OMB #: 0970-0XXX Expiration Date: XX/XX/XXXX

#### **UC Program Budget Workbook Instructions**

All applicants are required to submit a Project Budget and Budget Justification with their application. The Project Budget details and narratives are entered on the forms in this workbook. The instructions for completing the budget detail and narrative tabs are found below in the "Workbook Instructions" section. The amounts entered for each "object class category" identified on the SF 424 and SF 424A should be consistent with those amounts entered in this workbook.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated.

Applicants must indicate the method they are selecting for their indirect cost rate. See Indirect Charges on the Budget Detail and Budget Narrative tabs for further information.

#### Workbook Instructions

To show and hide grouped rows, click on the positive (+) to ungroup and the negative (-) to group in the boxes to the left of the row numbers.

To ungroup all, click on the largest number (for this tab that would be 3) in the box in the top left corner of the spreadsheet (these would be the numbers immediately left of column "A").

#### **Protections**

Worksheets have been protected so that only specific cells can be completed. Workbooks do have the capability of adding and deleting rows. Please only add rows in sections where adding rows has been indicated as allowable (otherwise links between tabs will break). Please only delete unnecessary rows that were subsequently added to the workbook (only rows the applicant added).

#### **Additional Tabs**

Additional tabs labeled "BD#" (Budget Detail 2, Budget Detail 3, etc.), "BN#" (Budget Narrative 2, Budget Narrative 3, etc.), and "FA#" (Facility Attachment 2, Facility Attachment 3, etc.) were created and hidden.

To see these tabs, if needed, right click on the name of any tab below, select "Unhide", select the tab you wish to unhide from the pop-up list, then select "Ok". Repeat until enough tabs are showing to complete for each program/subrecipient.

A summary tab labeled "Summary" and a comparison tab labeled "Analysis" have also been included.

#### **Budget Completion Requirements and Types**

Applicants should complete a Budget Detail (BD), Budget Narrative (BN), and Facility Attachment (FA) (as applicable) for each program, subrecipient, and/or special budgetary request by ORR on a single award (See "Budget Types" below for details).

The "Budgetary Detail Level" (row 3) on each budget document should indicate the program, subrecipient, or special budget requiring additional breakout of the budget on a single award (See examples below).

#### Examples:

Programs: 1 Subrecipients: 0

**Requested Budget Type:** New or NCC

**Completion Instructions:** Enter the base 12 month budget using the Budget Detail, Budget Narrative, and Facility Attachment (as applicable) tabs,

(<u>Budgetary Detail Level: "[Program Name]</u>"). The "object cost category" totals from the Budget Detail tab will auto-fill to the Summary tab to show the total budget request.

**Programs:** 3 **Subrecipients:** 0

**Requested Budget Type:** New or NCC

**Completion Instructions:** Enter the base 12 month budget using the Budget Detail, Budget Narrative, and Facility Attachment (as applicable), BD2, BN2, FA2 (as applicable), BD3, BN3, and FA3 (as applicable) tabs, (<u>Budgetary Detail Level: "[Program Name]"</u>). The "object cost category" totals from each Budget Detail tab will auto-fill to the Summary tab to show the total budget request.

Programs: 1 Subrecipients: 1

Requested Budget Type: New or NCC

**Completion Instructions:** Enter the base 12 month budget using the Budget Detail, Budget Narrative, and Facility Attachment (as applicable) tabs for all costs the program anticipates expending. Sub-recipient totals should be included in the Contractual section. Additionally, complete a BD, BN, and FA (as applicable) to show the breakout budget of each sub-recipient.

Budget Detail, Budget Narrative, and Facility Attachment (Budgetary Detail Level: "[Program Name]")

BD2, BN2, and FA2 (as applicable) (Budgetary Detail Level: "[Subrecipient Name]").

**Programs:** 1 **Subrecipients:** 0

**Requested Budget Type:** New or NCC with "Start-Up Budget"

**Completion Instructions:** <u>Base 12 month budget costs</u>: The Budget Detail, Budget Narrative, and Facility Attachment (as applicable) tabs are completed for costs anticipated to be expended annually (<u>Budgetary Detail Level</u>: "[Program Name] <u>Base Budget</u>").

<u>First year Start-Up costs</u>: On the BD2, BN2, and FA2 (as applicable) tabs, identify those costs that are one-time costs related to the start-up of the new program (e.g., one-time purchases of furniture); (<u>Budgetary Detail Level</u>: "[Program Name] Start-Up Costs").

Programs: 1
Subrecipients: 0

Requested Budget Type: New or NCC with "Pre-License Budget"

Completion Instructions: Base 12 month budget costs: The Budget Detail, Budget Narrative, and Facility Attachment (as applicable) tabs are completed for costs anticipated to be expended annually - assuming the facility license is in place by the first day of the budget period (Budgetary Detail Level: "[Program Name] Licensed Base Budget"). Pre-license costs: On the BD2, BN2, and FA2 (as applicable) tabs, identify a new, separate budget for only those costs that are absolutely necessary to obtain a license (Budgetary Detail Level: "[Program Name] Pre-License Costs"). The "object cost category" totals from each Budget Detail tab will auto-fill to the Summary tab to show the total budget request; totals on the Summary sheet may be adjusted to avoid double-counting the pre-licensed costs.

