TRIBAL IV-D BUDGET DEVELOPMENT

INSTRUCTIONS FOR USING THE WORKSHEETS

1. Use Complete and Accurate Calculations: Gather all the necessary information you'll need prior to starting work on the budget (i.e., positions, wages, fringe calculations, supplies needed, etc. Refer to Tab-4_Sample Budget for examples).

2. Review Each Worksheet. This workbook was designed to give you an easy format to develop your budget.
Please read the information in each tab before you begin completing this workbook.

3. Budget Workbook Template:
In addition to this tab, the workbook includes the following tabs:
- Tab-2_Budget Basics has helpful information for budget preparation.
- Tab-3_Checklist is a tool to ensure you have all the required documents for your budget submission. Check items off as you complete them.
- Tab-4_Sample Budget Worksheet gives you examples of how your budget line items should look.
- Tab-5_Budget Worksheet is the worksheet you can use to develop your annual budget.
- Tab-6_Budget-At-A-Glance auto-populates with the data you entered into Tab-5. It is designed to give you an overall summary of your budget.
- Tab-7_SF-424A auto-populates with the data you entered into Tab-5 .
Each worksheet is locked to reduce errors in calculations. The password to un-protect each worksheet is: 12345

      Tab-5_Budget Worksheet:
- Cells highlighted in light yellow are unprotected to allow you to enter your information and tab through the worksheet.
- The worksheet includes free-form text areas where you can enter your justification narratives. This eliminates the need to create a separate justification narrative in a Word document.
- Many cells include formulas that will calculate amounts for you. This reduces errors because if you change an amount in one cell, all connected cells and worksheets will update also.
- All line items are in order to coincide with the SF-424A.

      Tab-6_Budget-At-A-Glance:
This worksheet provides a summary of your Total Budget. It displays a break-down of:
- Federal share of funds you are requesting
- Non-Federal Share Required based on the percentage of Non-Federal Share you have in the line item.
- Non-Federal Share- Cash and Non-Federal Share-In-Kind Identified and the percentage of the total amounts.
This easy-to-read summary can be used when you're discussing your budget with your tribal budget committees or tribal council.

      Tab-7_SF-424A was added for your convenience. It auto-populates with all the budget information you entered in Tab-5_Budget Worksheet.
You can print this page and use it to copy the data into GrantSolutions, confident that all calculations are accurate and complete.

4. Initial Budget. Download the Tribal Budget Excel Workbook from the Tribal Budget Toolbox on the OCSE website and "Save As" TRIBAL BUDGET TEMPLATE. Open the file and do another "Save As" this time saving it as FFY(budget year)_BUDGET. Create your budget in the Tab-5_Budget Worksheet.

      STEP 1: Create your **total tribal child support program budget** by filling in the appropriate fillable (yellow) cells in Columns A through H for each cost category. The worksheet includes formulas to auto-populate the bottom of Column I indicating the amount of federal share you are requesting, the amount of non-federal share that you need and the total amount of your budget.

      STEP 2: Now that you know the amount of non-federal share that you need (the amount is indicated at the bottom of Column I), go back to the top of your budget and begin entering in the amounts of cash or in-kind contributions, in Columns K and L, that you intend to use. You can use all or part of the total amount of the expense (that you listed in Column I) to meet your non-federal share. Remember that a "cash" share is any expense that is being paid by another funding source (except from other federal funds) and "in-kind" is any service or goods being donated by a third party.
      Example: You entered the annual hours in Column B and the wage in Column C for your Chief Judge position. The worksheet auto-populates Columns D through I. For this example, let's say Column I totals $40,000; however, you only need to use part of this salary to meet the non-federal share-cash. In Column K you would enter $25,000. **Please review TAB-4_SAMPLE BUDGET WORKSHEET for additional examples.**
      NOTE: Please refer to 45 CFR 75.306 for additional information about non-federal share.

      STEP 3: After entering the non-federal share amounts in Column K and L, review the Non-Federal Share Identified at the bottom of Column K/L. The amount should match the amount in Column I EXACTLY. If the amounts do not match, you must revise expense amounts or non-federal share amounts, as necessary, until the total amounts of each are the same.

STEP 4: Once you complete the budget in Tab-5_Budget Worksheet, review Tab-6_Budget At-A-Glance to ensure all the numbers appear correct.

- **The amount in Row 25, Column B MUST be -0- (zero)** or you will receive an error message when entering your information into GrantSolutions. If the amount is not -0- (zero) you must go back to Tab-5_Budget Worksheet and adjust expenses or the non-federal share amounts until you reach a -0- (zero) difference.

- If you are not using GrantSolutions, OCSE will enter the information into GrantSolutions for you. If the amount in Row 25, Column B is not -0- (zero) your budget submission may be rejected and sent back to you for corrections.

STEP 5: If you do not have enough non-federal share, the Tribe can choose to contribute the remaining amount of cash needed to meet the non-federal share.

If the Tribe is contributing cash, you must identify the line item categories where your program plans to expend it by entering the dollar amounts in the appropriate line items in the non-federal share-cash (Column K).

For example, you may use cash to pay your contractual items or supplies.

5. Indirect Cost Rate (IDC). Using your IDC rate to meet part of your non-federal share will impact the overall tribal IDC rate for ALL tribal programs for future years. Please use IDC for non-federal share with discretion.

