -	
12, 13	Regional Travel for Staff - The Executive Director will use their own vehicle to conduct regional travel with the average trip around 65 miles and 15 trips anticipated.	Local Area	Mileage	\$ 0.70	Mile	65	1	15	\$ 682.50	\$ 683		\$ 683					Contingent upon detailed review of the travel request from the NCA Program Associate prior to travel plans being made.
12, 13, 3,2, 22	Regional Travel for Staff - The Assoicate Director will use their own vehicle to conduct regional travel with the average trip around 65 miles and 25 trips anticipated.	Local Area	Mileage	\$ 0.70	Mile	65	1	25	\$ 1,137.50		, .	5 683	-	,	, .	,	Contingent upon detailed review of the travel request from the NCA Program Associate prior to travel plans being made.
	-								\$ -	\$ 1,138	\$ -	\$ 1,138	\$ -	\$ -	\$ -	s -	
									\$ - \$ -								Contingent upon detailed review of the travel request from the NCA Program Associate prior to travel plans being made.
									\$ -	\$ -	\$ -	\$ -	s -	\$ -	\$ -	\$ -	

						s -								Contingent upon detailed review of the travel request from the
						\$ -	e	e	e		e	e	¢	Program Associate prior to travel plans being made.
						\$ -	\$ -	\$ -	, -	-		, -	\$ -	Contingent upon detailed review of the travel request from the
						\$ -								Program Associate prior to travel plans being made.
						TOTAL TRAVEL	\$ 3,770	\$ 1,949	\$ 1,821	\$ -	\$ -	\$ -	\$ -	
	D. EQUIPMENT	Non-expendable items with a per-unit acquisition cost which equals or exceeds to	he lesser of the co	apitalization leve	established by the	non-Federal entity or	\$10,000. Applicant	s should analyze the	e cost benefits of pur	chasing versus leasing equipment, espe	cially high cost iter	ns and those subject	to rapid technological	advances. Review DOJ's purchasing guidelines here.
Eligible Objectives/Activity Org Cap - Enter "Org Cap" - Enter code # from approved list	ltem	Describe how the equipment is necessary for the success of t	the project		Quantity	Unit Cost	Requested Amount	Org Cap Portion of Requested Amount	SWP Portion of Requested Amount	Error Check - *this column must be \$0 if it is not you need to recheck your Baseline/Variable split	NCA Approved Amount	NCA Approved Org Cap	NCA Approved SWP	NCA Notes
					0	\$ -	\$ -	\$ -	\$ -	\$ -	s -	s -	\$ -	Contingent upon prior approval of the procurement process. Please address the p with the assigned NCA Program Associate, prior to starting the process.
					0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the with the assigned NCA Program Associate, prior to starting the process.
					0	ş -	\$ -	\$ -	\$ -	s -	\$ -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the with the assigned NCA Program Associate, prior to starting the process.
					0	s -	\$ -	\$ -	\$ -	ş -	ş -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the with the assigned NCA Program Associate, prior to starting the process.
					0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the with the assigned NCA Program Associate, prior to starting the process.
					0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the with the assigned NCA Program Associate, prior to starting the process.
					0	s -	\$ -	\$ -	\$ -	ş -	ş -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the p with the assigned NCA Program Associate, prior to starting the process.
	obtain or use common or shared goods or services as well	or service in excess of \$10,000.00, at least three quotes must be obtained to ensure that the s las assessment of available resources. Any charges for such expenditures or requests for sole	election process source contracts	is competitive. T are subject to p	ior approval by N	CA and review of the p	OOJ Guide to Procure procurement document	ement Procedures, entation to ensure	which is included as it meets DOJ guideli	part of the NCA Grants Application Renes. The procurement entity must avo	source page as ref id "splitting" of pu \$ -	erenced in the RFP. rchases or transaction	Consideration must bons to circumvent the	e given to ensure more economical, cost effective, and efficient wa dollar threshold limitations.
ligible Objectives/Activity	E. SUPPLIES	Generally, supplies include any materials that are expendable or consumed during the	course of the projec	ct.										