Programs: 1 Subrecipients: 0

Requested Budget Type: New or NCC with "Fixed-Variable Cost Budget"

**Completion Instructions:** Fixed Costs: Enter the "fixed costs" for the program on the Budget Detail, Budget Narrative, and Facility Attachment (as applicable) tabs. Fixed costs are those that would be expended regardless of capacity; e.g., lease, insurance, certain staff positions... (Budgetary Detail

<u>Level: "|Program Name| Fixed Cost"</u>). <u>Variable Costs</u>: Enter the "variable costs" for the program on the BD2, BN2, and FA2 (as applicable) tabs. Variable costs are those costs that are scaled and adjusted based on capacity; e.g., food, clothing, escort services (staff and child) travel... (<u>Budgetary Detail Level: "[Program Name] Variable Cost [Capacity]"</u>). The capacity on the fixed cost budgets should be set at the maximum capacity for which the fixed costs are requested (New budgets) or funded (NCC budgets). The variable costs should be based on the capacity indicated in the NOFO, the annual funding letter (NCCs) or other correspondence from ORR. ORR may request multiple variable cost estimates as noted within the NOFO or the annual funding letter for funded applications. In these cases, multiple additional BD#, BN# and FA# may be used. The "object cost category" totals from each Budget Detail tab will auto-fill to the Summary tab to show the total budget request; totals on the Summary sheet may be adjusted to ensure the correct variable costs are utilized in calculating the total costs in the Fixed-Variable budget.

#### **Budget Completion Instructions**

Please see further instructions on the Budget Detail, Budget Narrative, and Facility Attachment tabs.

#### **Budget Finalization Instructions**

If cell G2 on a tab states "HIDE", then there has not been any data entered into this tab and the tab should be hidden. To hide a tab, right click the name of the tab at the bottom of Excel and select "Hide". This step should be completed after the budget has been entered and reviewed, but prior to submission.

Budgets should be submitted in Excel format unless otherwise indicated by the software. If unable to upload as an Excel Workbook, print to PDF and upload the PDF (make sure to print all aplicable tabs). Then upload the Excel Workbook in GrantSolutions as a grant note.

#### UC Program Special Instructions

Construction

Construction is not an allowable activity or expenditure under UC grant awards.

Purchase of real property is not an allowable activity or expenditure under UC grant awards.

The UC grant award does not have the statutory authority to explicitly use federal funds to purchase (acquire), construct, and/or make major renovations to real property.

#### **Budget Types**

Basic

All applicants, at a minimum, should complete a Budget Detail and Budget Narrative (unless also directed to include one of the special budget details and narratives outlined below). The base 12 month annual budget and the categorical subtotals on the required SF 424 and SF 424A forms should agree with the 12 month object class categorical and project totals on the budget detail and budget narrative worksheets (or the cumulative project and object class categorical totals in the case of multiple programs within one application).

#### **Special Budget Types**

Start-up Cost Budget	"Start-up" costs are defined as those costs that are limited to the initial budget year and are related to expenses incurred during the process of creating a new program. These costs are not included in budgetary forecasts after the initial year. For any individual expense that includes Start-up costs, please enter the portion of the cost classified as a "Start-up" in the Budget Detail and Budget Narrative assigned to report the Start-up costs only (e.g., BD2, BN2, FA2). These start-up costs are not entered in the base 12 month budget.
Pre-license Cost Budget	Applicants who do not currently possess a facility license for the facility in which they intend to provide UC services, must complete a Pre-license Budget in addition to the base 12 month annual budget. Costs included in the Pre-license Budget should be limited to only those minimal costs that are necessary to meet the state licensing requirements.  Applicants should also include a timeline for gaining licensure, as well as information regarding the minimum licensing requirements published by their licensing authority in a separate document not included in this template.  Pre-license costs are not "in addition to" the regular 12 month budget; these costs are the portion of the regular 12 month budget that are anticipated to be incurred prior to gaining a license.
Fixed-Variable Cost Budget	Applicants may be asked by ORR to submit a Fixed-Variable Cost Budget. The costs listed in these spreadsheets, separate operating expenses that are fixed, regardless of the funded capacity, from those costs that fluctuate (variable) as the approved bed capacity may change.  Fixed costs are those that would be expended regardless of capacity; e.g., lease, insurance, certain staff positions, etc.  Variable costs are those costs that are scaled and adjusted based on capacity; e.g., food, clothing, escort services (staff and child) travel, etc.

#### **Printing Instructions**

These are instructions on how to print the Budget Detail, Budget Narrative and Facility Attachment sheets without too many unused lines.

- **1.** Before printing, ungroup all rows by clicking on the largest number in the boxes at the top left of the worksheet (these would be the numbers immediately left of column "A").
- 2. Slowly scroll down the worksheet and hide grouped sections that do not display any information. To do this, click the negative sign (-) in the box at the top left of the section to be hidden. If a section is accidently hidden, simple click the positive sign (+) in the box at the top left to unhide that section.

**Note:** The groupings in the Budget Detail correspond with the groupings in the Budget Narrative.

- **3.** Also, while scanning through the Budget Narrative, add or expand any rows necessary to see all descriptions.
- 4. Select "File", "Print", and review all print preview pages to ensure only relevant data is showing.

If there are multiple programs in a single award, make sure to print the Summary sheet first. This should be at the beginning of the Budget Detail.

#### **PRA Disclosure**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow grantee provider programs to provide to ORR and OGM precise budget detail and narrative as it pertains to grant funding. Public reporting burden for this collection of information is estimated to average 90 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and

reviewing the collection of information. This is a mandatory collection of information (45 C.F.R. § 75.203 and Appendix I to Part 75 – Full Text of Notice of Funding Opportunity). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0XXX and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact DCS\_ProjectOfficers@acf.hhs.gov.