6. Budget Submission:
Your budget submssion to OCSE must include Tab-5_Budget Worksheet, Tab-6_Budget-At-A-Glance, and Tab-7_SF-424A.
If you are using GrantSolutions, please delete all other tabs (Tab-1, Tab-2, Tab-3 and Tab-4) and upload the revised workbook into GrantSolutions. (To delete tabs, place your curser on the tab name, right click, and click delete).
If you are not using GrantSolutions, please print the worksheets in Tab-5, Tab-6 and Tab-7 to include in your budget packet.

7. Subsequent Budgets. After you have developed an initial budget using this Excel workbook, you can simply update it each consecutive year, saving you a lot of time. Using a standard naming format each year will allow you to create a library of budget files that will be easy to find when needed for future reference. (i.e., FFY14_Start-Up Budget_Year 1; FFY15_Start-Up Budget_Year2; FFY16_Budget; FFY16_Budget_Revision; etc.).

STEP 1: When budget time rolls around, open your budget from the previous year and do a "Save As", naming the workbook with the new Federal Fiscal Year (FFY). Example: FFY19_Budget

STEP 2: Update each expense and justification as needed. For example, you can update the wage for a particular staff position without having to change anything else, like the narrative, thus saving a lot of time.

8. Comment Box Instructions: Throughout the workbook are comment boxes that include additional directions for your convenience. Cells that have a small red triangle in the corner indicate there is a comment box attached. Hover your curser over the cell to see the comment.

TRIBAL IV-D BUDGET DEVELOPMENT

BUDGET BASICS

1. Federal Fiscal Year (FFY): Federal funding is awarded on a federal fiscal year cycle that begins October 1 and ends on September 30 each year.

2. Allowable Costs: All budget expenditures must comply with the requirements in 45 CFR 309.145 and 45 CFR 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

3. Start-Up Budgets: Start-Up Applications can be submitted at any time during the year. Your initial budget should be calculated beginning with the first day of the month in the quarter for which you anticipate being awarded funding and ending on the last day of the 12th month.

        a. 100% Federal Funding: Start-Up programs are awarded 100% federal funding for the two-year project period.

        b. Start-Up Budget up to $500,000: Start-Up program budgets cannot exceed $500,000 for two years. **Note:** Each year's budget should not exceed $250,000.

        c. Transition to Comprehensive: Prior to the end of your Start-Up program you must submit a Comprehensive Program Plan (Plan) that includes an annual budget and budget justification narrative. The time period for your Plan's annual budget will depend on when you anticipate transitioning to a comprehensive program. Starting out, your first comprehensive budget might not be on the federal fiscal year cycle.

4. Comprehensive Program Plan Budgets: When it is time to transition from a Start-Up program to a comprehensive IV-D program, you must submit a comprehensive program budget and budget justification narrative. Pursuant to 45 CFR 309.135(2), your budget can be for less than one year, but at least six months, or more than one year, not to exceed 17 months, to get transitioned onto the federal fiscal year cycle.

        a. Non-Federal Share of 10%: Beginning with the first day of the first quarter of the funding grant for a comprehensive program, the tribe will receive 90% federal funding for the first three years. The tribe must verify that they can and will meet the remaining 10% of the budget through cash or in-kind contributions (45 CFR 309.130(c)(2)).

        b. Non-Federal Share of 20%: Beginning in year four of the comprehensive program, the tribe will receive 80% federal funding and the tribe must verify that they can and will meet the remaining 20% of the budget through cash or in-kind contributions (45 CFR 309.130(c)(3)(i)).

        c. Annual Budget Submissions: Pursuant to 45 CFR 309.130(b)(2), an annual budget must be submitted each year no later than **August 1.**

5. Non-Federal Share: When the IV-D program moves into comprehensive status, the tribe will be required to provide a non-federal share as noted in Section 4a and 4b above.

        a. The non-federal share can be met with cash or in-kind (donated) contributions. Detailed information on non-federal share can be found in the Tribal Directors Resource Guide, pages 33-34.

        b. When including the non-federal share expenses in your budget, be sure to include calculations and supporting documentation for each expense item. Items paid for from Indirect Costs cannot be used to meet the non-federal share requirement.

6. Non-Federal Share Definitions:

        Cash Contribution: Any expense for goods or services allocated to, and necessary for, the operation of the child support program that the tribe, or other third party, pays for with non-federal resources (unless otherwise allowed) is considered a cash contribution. List all cash contributions in the Non-Federal Share - Cash column in the Tab-5_Budget Worksheet.

        In-Kind Contribution: A donation of goods or services, allocated to, and necessary for, the operation of the child support program made by a third party wherein no money is exchanged. List all in-kind contributions in the Non-Federal Share - In-Kind column in the Tab-5_Budget Worksheet.

