

Disaster Budget and Deployment Form

The Disaster Budget and Deployment Form serves as the budget submission and deployment approval tool for a program to be engaged in a CNCS-approved disaster deployment. The budget should be a realistic projection of the needed funds for the program to fulfill the mission, to include transportation, lodging, subsistence, personnel, supplies, and other miscellaneous costs. At the end of the deployment, the program will be required to submit a reimbursement for actual costs based on the approved budget. Programs also should use this form in their planning and tracking of expenses during the deployment.

See guidance from CNCS on allowable and non-allowable costs.

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|--|---|--|
| Organization Name: | Date Submitted: | |
| Organization Contact: | Disaster Event: | |
| Address: | Number of Members Available: | |
| Phone: | Number of Staff Available: | |
| Fax: | First Date Available: | |
| E-mail: | Last Date Available: | |
| Budget Estimate for Disaster Deployment | | |
| Transportation Estimate: \$ | Instructions for Budget Estimate: Please complete each section with as much detail as possible, including any formulas and rates. For example: Subsistence: 10 members x 30 days x \$15/day = \$4,500 Personnel: 2 crews x 4 weeks x \$300/crew/week = \$2,400 | |
| Lodging Estimate: \$ | | |
| Subsistence Estimate: \$ | | |
| Personnel Estimate: \$ (Please include formulas) | | |
| Supplies Estimate: \$ | | |
| Misc. Expenses \$ (Please identify) | | |
| Total Budget Request \$ | | |
| Important Notes | | |
| CNCS USE ONLY | | |
| Approved MA Funds \$ Allocated to Program | Mission Assignment Number | |
| | MA Dates | |
| Signature CNCS MA Manager: | Total Amount of MA: | |
| Signature of Budget Official: | Federal MA Coordinator and Contact Information: | |
| Signature of Grants Official: | DSU Tracking Number: | |