Note for internal review: Tabs "BN2" - "FA10" to be hidden in final version and this comment will be removed

## **UC Program - Multiple Budget Summary Compilation**

Grantee Name:	0
Applicable NOFO:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	- (beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award and compiled here. A Budget Detail and Budget Narrative should also be submitted for each subrecipient and shown here.

Budget Overview					
EXPENSE	EXPENSE TOTAL				
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$ -	_		
Supplies		\$ -	-		
Contractual		\$ -	-		
Construction	\$	-			
Other		\$ -	-		
Facility	Facility \$ -				
Other (Non-Facility)					
Total Direct Charges	\$ -	-			
Indirect		\$ -			
Grand Total	\$ -	-			

Tie to SF 424 and SF 424(a)

	Include	Include	Include	Include	Include
Budgetary Detail Level	0	0	0	0	0
Number of Beds	0	0	0	0	0
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -	-
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Facility	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Non-Facility)	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Charges	<b>-</b>	<b>-</b>	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -
Avg. Cost Per Child Per Day:	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	Include	Include	Include	Include	Include
Budgetary Detail Level	0	0	0	0	0
Number of Beds	0	0	0	0	0
Personnel	\$ -	\$ -	\$ -	\$ -	-
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	-
Travel	\$ -	\$ -	\$ -	\$ -	-
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	-
Facility	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Non-Facility)	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Charges	\$ -	\$ -	\$ -	\$ -	-
Indirect	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ -	\$ -	\$ -	\$ -	-

Grantee Name:		
Budgetary Detail Level:		
Applicable NOFO:		
Program Name/Location:		
Grant Number (if known):		Grant number - budget year (90ZU0000-01)
Budget Period:		
Months in Budget Period:	12 Normal period pre-populated; adjust as necessary.	
Program Type/Level of Care:		
Capacity:	(beds)	<del></del>
Avg. Cost Per Child Per Day:	#DIV/0!	

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview				
EXPENSI	EXPENSE			
Personnel	\$	-		
Fringe Benefits		\$	-	
Travel		\$	-	
Equipment	\$	-		
Supplies	\$	-		
Contractual	\$	-		
Construction	\$	-		
Other	\$	-		
Facility	\$	-		
Other (Non-Facility)	-			
Total Direct Charges	\$	-		
Indirect		\$	-	
Grand Total	Grand Total			

## UC Program Budget Detail Grantee Name: Budgetary Detail Level:

Personnel
-----------

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

**Note:** Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						\$ -
						\$ -
						-
						-
						\$ -
						\$ -
						-
						-
						-
						\$ -
						-
						\$ -
						-
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

UC Program Budget D	Detail					
<b>Grantee Name:</b>						
Budgetary Detail Level:					<b>-</b> -	
						\$ -
						-
Hourly Employees						
Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						-
Case Manager						-
Lead Teacher						-
Teacher						-
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						-
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

\$ \$ \$ \$

## 

## Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
_ife/Disability		
Other:		
Other:		
Other:		
	Fringe Total	· ¢

### Dragues Dudget Detail

Grantee Name:	Detail
Budgetary Detail Level:	
	Costs of out-of-town or overnight project-related travel by <u>employees</u> of the application number of travelers, travel destination, duration of trip, per diem, lodging, mileage used to travel out of town), and other transportation costs and subsistence allowed

## Travel

ant organization. For each trip show the total allowances (if privately owned vehicles will be tation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

**Note:** For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Grantee Name:	
Budgetary Detail Level:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Total:	\$ -
---------------	------

## Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

**Note:** Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

**Note:** Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

Grantee Name:		_	
Budgetary Detail Level:		•	
			\$ -
select this row to add new lines above			\$ -
	·	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name:			
Budgetary Detail Level:			
		4	\$ -
		\$	\$ -
		\$	\$ -
		\$	\$ -
select this row to add new lines above		\$	\$ -
	Sub	total \$	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		•	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				-

Grantee Name:		
Budgetary Detail Level:	_	
select this row to add new lines above		\$ -
	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

## Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	
Grantee Name:	
Budgetary Detail Level:	

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -

Grantee Name:		
Budgetary Detail Level:	_	
		-
		\$ -
		-
		\$ -
		\$ -
		\$ -
		-
		\$ -
select this row to add new lines above		-
	Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Grantee Name:				
Budgetary Detail Level:			_	
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		•	Subtotal	\$ -
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	<b>\$</b> -
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
	· · · · · · · · · · · · · · · · · · ·			\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		<u> </u>	Subtotal	\$ -
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

## **UC Program Budget Detail Grantee Name: Budgetary Detail Level: Supplies Category Item Description Unit Cost Number of Units Subtotal** \$ select this row to add new lines above Subtotal \$ **Supplies Total: \$** List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient Contractual should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category. **Contractor/Organization Name Type of Expense** Subtotal

## Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

Contractual Total: \$

#### **Property Acquisitions**

JC Program Budget	Detail				
rantee Name:				_	
udgetary Detail Level:				_	
1ajor Alterations & Re	novations (A&R	2)			
				Construction Total:	-
Other Costs					
Facility	improvements, r	y include but are not limited to: rentals ninor alterations and renovations, mai control, lawn care, etc.)	s costs, depreciation for own ntenance and repairs, and c	ned property, depreciation other facility costs (i.e. utilit	for major ties, property insurance
uilding Leases					
		5.465(a) for charging limitations			
	-	R. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for char	<u> </u>		
<b>Capital/finance leases</b> – se	ee 45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see	GAAP for classification (FAS	13/ASC 842)	ı
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					\$ -
					\$ -
					\$ -
					\$ -
					-
					\$ -
					\$ -
					-