7. Detailed Information is available within the following Tribal Budget Toolbox resources on OCSE's website:

        OCSE's Tribal Budget Toolbox

        Tribal Child Support Budget Packet

        Tribal Child Support Directors Resource Guide

TRIBAL IV-D BUDGET DEVELOPMENT

ANNUAL BUDGET CHECKLIST

Pursuant to 45 CFR 309.125, the application (Start-Up and Comprehensive) must include a proposed budget and budget justification narrative.
Comprehensive Program budgets must be submitted to OCSE annually no later than **AUGUST 1.**

The checklist includes a list of documents required pursuant to 45 CFR 309.15 (Initial Application) and 309.130 (Comprehensive) and a list of documents recommended by OCSE. As you complete each requirement, you can cross it off the list by placing an "X" in the cells highlighted in yellow.
For details and citations regarding each requirement, please read:

Tribal Child Support Budget Packet   (Pages 3, 22-24)

1. COVER LETTER (RECOMMENDED)

2. COVER SHEET (OPTIONAL)

3. TABLE OF CONTENTS (OPTIONAL)

4. STANDARD FORM (SF) 424: "Application for Federal Assistance" to be submitted with the initial grant application for funding under §309.65(a) and (b) (60 days prior to the start of the funding period).

5. STANDARD FORM (SF) 424A: "Budget Information, Non-construction Programs", to be submitted annually, no later that August 1 (60 days prior to the start of the funding period) in accordance with §309.115(a)(2) of this part. TAB-7_SF-424A auto-populates a SF-424A form for your convenience. **With EACH submission the following information MUST be included:**

6. QUARTER-BY-QUARTER ESTIMATE of expenditures for the funding period.

7. BUDGET JUSTIFICATION NARRATIVE

8. SUPPORTING DOCUMENTATION INCLUDED AS ATTACHMENTS:

 a. Current Indirect Cost Agreement

 b. Statement certifying that the tribe can and will meet the non-federal share budget requirement

 c. Contracts

 d. IT specifications (if applicable)

 e. Waiver request (if applicable)

 f. Other documentation as applicable

Pursuant to 45 CFR 309.15(c), following the initial funding period, the tribe or tribal organization operating a IV-D program **must submit annually** a Standard Form (SF) 424A, **including all the necessary accompanying information and documentation** described in paragraphs (a)(2) and (a)(3) of the section. **Tab-7 is a SF-424A form that auto-populates using the information you enter into Tab-5_Budget Worksheet. You can print this page and use it to enter the data into GrantSolutions.**

SAMPLE: BUDGET WORKSHEET & JUSTIFICATION NARRATIVE (START-UP OR COMPREHENSIVE)

Tribe Name:	TRIBAL NATION NAME								
Federal Fiscal Year:	FFY18		Federal Match Rate:	80%		Tribal Match Rate:	20%		

After completing your total budget in Columns A - I; enter the portion of expenses to be used for the Non-Federal Share-Cash in Column K and Non-Federal Share-In-Kind in Column L.

LINE ITEMS	(Calculations)			QTR 1	QTR 2	QTR 3	QTR 4	TOTAL	Non-Federal Share CASH	Non-Federal Share IN-KIND
PERSONNEL:	Annual Hours	Wage/ Hour	Total Salary							
IV-D Director	2080	$ 37.00	$ 76,960.00	$ 19,240.00	$ 19,240.00	$ 19,240.00	$ 19,240.00	$ 76,960.00	$ -	$ -
Admin Asst	2080	$ 13.50	$ 28,080.00	$ 7,020.00	$ 7,020.00	$ 7,020.00	$ 7,020.00	$ 28,080.00	$ -	$ -
CS Specialist	2080	$ 16.00	$ 33,280.00	$ 8,320.00	$ 8,320.00	$ 8,320.00	$ 8,320.00	$ 33,280.00	$ -	$ -
CS Specialist	2080	$ 17.00	$ 35,360.00	$ 8,840.00	$ 8,840.00	$ 8,840.00	$ 8,840.00	$ 35,360.00	$ -	$ -
Financial Specialist	2080	$ 18.00	$ 37,440.00	$ 9,360.00	$ 9,360.00	$ 9,360.00	$ 9,360.00	$ 37,440.00	$ -	$ -
CS Attorney	1040	$ 65.00	$ 67,600.00	$ 16,900.00	$ 16,900.00	$ 16,900.00	$ 16,900.00	$ 67,600.00	$ -	$ -
Chief Judge	1040	$ 55.00	$ 57,200.00	$ 14,300.00	$ 14,300.00	$ 14,300.00	$ 14,300.00	$ 57,200.00	$ 48,167.00	$ 4,500.00
Assc. Judge	520	$ 45.00	$ 23,400.00	$ 5,850.00	$ 5,850.00	$ 5,850.00	$ 5,850.00	$ 23,400.00	$ 23,400.00	$ -
Clerk of Court	832	$ 20.00	$ 16,640.00	$ 4,160.00	$ 4,160.00	$ 4,160.00	$ 4,160.00	$ 16,640.00	$ 16,640.00	$ -
Tribal Administrator	208	$ 40.00	$ 8,320.00	$ 2,080.00	$ 2,080.00	$ 2,080.00	$ 2,080.00	$ 8,320.00	$ 8,320.00	$ -
Total FTEs	6.75									
TOTAL PERSONNEL:			$ 278,720.00	$ 96,070.00	$ 96,070.00	$ 96,070.00	$ 96,070.00	$ 384,280.00	$ 96,527.00	$ 4,500.00

IV-D Director	The IV-D Director is responsible for the day-to-day operations of the child support program. Duties include, but are not limited to: supervision and training of staff; coordinating the collection and reporting of all child support data for federal and tribal reports; development and submission of program budgets; and representing the program at various meetings and conferences.
Admin Asst	
CS Specialist	
CS Specialist	
Financial Specialist	
CS Attorney	