Org Cap - Enter "Org Cap" Enter code # from approved list	Item	Describe how the purchase is necessary for the success of the	he project		Quantity	Unit Cost	Requested Amount	of Requested Amount	SWP Portion of Requested Amount	Error Check - *this column must be \$0 if it is not you need to recheck your Baseline/Variable split	Amount	NCA Approved Org Cap	NCA Approved SWP	NCA Notes
					0	\$ -	\$ -	\$ -			\$ -			
					0	\$ -		\$ -			\$ -			
					0	\$ -	\$ -	\$ -			\$ -			
					0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
					0	S -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	F. CONSULTANTS/CONTRACTS	For each consultant enter the name, if known, service to be provided, hourly or daily fe	no (O hour dou) and	d actimated time a				1 75 nor hour	, .	, .	, .	, .	, .	
Eligible Objectives/Activity Org Cap - Enter "Org Cap"	1. constraints/contracts	To constant the memory of any je	c (o nour ouy), una	Jestimoted time o	, the project. Const	interior contract rock contract	3000 pc. 00y 0/ 30		SWP Portion of	Error Check - *this column must be				
- Enter code # from approved list	Name of Consultant	Service Provided		Fee	Basis for Rate	Quantity	Requested Amount	of Requested Amount	Requested Amount	\$0 if it is not you need to recheck your Baseline/Variable split	NCA Approved Amount	NCA Approved Org Cap	NCA Approved SWP	NCA Notes
	Terry Trainer	Victim Advocacy Training		\$ 650.00	8 Hour Day	10.0	\$ 6,500	\$ -	\$ 6,500	s -	\$ -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the with the assigned NCA Program Associate, prior to starting the process.
	Susie Instructor	MDT training including round tables and peer review sessions		\$ 60.00	Hourly	200.0	\$ 12,000	\$ -	\$ 12,000	\$ -	\$ -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the p with the assigned NCA Program Associate, prior to starting the process.
1, 5	Forensic Interviewer - contracted	Forensic Interviewining is outsourced		\$ 67.00	Hourly	25.0	\$ 1,675	\$ -	\$ 1,675	\$ -	\$ -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the p with the assigned NCA Program Associate, prior to starting the process.
							\$ -	\$ -	\$ -	\$ -	ş -	\$ -	\$ -	Contingent upon prior approval of the procurement process. Please address the p with the assigned NCA Program Associate, prior to starting the process.
	ATTENTION: If NCA funds are to be used for any product obtain or use common or shared goods or services as well	or service in excess of \$10,000.00, at least three quotes must be obtained to ensure that the s las assessment of available resources. Any charges for such expenditures or requests for sole	election process source contracts	is competitive. T are subject to p	ior approval by N	EA and review of the p	orocurement docum	entation to ensure	it meets DOJ guideli	nes. The procurement entity must avo	source page as ref id "splitting" of pu	erenced in the RFP. rchases or transaction	Consideration must bons to circumvent the	e given to ensure more economical, cost effective, and efficient wa dollar threshold limitations.
