



**2010 Standard Application  
Budget Detail Worksheets**

## Budget Detail Worksheets

# Instructions for Completing the Budget Detail Worksheets

The following Budget Detail Worksheets are designed to allow all COPS grant and cooperative agreement applicants to use the same budget forms to request funding. Allowable and unallowable costs vary widely and depend upon the type of COPS program. The maximum federal funds that can be requested and the federal/local share breakdown requirements also vary.

Please refer to the program-specific Application Guide to determine the allowable/unallowable costs, the maximum amount of federal funds that can be requested, and the federal/local share requirements for the COPS program for which your agency is applying. To assist you, sample Budget Detail Worksheets are included in each Application Guide.

Please complete each section of the Budget Detail Worksheets applicable to the program for which you are applying (see the program-specific Application Guide for requirements). If you are not requesting anything under a particular budget category, please check the appropriate box in that category indicating that no positions or items are requested.

All calculations should be rounded to the nearest whole dollar. Once the budget for your proposal has been completed, a budget summary page will reflect the total amounts requested in each category, the total project costs, and the total federal and local shares.

**If you need assistance in completing the Budget Detail Worksheets, please call the COPS Office Response Center at 800.421.6770.**

**A. SWORN OFFICER POSITIONS****No Sworn Officer Positions Requested** 

**Instructions:** This worksheet will assist your agency in reporting your agency's current *entry-level* salary and benefits and identifying the total salary and benefits request per officer position for the length of the grant term. Please list the current entry-level base salary and fringe benefits *rounded to the nearest whole dollar* for one full-time sworn officer position within your agency. Do not include employee contributions. (Please refer to the program-specific Application Guide for information on the length of the grant term for the program under which you are applying.)

**Special note regarding sworn officer fringe benefits:** For agencies that do not include fringe benefits as part of the base salary costs and typically calculate these separately, the allowable expenditures may be included under Part 1, Section B. Any fringe benefits that are already included as part of the agency's base salary (Part 1, Section A of the Sworn Officer Budget Worksheet) should not also be included in the separate fringe listing (Part 1, Section B).

Please refer to the program-specific Application Guide for information about allowable and unallowable fringe benefits for sworn officer positions requested under the program to which your agency is applying.

Applicant Legal Name: \_\_\_\_\_

ORI #: \_\_\_\_\_

### Full-Time Entry-Level Sworn Officer Base Salary Information

No Sworn Officer Positions Requested

**Part 1:** Instructions: Please complete the questions below based on your agency's entry-level salary and benefits package for one locally-funded officer position. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

A. Base Salary Information		Year 1 Salary	Year 2 Salary (As applicable)	Year 3 Salary (As applicable)
		Enter the current first year entry-level base salary for one sworn officer position. \$ _____ .00	Enter the second year base salary for one entry-level sworn officer position. \$ _____ .00	Enter the third year base salary for one entry-level sworn officer position. \$ _____ .00
<b>B. Fringe benefit costs should be calculated for each year of the grant term.</b>				
<b>FRINGE BENEFITS:</b>				
Social Security	Exempt: <input type="checkbox"/> 6.2% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Cannot exceed 6.2% of Total Base Salary.				
Medicare	Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Cannot exceed 1.45% of Total Base Salary.				
Health Insurance	Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Life Insurance		COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Vacation	Number of Hours Annually: _____	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Sick Leave	Number of Hours Annually: _____	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Retirement	Fixed Rate: <input type="checkbox"/>	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Worker's Compensation	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Unemployment Insurance	Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Other	_____	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Other	_____	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
Other	_____	COST: \$ _____ .00	COST: \$ _____ .00	COST: \$ _____ .00
<b>Benefits Sub-Total Per Year (1 Position)</b>		\$ _____ .00	\$ _____ .00	\$ _____ .00
<b>C. Total Year Salary and Benefits (1 Position):</b>		_____ .00 (Year 1)	_____ .00 (Year 2)	_____ .00 (Year 3)
<b>D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position):</b>		\$ _____ X # of Positions = \$ _____		

### Part 2: Sworn Officer Salary Information

**If your agency's second and/or third-year costs for salaries and/or fringe benefits increase after the first year, check the reason(s) why in the space below:**

- Cost of living adjustment (COLA)     
  Step raises     
  Change in benefit costs  
 Other - please explain briefly: \_\_\_\_\_

### Part 3: Federal/Local Share Costs (for Hiring Grants)

**If the COPS Hiring Grant Program requires a local match, the grantees are required to pay a progressively larger share of the cost of the grant with local funds over the grant period. Please refer to the program-specific Application Guide to determine if this section is applicable.** This means that your local match must increase each year, while the federal share must decrease. Please project in the chart below how your agency plans to assume a progressively larger share of the grant costs during each year of the program. The chart is a projection of your plans; while your agency may deviate from these specific projections during the grant period, it must still ensure that the federal share decreases and the local share increases.