Chief Judge

Assc. Judge

Clerk of Court

Tribal Administrator

FRINGE:

Lump Sum of Fringe:	0.00% of salaries	$ -	$ -	$ -	$ -	$ -	$ -
FICA	4.25% of salary	4,082.98	4,082.98	4,082.98	4,082.98	16,331.90	4,102.40
SUTA	5.75% of salary	5,524.03	5,524.03	5,524.03	5,524.03	22,096.10	5,550.30
Medicare	1.45% of salary	1,393.02	1,393.02	1,393.02	1,393.02	5,572.06	1,399.64
Workman's Comp	3% of salary	2,882.10	2,882.10	2,882.10	2,882.10	11,528.40	2,895.81
Retirement/401K	6% of salary	5,764.20	5,764.20	5,764.20	5,764.20	23,056.80	5,791.39
	Amt/Yr	# of staff					
Health Insur/Single	$ 80.00	2.75	55.00	55.00	55.00	55.00	220.00	-
Health Insur/Family	$ 180.00	3.6	162.00	162.00	162.00	162.00	648.00	-
Life Insurance	$ 38.00	6.35	60.33	60.33	60.33	60.33	241.30	-
Disability Insurance	$ 250.00	6.35	396.88	396.88	396.88	396.88	1,587.50	-
TOTAL FRINGE:			**20,320.52**	**20,320.52**	**20,320.52**	**20,320.52**	**81,282.06**	**19,739.54**

TRAVEL:

GENERAL COMMENTS: All travel costs were estimated using Federal Per Diem rates and current airline and lodging rates from individual websites and/or Travelocity.com.

NTCSA	6 staff x lodging, airfare & per diem	$ -	$ 9,700.00	$ -	$ -	9,700.00	$ -	$ -
Tulalip, WA June 26 - 29, 2016	The NTCSA Annual conference will be in Tulalip, WA June 26-30, 2016. 5 child support staff plus the asscociate judge will attend this important training event to learn new child support information and skills.							
NAME OF EVENT:		$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:								
DATES:								
NAME OF EVENT:		$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:								
DATES:								
NAME OF EVENT:		$ -	$ -	$ -	$ -	$ -	$ -	$ -

LOCATION:								
DATES:								
NAME OF EVENT:		$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:								
DATES:								
NAME OF EVENT:		$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:								
DATES:								
NAME OF EVENT:		$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:								
DATES:								
TOTAL TRAVEL:		$ -	$ 9,700.00	$ -	$ -	$ 9,700.00	$ -	$ -
EQUIPMENT:								
Server		$ -	$ 7,000.00	$ -	$ -	$ 7,000.00	$ 7,000.00	$ -
						$ -		
							$ -	$ -
TOTAL EQUIPMENT		$ -	$ 7,000	$ -	$ -	$ 7,000	$ 7,000	$ -
SUPPLIES: (Consumable Office Supplies)								
General Office Supplies		$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 2,000.00	$ -	$ -
Toner		$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 4,000.00	$ -	$ -
Computer Ink		$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 8,000.00	$ 2,618.00	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL SUPPLIES:		$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 14,000.00	$ 2,618.00	$ -
CONTRACTUAL:								
DNA Contract	8 paternity cases x 3 participants x $35 per participant = $840 Draft (Signed) contract is in Attachment A.	$ 210.00	$ 210.00	$ 210.00	$ 210.00	840.00	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL CONTRACTUAL:		$ 210.00	$ 210.00	$ 210.00	$ 210.00	840.00	$ -	$ -

OTHER:								
Phones	5 phones x $60/mo x 12 mo = $3,600	$ 900.00	$ 900.00	$ 900.00	$ 900.00	$ 3,600.00	$ -	$ -
Fax	1 fax x $60/mo x 12 mo = $720	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 720.00	$ -	$ -
Postage	Estmiated postage for mailing letters. All postage is paid by the tribe's general account.	$ 125.00	$ 125.00	$ 125.00	$ 125.00	$ 500.00	$ 500.00	$ -
MTS maintenance	We have an intra-agency agreement with the tribal IT dept. to do routine maintenance on our MTS.	$ 2,500.00	$ 2,500.00	$ 2,500.00	$ 2,500.00	$ 10,000.00	$ -	$ -
Tribal Process Server	50 cases x $40 per service = $2,000	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 2,000.00	$ -	$ -
Filing Fees/Tribal Court	100 case/yr x $45/case =$4,500 These fees will be waived by the tribal court and used to meet some of our non-federal share.	$ 1,125.00	$ 1,125.00	$ 1,125.00	$ 1,125.00	$ 4,500.00	$ 4,500.00	$ -
Maintenance	General cleaning & maintenance will be paid from general funds & used to meet some of our non-federal share.	$ 300.00	$ 300.00	$ 300.00	$ 300.00	$ 1,200.00	$ 1,200.00	
TOTAL OTHER:		$ 5,630.00	$ 5,630.00	$ 5,630.00	$ 5,630.00	$ 22,520.00	$ 6,200.00	$ -
Total Cash Contribution	Due to lack of cash and in-kind contributions in the budget, the Tribe will contribute the remaining amount of cash needed to meet the non-federal share. You must identify the line item categories where your program plans to spend the tribal cash and enter those amounts in column K. For example, you may use cash to pay your contractual items or supplies.	$ 9,618.00						
TOTAL DIRECT COSTS		$ 122,730.52	$ 139,430.52	$ 122,730.52	$ 122,730.52	$ 642,088.60	$ 132,084.54	$ 4,500.00
INDIRECT COSTS	30% OF TOTAL DIRECT COSTS MINUS CONTRACTUAL	$ 48,093.64	$ 48,093.64	$ 48,093.64	$ 48,093.64	$ 192,374.58	$ 28,958.10	$ 1,350.00
TOTALS:		$ 170,824.16	$ 187,524.16	$ 170,824.16	$ 170,824.16	$ 834,463.18	$ 161,042.64	$ 5,850.00