					SUBTOTAL CO	ISULTANT FEES	S 20.175	\$ -	\$ 20,175	\$ -	\$ -	\$ -	\$ -	
							\$ 20,175							
Eligible Objectives/Activity Org Cap - Enter "Org Cap"	G. OTHER COSTS	List Rems (e.g., registrations, rental expense, utilities, etc.) by major type and the basi	is of the computati	ion.			\$ 20,175	Ore Can Portion	SWP Portion of	Frror Check - *this column must be				
Org Cap - Enter "Org Cap" Enter code # from approved list	Description	Description of the other cost and how the purchase is necessary for the success of the project	Quantity	Basis (sq. ft., monthly)	Cost	Length of Time (enter 1 if n/a)	Requested Amount	Org Cap Portion of Requested Amount	Requested Amount	Error Check - *this column must be \$0 if it is not you need to recheck your Baseline/Variable split	NCA Approved Amount	NCA Approved Org Cap	NCA Approved SWP	NCA Notes
Org Cap - Enter "Org Cap" Enter code # from approved list Cap	Description Leadership Conference Registration	Description of the other cost and how the purchase is necessary for the success of the project Staff training	Quantity 2	Basis (uq. ft., monthly)	Cost \$ 700.00	Length of Time (enter 1 if n/a)	Requested Amount	of Requested Amount \$ 1,400	Requested Amount	\$0 if it is not you need to recheck your Baseline/Variable split	Amount s -	Org Cap	SWP -	NCA Notes
Org Cap - Enter "Org Cap" Enter code # from approved list Cap	Description Leadership Conference Registration Paychex	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees	Quantity 2	Basis (sq. ft., monthly) each	Cost \$ 700.00	Length of Time (enter 1 if n/a) 1 1	Requested Amount	of Requested Amount \$ 1,400 \$ 1,620	Requested Amount \$ - \$ -	\$0 if it is not you need to recheck your Baseline/Variable split \$ - \$	Amount S - S -	Org Cap	\$ - \$ -	NCA Notes
Org Cap - Enter "Org Cap" - Enter code # from approved list Cap Cap	Description Leadership Conference Registration Paychex Evidence-Based Training	Description of the other cost and how the purchase is necessary for the success of the project Staff training	Quantity 2 1 10	Basis (uq. ft., monthly)	Cost \$ 700.01 \$ 135.01	Length of Time (enter 1 if n/a) 1 1 12	Requested Amount \$ 1,400 \$ 1,620 \$ 1,250	of Requested Amount \$ 1,400 \$ 1,620 \$ -	Requested Amount	\$0 if it is not you need to recheck your Baseline/Variable split \$ - \$ - \$ -	**************************************	Org Cap \$ - \$ - \$ -	\$ - \$ - \$ -	NCA Notes
Org Cap - Enter "Org Cap" - Enter code # from approved list Cap (Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Chapter-coordinated training for victim advocates and mental health care providers working with CAC's	Quantity 2 1 10 10	Basis (sq. ft., monthly) each each each day	Cost \$ 700.00 \$ 135.00 \$ 125.00	Length of Time (enter 1 if n/a) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Requested Amount \$ 1,400 \$ 1,620 \$ 1,250 \$ 4,500	of Requested Amount \$ 1,400 \$ 1,620 \$ - \$ -	Requested Amount	\$0 if it is not you need to recheck your Baseline/Variable split 5 - 5 - 5 - 5 -	\$ - \$ - \$ 5 - \$	Org Cap \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$	NCA Notes
Org Cap - Enter "Org Cap" - Enter code # from approved list Cap (Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental NCAtrak initial Purchase	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Chapter-coordinated training for victim advocates and mental health care providers working with CAC's Includes annual, upload and activation fees	Quantity 2 1 10 10 10	Basis (sq. ft., monthly) each each each day yearly	Cost \$ 700.01 \$ 135.01 \$ 125.01 \$ 225.01	Length of Time (enter 1 if n/a) 1 1 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3	Requested Amount	of Requested Amount \$ 1,400 \$ 1,620 \$ - \$ - \$ -	Requested Amount	\$0 if it is not you need to recheck your Baseline/Variable split S - S S - S S - S S S	\$ - \$ - \$ - \$ \$ - \$	Org Cap \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ 5 - \$ - \$ 5 - \$ - \$ 5 - \$ 6	NCA Notes