	Year 1	Year 2	Year 3
<b>Federal Share</b>	\$ _____	\$ _____	\$ _____
<b>Local Share</b>	\$ _____	\$ _____	\$ _____
<b>Totals</b>	\$ _____ (Pre-populated)	\$ _____ (Pre-populated)	\$ _____ (Pre-populated)

<b>Total salary and benefits for years 1, 2 &amp; 3 (all positions):</b>	\$ (Pre-populated from budget)
<b>Total federal share:</b>	\$ (Pre-populated from budget)
<b>Total local share required (sworn officer costs): (Based on Years 1, 2 &amp; 3 costs for all sworn positions)</b>	\$ (Pre-populated from budget)

**B. Base Salary and Fringe Benefits for Civilian/Non-Sworn Personnel**

**No Civilian/Non-Sworn Positions Requested**

**Part 1: Instructions:** Please complete the questions below for one non-sworn position salary and benefits package. As applicable per the program-specific Application Guide, you may also be required to project Year 2 and Year 3 salaries.

	Year 1 Salary Enter the current first year base salary for one civilian/non-sworn position. \$ _____ x _____% of time on project = \$ _____ <small>(base salary x percent = adjusted Year-1 salary)</small>	Year 2 Salary (As applicable) Enter the second year base salary for one civilian/non-sworn position. \$ _____ x _____% of time on project = \$ _____	Year 3 Salary (As applicable) Enter the third year base salary for one civilian/non-sworn position. \$ _____ x _____% of time on project = \$ _____
<b>A. Base Salary Information</b>			
<b>Position Title</b>			
<b>Description</b> (One position per worksheet)			
<b>B. Fringe benefit costs should be calculated for each year of the grant term.</b>			
<b>FRINGE BENEFITS:</b>	<b>Year 1 Fringe Benefits</b>	<b>Year 2 Fringe Benefits</b>	<b>Year 3 Fringe Benefits</b>
	<b>COST: BASE</b>	<b>COST:</b>	<b>COST:</b>
	<b>% OF</b>	<b>% OF BASE</b>	<b>% OF BASE</b>
<b>Social Security</b> Exempt: <input type="checkbox"/> 6.2% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<small>Cannot exceed 6.2% of Total Base Salary.</small>			
<b>Medicare</b> Exempt: <input type="checkbox"/> 1.45% <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<small>Cannot exceed 1.45% of Total Base Salary.</small>			
<b>Health Insurance</b>			
Individual: <input type="checkbox"/> Family: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Life Insurance</b>	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Vacation</b> Number of Hours Annually: _____	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Sick Leave</b> Number of Hours Annually: _____	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Retirement</b> Fixed Rate: <input type="checkbox"/>	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Worker's Compensation</b> Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Unemployment Insurance</b> Exempt: <input type="checkbox"/> Fixed Rate: <input type="checkbox"/>	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Other</b> _____	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Other</b> _____	\$ _____ .00    _____ %	\$ _____ .00    _____ %	\$ _____ .00    _____ %
<b>Benefits Sub-Total Per Year (1 Position)</b>	\$ _____ .00	\$ _____ .00	\$ _____ .00
<b>Total (A+B)</b>	\$ _____ .00 (A+B)	\$ _____ .00 (A+B)	\$ _____ .00 (A+B)
<b>D. Total Salary and Benefits for Years 1, 2, and 3 (1 Position): \$ _____</b>			

If requesting additional positions with exact budget check here  Indicate # of positions \_\_\_\_\_ If requesting other position(s) with different budget(s), check here

**Civilians/Non-Sworn Personnel Total \$ \_\_\_\_\_**

**C. EQUIPMENT/TECHNOLOGY**

**No Equipment/Technology Requested**

**Instructions:** List non-expendable items that are to be purchased. **Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.** Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. 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.

Please 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 program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

<b>Item Name</b>	<b>Computation (# of Items/Units X Unit Cost)</b>	<b>Per Item Subtotal</b>
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	<b>Equipment/Technology Total:</b>	\$ _____

**D. SUPPLIES**

**No Supplies Requested**

**Instructions:** List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). **Provide a specific description for each item and explain how it supports the project goals and objectives outlined in your application.** Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more than lines please check the available box.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
		\$
	<b>Supplies Total:</b>	\$ _____



**E. TRAVEL/TRAINING**

**No Travel/Training Requested**

**Instructions:** Itemize grant-related travel expenses of grantee personnel (excluding consultants, whose expenses are listed in Section F) by event (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Identify the location of travel whenever possible, and show the number of staff expected to attend each event. Training fees, transportation, lodging and per diem rates for trainees should be listed as separate travel items. Grantee travel costs specific to the grant project may be based on the grantee's written travel policy, assuming the costs are reasonable. Grantees without a written travel policy must follow the established federal rates (found at [www.gsa.gov](http://www.gsa.gov)) for lodging, meals, and per diem. For all grantees (with or without a written travel policy), airfare travel costs must be one of the following: the lowest discount commercial airfare, standard coach airfare, or the federal government contract airfare (if authorized and available). Note: Any local training costs (within a 50-mile radius) should be listed under Section G ("Other Costs").