Federal Share:	80.00%	$ 667,570.54	Non-Federal Share Identified
Non-Federal Share:	20.00%	$ 166,892.64	$ 166,892.64
Total Budget:		$ 834,463.18	

The Non-Federal Share needed and the Non-Federal Share identified MUST be the same amounts.
If they are not, you must adjust your budget to get them to match to avoid errors when entering your data into GrantSolutions.

BUDGET WORKSHEET & JUSTIFICATION NARRATIVE (START-UP OR COMPREHENSIVE)

Program Name:								**After completing your total budget in Columns A - I; enter the portion of expenses to be used for the Non-Federal Share-Cash in Column K and Non-Federal Share-In-Kind in Column L.**
Federal Fiscal Year:			**Federal Match Rate:**	0%	**Tribal Match Rate:**	0%		

								Non-Federal Share	
LINE ITEMS		**(Calculations)**		**QTR 1**	**QTR 2**	**QTR 3**	**QTR 4**	**TOTAL**	**CASH**	**IN-KIND**

PERSONNEL:	**Annual Hours**	**Wage/ Hour**	**Total Salary**							
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total FTEs	0									
TOTAL PERSONNEL:				$ -	$ -	$ -	$ -	$ -	$ -	$ -

-								
-								
-								
-								
-								

FRINGE:								
Lump Sum of Fringe:	0.00% of salaries	$ -	$ -	$ -	$ -	$ -	$ -	
FICA	0.00% of salaries	$ -	$ -	$ -	$ -	$ -	$ -	
SUTA	0.00% of salaries	$ -	$ -	$ -	$ -	$ -	$ -	
Medicare	0.00% of salaries	$ -	$ -	$ -	$ -	$ -	$ -	
Workman's Comp	0.00% of salaries	$ -	$ -	$ -	$ -	$ -	$ -	
Retirement/401K	0.00% of salaries	$ -	$ -	$ -	$ -	$ -	$ -	
	0% # of staff							
Health Insur/Single	$ - 0	$ -	$ -	$ -	$ -	$ -	$ -	
Health Insur/Family	$ - 0	$ -	$ -	$ -	$ -	$ -	$ -	
Life Insurance	$ - 0	$ -	$ -	$ -	$ -	$ -	$ -	
Disability Insurance	$ - 0	$ -	$ -	$ -	$ -	$ -	$ -	
TOTAL FRINGE:		$ -	$ -	$ -	$ -	$ -	$ -	

TRAVEL:								
GENERAL COMMENTS:								
NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								
NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								
NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

NAME OF EVENT:	NUMBER OF STAFF ATTENDING:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
LOCATION:	NARRATIVE:							
DATES:								

| TOTAL TRAVEL: | | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

EQUIPMENT:

		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL EQUIPMENT		$ -	$ -	$ -	$ -	$ -	$ -	$ -

SUPPLIES: (Consumable Office Supplies)

		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL SUPPLIES:		$ -	$ -	$ -	$ -	$ -	$ -	$ -

CONTRACTUAL:

		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL CONTRACTUAL:		$ -	$ -	$ -	$ -	$ -	$ -	$ -

OTHER:

		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
		$ -	$ -	$ -	$ -	$	$ -	$ -
TOTAL OTHER:		$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Cash Contribution	Due to lack of cash and in-kind contributions in the budget, the Tribe will contribute the remaining amount of cash needed to meet the non-federal share. You must identify the line item categories where your program plans to spend the tribal cash and enter those amounts in column K. For example, you may use cash to pay your contractual items or supplies.				$ -			
TOTAL DIRECT COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -
INDIRECT COSTS	0.00% OF TOTAL DIRECT COSTS MINUS CONTRACTUAL	$ -	$ -	$ -	$ -	$	$ -	$ -
TOTALS:		$ -	$ -	$ -	$ -	$	$ -	$ -

Federal Share:	0%	$ -
Non-Federal Share:	0%	$ -
Total Budget:		$ -

Total Non-Federal Share Identified	
$	-

The amount of Non-Federal Share REQUIRED <u>MUST BE THE SAME AMOUNT</u> as the Non-Federal Share IDENTIFIED.

If the amounts do not match, you must make adjustments to your expenses, non-federal share amounts, or both until the REQUIRED and IDENTIFIED amounts are the same.

< Please refer to Tab 6_Budget At-A-Glance for easy to read totals.>

A9: INSTRUCTIONS:
List all the personnel positions in this column, inlcuding those that will be used to meet the non-federal share.