Org Cap - Enter "Org Cap" - Enter code # from approved list Cap Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental NCAtrak Initial Purchase NCAtrak Online Training	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Chapter-coordinated training for victim advocates and mental health care providers working with CAC's Includes annual, upload and activation fees Staff training on NCAtrak	Quantity 2 1 10 10 11	Basis (uq.ft., monthly) each each each day yearly each	Cost \$ 700.01 \$ 135.00 \$ 125.00 \$ 225.00 \$ 3,700.00	Length of Time (enter 1 if n/a) 1	Requested Amount	of Requested Amount \$ 1,400 \$ 1,620 \$ - \$ - \$ - \$ -	Requested Amount \$ - \$ - \$ 1,250 \$ 4,500 \$ 3,700 \$ 500	SOI it is not you need to recheck your Baseline/Variable split 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	S - S - S - S - S - S - S - S -	Org Cap \$ - \$ - \$ - \$ - \$ - \$ -	SWP S - S - S - S - S - S -	NCA Notes
Org Cap - Enter "Org Cap" - Enter code # from approved list Cap Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental NCAtrak initial Purchase NCAtrak Online Training NCAtrak Annual Fee	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Chapter-coordinated training for rettim advocates and mental health care providers working with CAC's Includes annual, upload and activation fees Staff training on NCAtrak CAC Case Tracking	Quantity 2 1 10 10 11 1 14	Basis (sq. ft., mostby) each each day yearly each each	\$ 700.01 \$ 135.01 \$ 125.01 \$ 225.01 \$ 3,700.01 \$ 3,000.01	Length of Time (enter 1 if n/a) 1 1 1 12 1 1 2 1 1 1 1 2 1 1 1 1 1 1 1 1	Requested Amount \$ 1,400 \$ 1,620 \$ 1,250 \$ 4,500 \$ 3,700 \$ 500 \$ 42,000	of Requested Amount \$ 1,400 \$ 1,620 \$ - \$ - \$ - \$ - \$ - \$ -	Requested Amount \$ - \$ - \$ 1,250 \$ 4,500 \$ 3,700 \$ 500 \$ 42,000	SO If it is not you need to recheck your Baseline/Variable split 5 - 5 - 5 5 - 5 5 - 5 5 - 5 5 - 5 6 - 7 7 - 7 8 - 7 9	Amount	Org Cap S - S - S - S - S - S - S -	SWP S - S - S - S - S - S - S - S - S - S	NCA Notes
Org Cap - Enter "Org Cap" Enter code # from approved list Cap Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental NCAtrak Initial Purchase NCAtrak Online Training NCAtrak Annual Fee Postage/Shipping	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Conditional training for victim advocates and mental health care providers working with CAC's Includes annual, upload and activation fees Staff training on NCAtrak CAC Case Tracking Mailing of quarterly newsletter to 1000 recipients	Quantity 2 1 10 10 11 1 14 1000	Basis (iva. ft., monthly) each each day yearify each each quarterly	Cost \$ 700.01 \$ 135.00 \$ 125.00 \$ 3,700.01 \$ 3,000.01 \$ 0.56	Length of Time (enter 1 if n/s) 1	Requested Amount \$ 1,400 \$ 1,620 \$ 1,250 \$ 4,500 \$ 3,700 \$ 500 \$ 2,000	of Requested Amount \$ 1,400 \$ 1,620 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Requested Amount \$ - \$ - \$ 1,250 \$ 4,500 \$ 3,700 \$ 500 \$ 42,000	SO If it is not you need to recheck your Baseline/Variable split S S S S S S S S S S S S S S S S S S	Amount	Org Cap S - S - S - S - S - S - S - S - S -	\$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ \$ - \$	NCA Notes
Org Cap - Enter "Org Cap" - Enter code # from approved list Cap Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental NCAtrak initial Purchase NCAtrak Online Training NCAtrak Annual Fee Postage/Shipping state or national conference attendance	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Chapter-coordinated training for victim advocates and mental health care providers working with CAC's includes annual, upload an activation fees Staff training on NCAtrak CAC Case Tracking Mailing of quarterly newsletter to 1000 recipients support CAC staff and MIDT professionals attendance - events TBD	Quantity 2 1 10 10 11 1 1 14 10000 25	Basis (vs. ft., monthly) each each day yearly each each each each	Cost \$ 700.00 \$ 135.00 \$ 125.00 \$ 225.00 \$ 3,000.00 \$ 3,000.00 \$ 0.56 \$ 600.00	Length of Time (enter 1 if n/s) 1 1 1 1 1 1 1 1 1 1 1 1 1	Requested Amount \$ 1,400 \$ 1,620 \$ 1,250 \$ 4,500 \$ 3,700 \$ 500 \$ 42,000 \$ 15,000	of Requested Amount \$ 1,400 \$ 1,620 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Requested Amount \$ - \$ - \$ 1,250 \$ 4,500 \$ 3,700 \$ 500 \$ 2,000 \$ 15,000	SO If it is not you need to recheck your Baseline/Variable split 5	Amount	S -	SWP	NCA Notes