Subtotal \$

If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

<b>UC Program Budget Det</b>	tail					
Grantee Name:						
Budgetary Detail Level:					•	
					•	
Depreciation		Г	Г	<u> </u>	Г	
Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal
						\$ -
						\$ -
						\$ -
						\$ -
						-
						-
						-
						-
						-
						\$ -
If additional lines are necessary, plo	ease use the Fac	cility Attachmen	t tab. Subtotal from F	acility Attachment auto		\$ -
					Subtotal	-
Name Alterations C. Donou	/ACD	1				
Minor Alterations & Renov			116 11	/!		
and are not de-aggregated major reno For information on the "major renovat www.acf.hhs.gov/grants/real-property	By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor).  For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at  www.acf.hhs.gov/grants/real-property-and-tangible-personal-property					
Total A&R already charged to any		<u> </u>		ning of the budget yea	r.	
	Land Pa	arcel ID	Amount			
select this row to add new lines above						
Asset Description (specific A&R identifiers)	Land Pa	arcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal

Grantee Name:			
Budgetary Detail Level:			
			\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subto	tal from Facility Attachment auto	-updates to the right.	\$ -
		Subtotal	\$ -

#### Maintenance & Repairs (M&R)

### **Other Facility Costs**

Grantee Name:	
Budgetary Detail Level:	

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
			Subtotal	\$ -

Facility Total: \$ -

## Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$ -
	•	Travel Days	Lodging (per night)		
			Meals & Incidentals		\$ -

Grantee Name:			
Budgetary Detail Level:			
	Transportation		
	Other		
		Subtotal	\$ -

Other Costs (non-facility) Reoccurring Monthly					
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
	•		Subtotal:	\$ -	

Other Costs (non-facility) One-Time or Reoccurring Annually					
Other Costs	Vendor Name (if applicable)	One-Time or Annual Cost	Number of Units	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-

	etail				
Grantee Name:					
Budgetary Detail Level:					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	-
Indivost Costs	negotiated with a elect to charge in	re included in the proposed budget, prov cognizant Federal agency. Alternatively, direct costs pursuant to a de minimis rat	applicants that have neve	er received a negotiated ir	ndirect cost rate may
Indirect Costs	to that effect in the https://rates.psc.	ct cost rate agreement is not required. Anis section. Information regarding DHHS gov/	Applicants proposing a 10 p	percent de minimis rate sl	hould make a declaration
Indirect Cost Election Type	to that effect in the https://rates.psc.	nis section. Information regarding DHHS gov/ Select from the drop-do	Applicants proposing a 10 papproved indirect cost rate	percent de minimis rate sl e agreements can be four	hould make a declaration
Indirect Cost Election Type	to that effect in the https://rates.psc.	nis section. Information regarding DHHS gov/	Applicants proposing a 10 papproved indirect cost rate	percent de minimis rate sl e agreements can be four	hould make a declaration
Indirect Cost Election Type	to that effect in the https://rates.psc.	nis section. Information regarding DHHS gov/ Select from the drop-do	Applicants proposing a 10 papproved indirect cost rate	percent de minimis rate sl e agreements can be four	hould make a declaration
Indirect Cost Election Type  Complete the applicable section b	to that effect in the https://rates.psc.;	nis section. Information regarding DHHS gov/ Select from the drop-do	Applicants proposing a 10 papproved indirect cost rate	percent de minimis rate sl e agreements can be four	hould make a declaration
Indirect Cost Election Type  Complete the applicable section be  Approved Rate	to that effect in the https://rates.psc.;	nis section. Information regarding DHHS gov/  Select from the drop-do  Rate" selected, then enter "\$0" in the	Applicants proposing a 10 papproved indirect cost rate	percent de minimis rate sle agreements can be four e agreements can be four e rest of the section.	nould make a declaration at:  Total Indirect Costs
Indirect Cost Election Type  Complete the applicable section be  Approved Rate  Date Granted	below. If "No IDC I	nis section. Information regarding DHHS gov/  Select from the drop-do Rate" selected, then enter "\$0" in the	Applicants proposing a 10 papproved indirect cost rate own menu e "IDC Total" and skip th	percent de minimis rate sle agreements can be four e rest of the section.  Total Direct	hould make a declaration

UC Program Budget Detail					
Grantee Name:					
Budgetary Detail Level:					

### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -
ibe rotai.	Ψ

## **UC Program Budget Narrative**

Grantee Name:	0		
<b>Budgetary Detail Level:</b>	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
Budget Period:	0		
Months in Budget Period:	12		
Program Type/Level of Care:	0		
Capacity:	-		
Avg. Cost Per Child Per Day:	#DIV/01		

Budg					
EXPENSE TOTAL			Check		
Personnel		\$	-	\$	
Fringe Benefits		\$	-	\$	
Travel		\$	-	\$	
Equipment		\$	 -	\$	
Supplies		\$	-	\$	
Contractual		\$	-	\$	
Construction		\$	-	\$	
Other		\$	-	\$	
Facility	\$	-		\$	
Other Non-Facility	\$	-		\$	
Total Direct Charges		\$	-	\$	
Indirect		\$	-	\$	
Grand Total		\$	-	\$	

<b>UC Program Budget N</b>	arrative
Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Personnel	List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, range of annual salaries, range of hourly rates, maximum grant salary, etc. Contractors and consultants should not be placed under this category.
Category Total:	\$ -
Salary Employees	
Program Director	\$ -
Position Description:  Assistant Program Director	\$ -
Position Description:	
Lead Clinician	\$ -
Position Description:	

## **UC Program Budget Narrative Grantee Name:** 0 **Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

## **UC Program Budget Narrative Grantee Name:** 0 **Budgetary Detail Level:** Position Description: \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

