

**Table 1: Format for Grantee Expenditure Reports: Start-Up Period**

Dates Covered:  
 Grantee Contact:  
 Grantee Name:

OMB Control No: 0584-XXXX  
 Expiration date: XX/XX/XXXX

Type of Cost	Start-up Costs
<b>Labor *</b>	
Staff Title I	-
Staff Title II	-
Staff Title III	-
Etc.†	-
Total	\$0
<b>Fringe Benefits</b>	-
<b>Contractual (Benefits Related)</b>	
SNAP EBT Contractor	-
MIS or Other IT Contractor(s)	-
Other State Agency**	-
SFA Partner(s)**	-
Food Service Management Co.	-
Community Partner(s)**	-
<b>Contractual (Outreach/ Case Management)</b>	
Outreach Provider**	-
Communications/Media Contractor**	-
Case Management Provider**	-
<b>Other Direct Costs***</b>	-
<b>Total Direct Costs</b>	\$0
<b>Indirect Costs</b>	-
<b>Total</b>	\$0

Note: Table 1 could also be used as a model for other State Agencies involved in the demonstration.

\* If available, please provide more detailed information on labor hours using Table 3.

\*\* If appropriate, please provide more detailed reports using Table 2 or similar format.

\*\*\*Please provide detail on other direct costs in Table 4, as applicable. Other direct costs include items such as printing, postage, and shipping. They may also include travel costs or transportation costs for food, purchase of food, and so forth.

†Please insert additional rows as needed for other staff titles.

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 2.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

**TABLE 2: Format for Subgrantee Expenditure Reports: Start-Up Period**

2015 Dates Covered:

OMB Control No: 0584-XXXX

Expiration date: XX/XX/XXXX

Type of Cost	Start-up Costs
<b>Labor *</b>	
Staff Title I	-
Staff Title II	-
Staff Title III	-
Etc.**	-
Total	\$0
<b>Fringe Benefits</b>	-
<b>Travel</b>	-
<b>Other Direct Costs**</b>	-
<b>Subcontracts</b>	-
<b>Total Direct Costs</b>	\$0
<b>Indirect Costs</b>	-
<b>Total</b>	\$0

\* If possible, please provide the more detailed labor information outlined in Table 3 and more detailed ODC information in Table 4.

\*\*Other direct costs include items such as printing, postage, and shipping. They may also include travel costs or transportation costs for food, purchase of food, and so forth.

\*\*\*Please insert additional rows as needed if more than three staff categories worked on the project.

**Table 3: Format for Detailed Labor Schedule: Start-Up Period**

Dates Covered:

OMB Control No: 0584-XXXX

Expiration date: XX/XX/XXXX

Labor Costs*	Start-up Costs
<b>Staff Title I</b>	
1. Number of employees in this category	\$0
2. Hours per week worked on demonstration	\$0
3. Hourly wage rate	\$0
4. Fringe benefits per hour	\$0
5. Fringe benefit calculation**	
6. Total Cost	\$0
<b>Staff Title II</b>	
1. Number of employees in this category	\$0
2. Hours per week worked on demonstration	\$0
3. Hourly wage rate	\$0
4. Fringe benefits per hour	\$0
5. Fringe benefit calculation**	
6. Total Cost	\$0
<b>Staff Title III</b>	
1. Number of employees in this category	\$0
2. Hours per week worked on demonstration	\$0
3. Hourly wage rate	\$0
4. Fringe benefits per hour	\$0
5. Fringe benefit calculation**	
6. Total Cost	\$0
<b>Etc.***</b>	
<b>Total Labor</b>	\$0

\* Please include a heading for volunteer labor and number of hours, if applicable. Also, indicate if any staff is temporary or if overtime labor is being used.

\*\* Please specify whether the fringe benefit was calculated as a percentage of the employee's salary, fixed amount, etc.

\*\*\*Please copy rows 19-25 as needed to provide information for additional types of staff.

Notes: Instead of providing hours and an hourly rate, feel free to use annual salary and percentage of time over the grant year, if that is easier.

Please include support staff such as clerical workers, as well as managers and professional staff.

**Table 4: Format for Detailed ODC Schedule: Start-Up Period**

Dates Covered:

OMB Control No: 0584-XXXX

Expiration date: XX/XX/XXXX

Type of Cost	Start-up Costs
<b>Grant-Related Other Direct Costs*</b>	
Food Packages	\$0
Printing	\$0
Telephone	\$0
Postage	\$0
Shipping	\$0
Staff Travel	\$0
Etc.**	\$0
<b>Total</b>	<b>\$0</b>

\*Other direct costs include items such as printing, postage, and shipping. They may also include travel costs or transportation costs for food, purchase of food, and so forth.

\*\*Please add rows for any other direct costs not listed.