A113: INSTRUCTIONS:
Please use this row if your tribe uses a lump-sum percentage for calculating Fringe. Then leave the following rows blank.

A127: INSTRUCTIONS:
Enter text to indicate the source of the calculations (i.e., Airline websites, Travelocity, Kayak, etc.).

A129: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A130: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A131: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A133: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A135: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A137: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A139: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A141: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A142: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A143: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A145: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A146: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A147: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A149: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A150: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A151: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A153: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A154: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A155: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A157: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A158: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A159: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A161: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A162: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A163: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A165: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A166: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A167: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A169: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A170: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A171: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A173: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A174: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A175: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A177: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A178: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A179: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A181: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A182: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A183: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A185: INSTRUCTIONS:
Enter the name of the conference, meeting or event in this cell.

A186: INSTRUCTONS:
Enter the location of the conference, meeting or event in this cell.

A187: INSTRUCTIONS:
Enter the date(s) of the conference, meeting or event in this cell.

A191: INSTRUCTIONS:
Enter the type of equipment to be purchased in the highlighted cells in column A.

A203: INSTRUCTIONS:
If applicable, list the type of supplies to be purchased in column A.

A216: INSTRUCTIONS:
List titles of all contracts in the highlighted cells in column A.

A234: INSTRUCTIONS:
List all "Other" anticipated expenses in the highlighed cells in column A.

B3: INSTRUCTIONS:
Enter the name of the Tribal program in this cell.

B4: INSTRUCTIONS:
Enter the Federal Fiscal Year in this cell.

B9: INSTRUCTIONS:
Enter the total annual hours that will be worked for each position in this column; inlcuding those that will be used as non-federal share.

B31: INSTRUCTIONS:
Enter text to briefly describe the roles and responsibilities for each position listed.

B113: INSTRUCTIONS:
Enter the lump-sum percentage amount, in this cell, that your tribe uses to calcuate Fringe.

B114: INSTRUCTIONS:
Enter the percentage amount your tribe uses for FICA in this cell

B115: INSTRUCTIONS:
Enter the percentage amount your tribe uses for SUTA in this cell

B116: INSTRUCTIONS:
Enter the percentage amount your tribe uses for Medicare in this cell

B117: INSTRUCTIONS:
Enter the percentage amount your tribe uses for Workmans's Comp in this cell

B118: INSTRUCTIONS:
Enter the percentage amount your tribe uses for retirement/401Ks in this cell

B120: INSTRUCTIONS:
Enter the annual amount for Single Health insurance for 1 person in this cell.

B121: INSTRUCTIONS:
Enter the annual amount for Family Health insurance for 1 person in this cell.

B122: INSTRUCTIONS:
Enter the annual amount for life insurance for 1 person in this cell.

B123: INSTRUCTIONS:
Enter the annual amount for disability insurance for 1 person in this cell.

B129: INSTRUCTIONS:
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B130: INSTRUCTIONS:
Enter the justification narrative for this travel in this section.

B133: INSTRUCTIONS:
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B137: INSTRUCTIONS:
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B141: INSTRUCTIONS:
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B145:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B149:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B153:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B157:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B161:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B165:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B169:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B173:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B177:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B181:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B185:   INSTRUCTIONS:
          Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)

B192:   INSTRUCTIONS:
          Enter a brief justification narrative in this section.

B203:   INSTRUCTIONS:
          Enter a brief description of how costs are calculated, if applicable.

B216:   NSTRUCTIONS:
          Enter a brief description of how costs are calculated, if applicable.

B217:   INSTRUCTIONS:
          Enter the justification narrative in this section.

B234:   INSTRUCTIONS:
          Enter a brief description of how costs were calculated.

B258:   INSTRUCTIONS:
          Enter the approved IDC rate in the highlighted cell in column B.

C9:   INSTRUCTIONS:
          Enter the hourly wage amount for each position in this column including those that will be used for non-federal share.

          If a position is salaried, you must convert the annual salary amount to an hourly amount by dividing the annual salary by 2080 hours. Then enter that hourly amount in this column.

C120:   INSTRUCTIONS:
          Enter the number of FTE's for each benefit received in this column.

C258:   INSTRUCTIONS:
          The IDC rate in this worksheet is calculated on a percentage of TOTAL BUDGET MINUS CONTRACTUAL.
          If your IDC rate is calculated differently, you MUST change the formula.
          Please contact your Program Specialist if you need technical assistance to re-formulate.

E4:   INSTRUCTIONS:
          Enter the current federal match rate in this cell.

E129:   INSTRUCTIONS:
          Enter the cost of the total estimated travel for each event in the cell under the quarter that the travel will occur.

E203:   INSTRUCTIONS:
          Enter the estimated costs per quarter in the appropriate cells for each cost listed.

E216:   INSTRUCTIONS:
          Enter the estimated costs per quarter in the appropriate cells for each cost listed.

E234:   INSTRUCTIONS:
          Enter the estimated costs per quarter in the appropriate cells for each cost listed.

G4:   INSTRUCTIONS:
          Enter the current Tribal match rate in this cell.

G261:   DEFINITION:
          45 CFR Part 75.2
          Federal share means the portion of total project costs that are paid by Federal funds.

G262:   DEFINITION:
          Please refer to 45 CFR 75.306 for specific information about Non-Federal Share.