# **UC Program Budget Narrative Grantee Name: Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

# **UC Program Budget Narrative Grantee Name: Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

## **UC Program Budget Narrative Grantee Name: Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

<b>UC Program Budget</b>	Narrative		
Grantee Name:	0		
<b>Budgetary Detail Level:</b>	0		
			•
		T	
0	\$ -		
Position Description:			
Hourly Employees			
Clinician	\$ -		
Position Description:			
Nurse	\$ -		
Position Description:			
Lead Case Manager	\$ -		
Position Description:			

## **UC Program Budget Narrative Grantee Name:** 0 **Budgetary Detail Level: Case Manager** \$ Position Description: **Lead Teacher** \$ Position Description: Teacher \$ Position Description: Youth Care Worker \$ Position Description:

# **UC Program Budget Narrative Grantee Name: Budgetary Detail Level: Administrative Assistant** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

# **UC Program Budget Narrative Grantee Name: Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

# **UC Program Budget Narrative Grantee Name: Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

# **UC Program Budget Narrative Grantee Name: Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description:

# **UC Program Budget Narrative Grantee Name:** 0 **Budgetary Detail Level:** \$ Position Description: \$ Position Description: \$ Position Description: \$ Position Description: \$

UC Program Budget	Narrative	
<b>Grantee Name:</b>	0	
<b>Budgetary Detail Level:</b>	0	
Position Description:		
0	\$ -	
Position Description:	•	
0	\$ -	
Position Description:	I ·	
Personnel Adjustments		
0		\$ -
Description and Justification (inc	ude description of it's r	necessity, how it directly benefits the program, and how allocated, if applicable):
0		l <b>s</b> -

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UC Program Budget N	Narrative	
Grantee Name:	0	
Budgetary Detail Level:	0	
Description and Justification (inclu	de description of it's necessity, how it d	lirectly benefits the program, and how allocated, if applicable):
0	\$ -	
Description and Justification (inclu	de description of it's necessity, how it d	lirectly benefits the program, and how allocated, if applicable):
0	\$ -	
		lirectly benefits the program, and how allocated, if applicable):
0	\$ -	
Description and Justification (inclu	de description of it's necessity, how it d	lirectly benefits the program, and how allocated, if applicable):
Fringe Benefits	actual known costs or calculations. I	nefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on if not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are dget category "Personnel" and only for the percentage of time devoted to the project.
Category Total:	\$ -	

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#### **UC Program Budget Narrative**

Grantee Name:	0		
Budgetary Detail Level:	0		

	CONTROLATION IN THE PART OF TH				
EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget Detail)	TOTAL			
FICA		\$ -			
CL II					
SUI		-			
Worker's Compensation		-			
Retirement		-			
Health & Dental		-			
Life/Disability		-			
Other:		-			
Other:		\$ -			
Other:		-			
	Total	-			

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	ra	Vŧ	31

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total:	\$	-
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UC Program Budget I	Narrative		
Grantee Name:	0		
Budgetary Detail Level:	0		
Travel Justification (Include purpo	se and anticipated par	rticipants):	
0		T	
<b>O</b> Travel Justification (Include purpo	se and anticipated par	ticinants).	
Traver sustineation (include purpe	ise and anticipated par	ticipants).	
0	\$ -		
Travel Justification (Include purpo	se and anticipated par	rticipants):	
0	\$ -		
Travel Justification (Include purpo		ticipants):	
Traversustineation (include parpe	750 and anticipated par	tionpullies,.	

### Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	
<b>Budgetary Detail Level:</b>	0	
Category Total:	\$	-
0	\$ -	
Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable):
0	\$ -	
Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable):
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Description and Justification (include		it directly benefits the program and how allocated, if applicable):
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable):
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		rit directly benefits the program and how allocated, if applicable):

<b>UC Program Budget Na</b>	rrative	
Grantee Name:	0	
<b>Budgetary Detail Level:</b>	0	
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Description and Justification (include	description of how	it directly benefits the program and how allocated, if applicable):
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0	\$ -	it directly benefits the program and how allocated, if applicable):  it directly benefits the program and how allocated, if applicable):
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		it directly benefits the program and how allocated, if applicable):
0	\$ -	
Description and Justification (include	description of how	it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative
Grantee Name:	0
Budgetary Detail Level:	0
Supplies	List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.
Category Total:	\$ -
0	\$ -
Description and Justification (incl	ude description of how it directly benefits the program):
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Description and Justification (incl	ude description of how it directly benefits the program):
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Description and Justification (incl	ude description of how it directly benefits the program):

UC Program Budget Na	rraπve		
Grantee Name:	0		
Budgetary Detail Level:	0		
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Description and Justification (include	uescripπon of now	it directly benefits the program):	

	arrative		
Grantee Name:	0		
Budgetary Detail Level:	0		
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O  Description and Justification (includ	<b>\$</b> -   le description of how it directly benefit	ts the program):	
Jescription and Justineation (includ	e description of now it directly beliefit	ine programi,	
	List the second of all second second scale		The section of the se
Contractual	should be summarized and a detaile related to individual consultants sho	ed budget narrative specific to each subrecipie	e programmatic effort. The cost of each subrecipient ent should be attached to this application. Costs
Category Total:	\$ -		
	\$ -	is the program and how allocated, if applicable	
<b>0</b> Description and Justification (includ		ts the program and how allocated, if applicabl	e):
		ts the program and how allocated, if applicabl	e):
		ts the program and how allocated, if applicabl	e):
		ts the program and how allocated, if applicab	e):
		ts the program and how allocated, if applicab	e):
		ts the program and how allocated, if applicab	e):
Description and Justification (includ	le description of how it directly benefit		
Description and Justification (includ	le description of how it directly benefit	ts the program and how allocated, if applicabl	
Description and Justification (includ	le description of how it directly benefit		