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Org Cap - Enter "Org Cap" Enter code # from approved list Cap Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental NCAtrak initial Purchase NCAtrak Online Training NCAtrak Annual Fee Postage/Shipping state or national conference attendance	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Chapter-coordinated training for victim advocates and mental health care providers working with CAC's includes annual, upload an activation fees Staff training on NCAtrak CAC Case Tracking Mailing of quarterly newsletter to 1000 recipients support CAC staff and MIDT professionals attendance - events TBD	Quantity 2 1 10 10 11 1 1 14 1000 25 40	Basis (vs. ft., monthly) each each day yearly each each each each	Cost \$ 700.01 \$ 135.00 \$ 125.01 \$ 225.00 \$ 3,000.00 \$ 0.55 \$ 600.00 \$ 125.00 \$ 125.00	Length of Time (enter 1 if n/a) 1	Requested Amount \$ 1,400 \$ 1,620 \$ 1,250 \$ 4,500 \$ 3,700 \$ 2,000 \$ 1,500 \$ 1,500 \$ 5 - 5,7570	of Requested Amount S	Requested Amount S	Sol It is not you need to recheck your Baseline/Variable split S S S S S S S S S S S S S S S S S S S	Amount	Org Cap	\$ \$	NCA Notes
Org Cap - Enter "Org Cap" - Enter code # from approved list Cap (Cap	Description Leadership Conference Registration Paychex Evidence-Based Training Training Space Rental NCAtrak initial Purchase NCAtrak Online Training NCAtrak Annual Fee Postage/Shipping state or national conference attendance	Description of the other cost and how the purchase is necessary for the success of the project Staff training Payroll processing fees Support for at least 10 clinicians to complete at least one Evidence-Based Training Chapter-coordinated training for victim advocates and mental health care providers working with CAC's includes annual, upload an activation fees Staff training on NCAtrak CAC Case Tracking Mailing of quarterly newsletter to 1000 recipients support CAC staff and MIDT professionals attendance - events TBD	Quantity 2 1 10 10 11 11 14 10000 25 40 0	Basis (pa, R., monthly) each each day yearly each each quarterly each each	Cost 5 700,010 5 135,00 5 125,00 5 225,00 5 3,000,00 5 3,000,00 5 0,05 5 125,00 5 125,00 DIRECT	Length of Time (enter 1 if n/a) 0 1 0 12 0 1 0 12 0 1 0 1 0 1 0	Requested Amount \$ 1,400 \$ 1,620 \$ 1,250 \$ 4,500 \$ 3,700 \$ 2,000 \$ 15,000 \$ 5 2,000 \$ 5 \$ 76,570 \$ 208,090	of Requested Amount \$ 1,400 \$ 1,620 \$	Requested Amount	S0 It is not you need to recheck your Baseline/Variable split	Amount	S - S - S - S - S - S - S - S - S - S -	SWP S - S - S - S - S - S - S - S - S - S	

Indirect Costs	None	мотс	\$208,090.00		\$ -	\$ - \$		- \$	- \$	-	\$ -	\$	- \$	-	
				TOTAL INDIREC	CT EXPENSES	\$ - \$		- \$	- \$		\$	\$	- \$		
				GF	RAND TOTAL	\$ 208,090 \$	43,3	303 \$	164,787 \$		\$	\$	- \$		

"If using an indirect cost rate with a base of MDTC you must exclude the following expenses: equipment, charges for patient care, rental costs. (includes facility rentals, equipment/behnology rentals, and any other rental expenses), tuition remission, scholarships and fellowships, participant support costs.

Participant support costs are direct costs for items such as stipends or subsistence allowance, tawed information, student allowance, towed information, and registration fees paid to or on behalf of garden support costs are direct costs for items such as stipends or subsistence allowance, tawed information, student allowance, towed information, and registration fees paid to or on behalf of garden support costs.

Costs related to contractors of the recipient who are acting in the capacity of a "Conference Trainer/Instructor/ Presenter/Facilitation" are considered participant support costs.