H254:   INSTRUCTIONS:
          Enter the total dollar amount in this cell that your Tribe is contributing to meet the non-federal share. Then distribute this amount in column K.

I261:   INSTRUCTIONS: Cell I245
          THIS IS THE TOTAL AMOUNT OF FEDERAL FUNDS BEING REQUESTED.

I262:   INSTRUCTIONS: Cell I246
          THIS IS THE TOTAL AMOUNT OF **NON-FEDERAL SHARE THAT IS REQUIRED.**

I263:   INSTRUCTIONS:
          This is the TOTAL PROPOSED BUDGET AMOUNT.

K5: DEFINITION:
§ 309.130 How will Tribal IV–D programs
be funded and what forms are required?
(d) Non-federal share of program expenditures. Each Tribe or Tribal organization that operates a child support enforcement program under
title IV–D and § 309.65(a), unless the Secretary has granted a waiver pursuant to § 309.130(e), must provide the non-federal share of funding, equal to:
(1) 10 percent of approved and allowable expenditures during the 3-year period specified in paragraph (c)(2) of this section or;
(2) 20 percent of approved and allowable expenditures during the subsequent periods specified in paragraph (c)(3) of this section.
(3) The non-federal share of program expenditures must be provided either with cash or with in-kind contributions and must meet the requirements found in 45 CFR 74.23.

NOTE: You MUST have an amount in Column I, and in Column J and K list the amount, in part or in full, that you will use toward your non-federal share. Please refer to TAB_2_SAMPLE BUDGET WORKSHEET for examples.

K6: DEFINITION:
45 CFR Part 75.2
Cost sharing or matching means the portion of project costs not paid by Federal funds (unless otherwise authorized by Federal statute). This may include the value of allowable third party in-kind contributions, as well as expenditures by the recipient. See also §75.306.

K9: INSTRUCTIONS:
Enter the cash amounts of wages for each applicable personnel position that will be paid for by the tribe and contributed to this budget.
You MUST have an amount in Column I of which you can use all or part of the amount to meet the cash non-federal share.

K120: INSTRUCTIONS:
If applicable, enter the appropriate amounts for each fringe category for each postion identified in the Personnel lines above that will be used as non-federal share.

K129: INSTRUCTIONS:
If applicable, enter the cash amount that the Tribe is paying towards the cost of personnel attending this event.

K191: INSTRUCTIONS:
If applicable, enter the cash match that will be used to purchase this piece of equipment.

K203: INSTRUCTIONS:
Enter the amount of cash that the Tribe is paying for any applicable supply items in this column.

K216: INSTRUCTIONS:
Enter the cash amount that is being contributed to the cost of this contract by the Tribe in this column.

K234: INSTRUCTIONS:
Enter the cash amount that is being contributed by the Tribe for each applicable expense listed in Column A.

K258: If you choose to use an Indirect Cost rate as part of your non-federal share, either cash or in-kind, it will reduce the IDC rate for ALL tribal programs in future budget years. Please use with discretion!

K262: INSTRUCTIONS: Cell J/K246
THIS IS THE TOTAL AMOUNT OF **NON-FEDERAL SHARE THAT YOU HAVE IDENTIFIED.**

L9: INSTRUCTIONS:
Enter the amount of wages for each applicable position that will be **donated** to this budget.
You MUST have an amount in Column I of which you can use all or part of the amount to meet the in-kind non-federal share.

L113: INSTRUCTIONS:
When a person donates their time (above) to be used as an in-kind donated contribution, you cannot charge fringe.

L129: INSTRUCTIONS:
If applicable, enter the fair-market value cost of whatever is being donated, by a third party, toward the cost of travel. (i.e., donated airfare, comped hotel rooms, etc.)

L191: INSTRUCTIONS:
If applicable, enter the fair market value of the piece of equipment that is donated.

L203: INSTRUCTIONS:
Enter the fair market value amount for supplies that are being donated by a third party in this column for each applicable supply listed.

L216: INSTRUCTIONS:
Enter the fair market value amount for services that are being donated by a third party in this column for each contract listed.

L234: INSTRUCTIONS:
Enter the fair market value amounts in this column that are being donated by a third party for each applicable expense listed in column A.

Program Name:	0
Federal Fiscal Year:	0
Federal Match Rate:	0%
Tribal Match Rate:	0%

BUDGET AT-A-GLANCE

This worksheet provides you with an easy-to-view snapshot of the numbers you entered in the Tab-5 Budget Worksheet for Columns B and E/. Column B is your TOTAL BUDGET, Column E/F is the non-federal share amount you identified and Column C is the resulting Federal Share amou. Office of Grants Management (OGM) can award 100% of a direct cost category and lessor percentages in other cost categories as long as the Tr. Percentage in Column G/Row 21 is the appropriate percentage.