<b>UC Program Budget Na</b>	rrative	
Grantee Name:	0	
Budgetary Detail Level:	0	
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Description and Justification (include	description of how	it directly benefits the program and how allocated, if applicable):
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Description and Justification (include	description of how	it directly benefits the program and how allocated, if applicable):
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Description and Justification (include	description of how	it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	
Budgetary Detail Level:	0	
0	\$ -	
Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable):
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		it directly benefits the program and how allocated, if applicable):
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Description and Justification (include	e descripπon of now	it directly benefits the program and how allocated, if applicable):
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget Na</b>	arrative
Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Construction	Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use - see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.
Category Total:	\$ -
Property Acquisitions	\$ -
Major Alterations & Reno	ovations (A&R)
Other Costs	
Category Total:	<b>s</b> -
category rotal.	Ψ
Facility Costs	Enter all direct costs related to the use and maintenance of all facilities used for this award. Such costs, where applicable and appropriate, may include but are not limited to: rental costs, depreciation for owned property, depreciation for major improvements, minor alterations and renovations, maintenance and repairs, utilities, property insurance (if owned), pest control, lawn care, etc.
Category Total:	\$ -
Special Instructions:	

### **UC Program Budget Narrative**

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Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocation method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "armslength" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of the available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type expenses such as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and lease back" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes under capital leases as noted at 45 CFR 75.465 (c)(5).
Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applicants should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitations are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 or 25% of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified by state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on each land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of federal funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.
Expense description should include a total for each individual utility expense. The description should also explain the allocation method used to assign the cost to the grant.
This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkeep of buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficient operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings or appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.

Building Leases \$	-	
For any additional items included in the Facility Attach	ment to the Budget [	Detail, please see attachment for budget detail and narrative.
0	\$ -	

Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

UC Program Budget Na	arrative		
Grantee Name:	0		
Budgetary Detail Level:	0		
0	\$ -	-	
		its the program and how allocated, if applicable):	
	, accompany accommendation ( accommendation )	and the program and non-anothers, in approaches,	
0	\$ -	-	
Description and Justification (include	e description of how it directly benefi	fits the program and how allocated, if applicable):	_
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Description and Justification (include	e description of how it directly benefi	fits the program and how allocated, if applicable):	
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Description and Justification (include	e description of how it directly benefi	fits the program and how allocated, if applicable):	
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Description and Justification /include	\$ -	fits the program and how allocated, if applicable):	
Description and Justification (include	e description of now it directly benefit	nts the program and now anocated, if applicable <i>j</i> :	
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Description and Justification (include		its the program and how allocated, if applicable):	
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		fits the program and how allocated, if applicable):	

<b>UC Program Budget N</b>	Narrative				
Grantee Name:	0				
Budgetary Detail Level:	0				
0		-			
Description and Justification (inclu	ude description of how	it directly benefits	the program and how allocate	ed, if applicable):	
0		\$ -			
Description and Justification (inclu	ude description of how	it directly benefits	the program and how allocate	d, if applicable):	
Depreciation	\$	-			
For any additional items included	in the Facility Attachm	ent to the Budget	Detail, please see attachment f	or budget detail and narra	itive.
0	\$ -				
Description and Justification (inclu	ude description of how	it directly benefits	the program and how allocate	d, if applicable):	
0	\$ -				
Description and Justification (inclu	ude description of how	it directly benefits	the program and how allocate	d, if applicable):	
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Description and Justification (inclu	ide description of now	it directly benefits	the program and now allocate	а, іт арріісаріе):	
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<b>UC Program Budget</b>	Narrative	
Grantee Name:	0	
<b>Budgetary Detail Level:</b>	0	
Description and Justification (incl	ude description of ho	ow it directly benefits the program and how allocated, if applicable):
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Description and Justification (incl	ude description of ho	ow it directly benefits the program and how allocated, if applicable):
0	\$	
Description and Justification (Inci		ow it directly benefits the program and how allocated, if applicable):
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		ow it directly benefits the program and how allocated, if applicable):
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<b>UC Program Budget</b>	Narrative			
<b>Grantee Name:</b>	0			
<b>Budgetary Detail Level:</b>	0			
Minor Alterations & Re	novations (A&R)		\$ -	
For any additional items included	l in the Facility Attachmer	nt to the Budget	Detail, please see attachment for budget detail	and narrative.
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UC Program Budget Na	arrative	
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ror any additional items included in		Detail, please see attachment for budget detail and narrative.
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<b>UC Program Budget N</b>	arrative
Grantee Name:	0
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Description and Justification (includ	le description of how it directly benefits the program and how allocated, if applicable):
Other Facility Costs	\$ -
For any additional items included in	n the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.
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Description and Justification (includ	le description of how it directly benefits the program and how allocated, if applicable):
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UC Program Budget Na	irrative	
Grantee Name:	0	
<b>Budgetary Detail Level:</b>	0	
Other Costs (non-facility)	may include but are not limited to: es	ot fall into the object cost categories listed above. Such costs, where applicable and appropriate, scort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and recruitment costs, background checks, foster care stipends, and recreational costs.
Category Total:	<b>-</b>	
Special Instructions:		
Escort and Reunification Costs	Expense description and cost breakdon escort lodging, and meals. See "Trave	own should include a total for each individual item of cost including: UC airfare, escort airfare, el' section above for additional details on computation and reporting requirements.
Escort Services - Staff	\$ -	]
Escort Services - Client (Child)	\$ -	e program and how allocated, if applicable), Calculation & Sources:  e program and how allocated, if applicable), Calculation & Sources:
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Other Costs (non-facility) Reoccu		
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<b>UC Program Budget</b>	Narrative		
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Description, Justification (include d	escription of how it di		program and how allocated, if applicable), Calculation & Sources:
Other Costs (non-facility) One-T	Time or Reoccurring	Annually	
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<b>UC Program Budget</b>	Narrative		
Grantee Name:	0		
<b>Budgetary Detail Level:</b>	0		
Description, Justification (include	description of how it dire	ctly benefits the	program and how allocated, if applicable), Calculation & Sources:
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