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

Event Title and Location	Event Costs	Number of Staff	Per Event Subtotal
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
		<b>Travel/ Training Total:</b>	\$ _____

**F. CONTRACTS/CONSULTANTS**

**No Contracts/Consultants Costs Requested**

**Instructions:** See the program-specific Application Guide for a list of allowable/unallowable costs for the particular program to which you are applying.

**1. Contracts:** Provide a cost estimate for the product or service to be procured by contract. 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. (See Application Guide for more information on the required submission.)

Contract Name	Per Contract Subtotal
	\$
	\$
	\$
<b>Contracts Subtotal:</b>	<b>\$</b>

**2. 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 and must be pre-approved in writing by the COPS Office if the consultant is hired via a noncompetitive bidding process.

Consultant Name/Title	Service Provided	Computation ( Cost X # Days or # Hours)	Per Consultant Fee Subtotal
		( _____ X _____) Select one: Days <input type="checkbox"/> Hours <input type="checkbox"/>	\$
		( _____ X _____) Select one: Days <input type="checkbox"/> Hours <input type="checkbox"/>	\$
		<b>Consultant Fees Subtotal:</b>	<b>\$</b>

**3. Consultant Travel:** List all travel-related expenses to be paid from the grant to the individual consultants (e.g., transportation, meals, lodging) separate from their consultant fees.

Consultant Name/ Event Title	Event Costs	Number of Staff	Per Consultant Travel Subtotal
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
	Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Per diem \$ _____		\$
		<b>Consultant Travel Subtotal:</b>	

**4. Consultant Expenses:** List all travel-related expenses to be paid from the grant to the individual consultants separate from their consultant fees and travel expenses (e.g., computer equipment and office supplies).

Consultant Name/Title	Item(s)	Per Consultant Subtotal
	<b>Consultant Expenses Subtotal:</b>	<b>\$</b>

**Contracts/Consultants Total:**

Contracts (F1) + Consultant Fees (F2) + Consultant Travel (F3) + Consultant Expenses (F4) \$ \_\_\_\_\_

**G. OTHER COSTS**

**No Other Costs Requested**

**Instructions:** List other requested items that will support the project goals and objectives as outlined in your application. **Provide a specific description for each item and explain how the item supports the project goals and objectives as outlined in your application.**

Please be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the program-specific Application Guide for a list of allowable/unallowable costs for this program. Agencies are encouraged to limit their requests to the lines shown below and group similar items together so that all items are accounted for on the budget worksheet for each category. However, if your agency requires more lines please check the available box.

Item Name	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
		\$ _____

**Other Costs Total:** \$ \_\_\_\_\_

**H. INDIRECT COSTS**

**No Indirect Costs Requested**

**Instructions:** Indirect costs are allowed under a **very limited** number of specialized COPS programs. Please see the program-specific Application Guide for a list of allowable/unallowable costs for the particular program to which you are applying.

*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	Approved Indirect Cost Rate	Per Indirect Cost Subtotal
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Indirect Cost Total: \$</b>		_____

**BUDGET SUMMARY**

**Instructions:** Please review the category totals and the total project costs below. If the category totals and project amounts shown are correct, please continue with the submission of your application. Should you need to make revisions to a budget category, click the "Edit" button for that category.

	<b>Budget Category</b>	<b>Category Total</b>	<b>Edit</b>
<b>A.</b>	<b>Sworn Officer Positions</b>	\$ _____ .00	
<b>B.</b>	<b>Civilian/Non-Sworn Personnel</b>	\$ _____ .00	
<b>C.</b>	<b>Equipment/Technology</b>	\$ _____ .00	
<b>D.</b>	<b>Supplies</b>	\$ _____ .00	
<b>E.</b>	<b>Travel/Training</b>	\$ _____ .00	
<b>F.</b>	<b>Contracts/Consultants</b>	\$ _____ .00	
<b>G.</b>	<b>Other Costs</b>	\$ _____ .00	
<b>H.</b>	<b>Indirect Costs</b>	\$ _____ .00	
<b>Total Project Amount:</b>		\$ _____ .00	
<b>Total Federal Share Amount:</b> (Total Project Amount X Federal Share Percentage Allowable)		\$ _____ .00	_____%
<b>Total Local Share Amount (If applicable):</b> (Total Project Amount - Total Federal Share Amount)		\$ _____ .00	_____%

**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: \_\_\_\_\_

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 two hour per response, depending upon the COPS program being applied for, which includes time for reviewing instructions. 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, DC 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 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 xxxxxx and the expiration date is xxxxxxx.



**FOR MORE INFORMATION:**

U.S. Department of Justice  
Office of Community Oriented Policing Services  
1100 Vermont Avenue, N.W.  
Washington, DC 20530

To obtain details on COPS programs, call the  
COPS Office Response Center at 800.421.6770

Visit COPS Online at [www.cops.usdoj.gov](http://www.cops.usdoj.gov).

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