Object Class Categories	THIS IS YOUR TOTAL BUDGET	This is the percentage of the Federal Share of Your Total Budget		This is the percentage of the Non-Federal Sha Identified in Your Budget	
	$	$	%	Cash	In-Kind
PERSONNEL	$ -	$ -	0.0%	$ -	$ -
FRINGE	$ -	$ -	0.0%	$ -	$ -
TRAVEL	$ -	$ -	0.0%	$ -	$ -
EQUIPMENT	$ -	$ -	0.0%	$ -	$ -
SUPPLIES	$ -	$ -	0.0%	$ -	$ -
CONTRACTUAL	$ -	$ -	0.0%	$ -	$ -
OTHER	$ -	$ -	0.0%	$ -	$ -
TOTALS DIRECT CHARGES:	$ -	$ -		$ -	$ -
INDIRECT COSTS	$ -	$ -	0.0%	$ -	$ -
TOTAL BUDGET	$ -	$ -	0.0%	$ -	

Federal Share:	$ -	
Non-Federal Share Needed:	$ -	
Non-Federal Share Identified	$ -	
DIFFERENCE:	$ -	
TOTAL BUDGET:	$ -	

DESCRIPTION:
THE AMOUNT IN THIS CELL MUST BE $ -0- TO AVOID RECEIVING AN ERROR
MESSAGE IN GRANTSOLUTIONS.

IF THE AMOUNT IN THIS CELL APPEARS IN BRACKETS ( ) IT MEANS YOU A
LACKING THAT AMOUNT OF NON-FEDERAL SHARE.

IF THE AMOUNT IS <u>NOT</u> IN BRACKETS, IT MEANS THE NON-FEDERAL SHAR
AMOUNT IDENTIFIED IS MORE THAN WHAT IS NEEDED.

YOU MUST ADJUST YOUR EXPENSES OR NON-FEDERAL SHARE AMOUNTS
TAB-5_BUDGET WORKSHEET UNTIL THE DIFFERENCE BETWEEN THE NON-
FEDERAL SHARE REQUIRED AND THE NON-FEDERAL SHARE IDENTIFIED IS
(ZERO).

IMPORTANT NOTE:
ONLY the Totals in Row 21 will add ACROSS the Row (Columns C + E/F = B) .
Federal Share + Non-Federal Share = Total Budget

Rows 10 through 19 (Columns C + E + F) MAY NOT add ACROSS the Rows to equal the Total Budget in Column B because you might not be identifying the exact percentage of Non-Federal Share needed for each line item.

A24:   DESCRIPTION:
         This is the non-federal share you need to meet.

A25:   DESCRIPTION:
         This is the non-federal share you identified in your budget in Tab 5.

B26:   DESCRIPTION:
         THE AMOUNT IN THIS CELL MUST BE $ -0- TO AVOID RECEIVING AN ERROR MESSAGE IN GRANTSOLUTIONS.

         IF THE AMOUNT IN THIS CELL APPEARS IN BRACKETS ( ) IT MEANS YOU ARE LACKING THAT AMOUNT OF NON-FEDERAL SHARE.

         IF THE AMOUNT IS <u>NOT</u> IN BRACKETS, IT MEANS THE NON-FEDERAL SHARE AMOUNT IDENTIFIED IS MORE THAN WHAT IS NEEDED.

         YOU MUST ADJUST YOUR EXPENSES OR NON-FEDERAL SHARE AMOUNTS IN THE TAB-5_BUDGET WORKSHEET UNTIL THE DIFFERENCE BETWEEN THE NON-FEDERAL SHARE REQUIRED AND THE NON-FEDERAL SHARE IDENTIFIED IS -0- (ZERO).

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Child Support: Federal Share	93.563	$ -	$ -	$ -	$ -	$ -
2. Child Support: Non-Federal Share	93.563	$ -	$ -	$ -	$ -	$ -
3.						$ -
4.						$ -
5. Totals		$ -	$ -	$ -	$ -	$ -
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1) Federal Share	(2) Non-Federal Share	(3)			
a. Personnel	$ -	$ -	$ -	$ -	$ -	
b. Fringe Benefits	$ -	$ -	$ -	$ -	$ -	
c. Travel	$ -	$ -	$ -	$ -	$ -	
d. Equipment	$ -	$ -	$ -	$ -	$ -	
e. Supplies	$ -	$ -	$ -	$ -	$ -	
f. Contractual	$ -	$ -	$ -	$ -	$ -	
g. Construction		$ -	$ -	$ -	$ -	
h. Other	$ -	$ -	$ -	$ -	$ -	
i. Total Direct Charges (sum of 6a-6h)	$ -	$ -	$ -	$ -	$ -	
j. Indirect Charges	$ -	$ -	$ -	$ -	$ -	
k. TOTALS (sum of 6i and 6j)	$ -	$ -	$ -	$ -	$ -	
7. Program Income	$ -	$ -	$ -	$ -	$ -	

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	-	-	-	-
9. TRIBAL CHILD SUPPORT: Non-Federal Share	-	-	-	-
10.	-	-	-	-
11.	-	-	-	-
12. TOTAL *(sum of lines 8 - 11)*	-	-	-	-

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ -	$ -	$ -	$ -	$ -
14. Non-Federal	$ -	$ -	$ -	$ -	$ -
15. TOTAL *(sum of lines 13 and 14)*	$ -	$ -	$ -	$ -	$ -

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF PROJECT

a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16	$ -	$ -	$ -	$ -
17	$ -	$ -	$ -	$ -
18	$ -	$ -	$ -	$ -
19	$ -	$ -	$ -	$ -
20. TOTAL *(sum of lines 16 - 19)*	$ -	$ -	$ -	$ -

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:

23. Remarks:	

SF 424A & INSTRUCTIONS