<b>UC Program Budget Na</b>	arrative					
Grantee Name:	0					
Budgetary Detail Level:	0					
O  Description, Justification (include de		\$ -	ļ			
Indirect Costs	with a cognizant Fe- indirect costs pursu rate agreement is n	deral agency. Alte ant to a de minim ot required. App	ernatively, applicants t nis rate of 10 percent o licants proposing a 10	hat have never receive of modified total direct percent de minimis ra	oved negotiated agreement if ed a negotiated indirect cost costs (MTDC), in which case te should make a declaratior be found at: https://rates.ps	rate may elect to charge a negotiated indirect cost to that effect in this
Category Total:	\$	-				
Indirect Cost Election Type	0		If "No IDC Rate" se	lected, then do not c	omplete anything below.	
Direct Cost Basis Computation	Description of all di ensure ease of recal			ed in the direct cost bo	asis. Description should be su	fficiently detailed to
			Indirect Rate	Cost Basis	Total Indirect Costs	
			10.00000% \$	-	\$ -	

#### **UC Program Budget Detail Facility Attachment**

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

### Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

### **UC Program Budget Detail Facility Attachment**

Grantee Name:	0				HIDE	
Budgetary Detail Level:	0					
Grant Number (if known):	0					
						\$ -
						\$ -
						\$ -
						\$ -
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						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
					Subtotal	\$ -

#### Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$ -	
					\$ -	
					\$ -	

### **UC Program Budget Detail Facility Attachment**

Grantee Name:	0	0			HIDE		
Budgetary Detail Level:	0						
Grant Number (if known):	0						
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
	•	•	•	Subtotal	\$	_	

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
			_	-
			Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Number of Months (during budget year)	Subtotal	
			\$	-
			\$	-

# **UC Program Budget Detail Facility Attachment**

Grantee Name:	0						HIDE
Budgetary Detail Level:	0	0					
Grant Number (if known):	0	0					
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
					Subtotal	\$	-

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formules Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

<b>UC Program Budget De</b>	etail Facility	
Grantee Name:	0	
<b>Budgetary Detail Level:</b>	0	
Grant Number (if known):	0	
Name Alteretions C. Dono		
Minor Alterations & Reno	yations (A&R	
By completion this section, applic (major improvements broken into	ants are asserting o smaller projects	
Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

<b>UC Program Budget D</b>	etail Facility	
Grantee Name:	0	
<b>Budgetary Detail Level:</b>	0	
Grant Number (if known):	0	
Maintenance & Repairs (	(M&R)	
Costs qualify as M&R which neit	ther increase the va	
Asset Description (sp	pecific M&R identif	Narrative Justification
Asset Description (sp	pecific M&R identif	Narrative Justification
Asset Description (sp	oecific M&R identif	Narrative Justification
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Asset Description (sp	pecific M&R identif	Narrative Justification
Other Facility Costs		
		Narrative Justification  Narrative Justification

<b>UC Program Budget D</b>	C Program Budget Detail Facility							
Grantee Name:	0							
<b>Budgetary Detail Level:</b>	0							
Grant Number (if known):	0							

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview					
EXPENS	EXPENSE TOTAL				
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$	-		
Supplies		\$	-		
Contractual		\$	-		
Construction		\$	-		
Other		\$	-		
Facility	\$	-			
Other (Non-Facility)	-				
Total Direct Charges			•		
Indirect			-		
Grand Total		\$	-		

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<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

#### Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
						\$ -
						-
						-
						\$ -
						-
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name: 0  Budgetary Detail Level:							HIDE
						\$	-
						\$	-

#### **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
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						\$ -

Grantee Name:	0					HIDE
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	ENSE COMPUTATION (mathematical formula for determination of total)			
FICA				
SUI				
Worker's Compensation				
Retirement				
Health & Dental				
Life/Disability				
Other:				
Other:				
Other:				
-	Fringe Total:	e -		

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

#### Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Lev</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$
	•	Travel Days	Lodging (per night)		\$
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Travel Total: \$

# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

Note: Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

Note: Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

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Grantee Name:	0		HIDE
Budgetary Detail Level:		•	
			\$ -
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name:	0	HIDE
Budgetary Detail Level:		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
select this row to add new lines above		\$ -
	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				-
				-
				\$ -
				-

Grantee Name:	0		HIDE
Budgetary Detail Level:			
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
lect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal	
				-	

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
			-
			-
			\$ -
			-
			-
			-
			-
select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

5 5 1 1 5 61 am 2 a a 6 5 1	2 0 0 0 1 1
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetal y Detail Level.				
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		-	Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Grantee Name: Budgetary Detail Level:	0			HIDE
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Total: \$ -

# Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
	Contractu	al Total· ¢

Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail				
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI
Property Acquisitions					
Major Alterations & Ren	ovations (A&R	)			
	· · · · · · · · · · · · · · · · · · ·	•			
				<b>Construction Total:</b>	\$ -
Other Costs					
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major
Building Leases					
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations			
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>		
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)	
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					-
					\$ -
					\$ -

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

\$

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Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
If additional lines are necessary, ple	ease use the Fac	cility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-
					Subtotal	\$	-

#### Minor Alterations & Renovations (A&R)

select this row to add new lines above

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	ease use the Facility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					-

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
			Subtotal	\$ -

Facility Total:	\$	-
-----------------	----	---

# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$ -
	•	Travel Days	Lodging (per night)		
			Meals & Incidentals		\$ -
		•	Transportation		
			Other		
				Subtotal	\$ -

Other Costs (non-facility) Reoccurring Monthly					
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
	•		Subtotal:	\$ -	

Other Costs (non-facility) One-Time or Reoccurring Annually						
One-Time or Other Costs Vendor Name (if applicable) Annual Cost Number of Units Subtotal						
				\$ -		
\$ -						

HIDE

UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
					\$ -
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the door	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in th	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

\_

Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Budget Overview						
EXPENSE				TOTAL		Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment			\$		-	\$ -
Supplies			\$		-	\$ -
Contractual			\$		-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -						\$ -
Total Direct Charges		\$		-	\$ -	
Indirect		\$		-	\$ -	
Grand Total		\$		-	\$ -	

HIDE

<b>UC Program Budget N</b>	larrative					
Grantee Name:	0	HIDI				
<b>Budgetary Detail Level:</b>	0					
Personnel	position in relationship to fulfilling t to the project in months, time comm	description for each position. The description should outline the responsibilities and duties of each the project goals and objectives. The description should also identify the position time commitment mitment to the project as a percentage or full-time equivalent, range of annual salaries, range of the etc. Contractors and consultants should not be placed under this category.				
Category Total:	\$ -					
Salary Employees						
Program Director	\$ -					
Assistant Program Director	\$ -					
Position Description:						
Lead Clinician	\$ -					
Position Description:						

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
0	\$	-		
Position Description:	1,			
0	\$	-		
Position Description:		·		
0	\$	-		
Position Description:				
0	\$	-		
Position Description:				
0	\$	-		

Grantee Name:	0			HID	HIDE	
<b>Budgetary Detail Level:</b>	0					
Position Description:						
0	\$	-				
Position Description:	Y					
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Position Description:						
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Position Description:						
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Position Description:	•					

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
I				
0		-		
Position Description:	\$	-		
Position Description.				
0	\$	-		
Position Description:				
0	\$	-		
Position Description:				
0	\$	-		
Position Description:				

<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
0	\$	-			
Position Description:	7				
0	\$	-			
Position Description:		·			
O Description	\$	-			
Position Description:					
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Position Description:	Ψ				

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
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0	\$	-	
Position Description:	Ψ		
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Position Description:	, , , , , , , , , , , , , , , , , , ,		
0	\$	-	
Position Description:	ļ		
0	\$	-	
Position Description:			

# **UC Program Budget Narrative Grantee Name:** 0 HIDE **Budgetary Detail Level:** \$ Position Description: **Hourly Employees** Clinician \$ Position Description: Nurse \$ Position Description: **Lead Case Manager** \$ Position Description:

Grantee Name:	0					HIDE
Budgetary Detail Level:	0					
 I						
Cara Maria and						
Case Manager Position Description:	\$	-				
Position Description:						
Lead Teacher	\$	-				
Position Description:						
Teacher	\$	-				
Position Description:		•				
Youth Care Worker	\$	-				
Position Description:						

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
ı			•
Administrative Assistant	\$	-	
Position Description:			
0	\$	-	
Position Description:	7		
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O Desition Description	\$	-	
Position Description:			
0	\$	-	
Position Description:			
1			

Grantee Name:	0				HIDE
<b>Budgetary Detail Level:</b>	0				
1					•
0	\$	-			
Position Description:					
0	\$	-			
Position Description:					
<b>O</b> Position Description:	\$	-			
Position Description.					
0	\$	-			
Position Description:	7				

<b>Grantee Name:</b>	0			HIDE
Budgetary Detail Level:	0			
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0	\$	-		
Position Description:	Ψ			
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Position Description:				
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Position Description:				
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Position Description:				

Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
1				
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Position Description:	Ψ			
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Position Description:				
0	\$	-		
Position Description:	Φ	_		
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0	\$	-		
Position Description:				

Grantee Name:	0			HIDE		
Budgetary Detail Level:	0					
0	\$	-				
Position Description:	7					
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<b>O</b> Position Description:	\$	-				
0	\$	-				
Position Description:						
0	\$	-				
Position Description:						
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<b>UC Program Budget Na</b>	rrative						
Grantee Name:	0						HIDE
Budgetary Detail Level:	0						
Position Description:							
0	\$ -						
Position Description:							
O Position Description:	\$ -						
Personnel Adjustments							
0	\$						
Description and Justification (include		sity, how it d	irectly benefits th	e program, and h	now allocated	if applicable):	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HID
Budgetary Detail Level:	0			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	I, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	·	rectly benefits the program, and how allocated	d, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$ -

oc i rogiani baaget i	an rative
Grantee Name:	0
Budgetary Detail Level:	0

HIDE

EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget  Detail)	TOTAL
FICA		\$ -
SUI		\$ -
Worker's Compensation		\$ -
Retirement		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
	Total:	\$ -

CUIVIEUTATION

# Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total: \$ -

0   \$ -
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# **UC Program Budget Narrative Grantee Name:** HIDE **Budgetary Detail Level:** Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants): 0 Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants):

# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget</b>	Narrative				
<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
Category Total:	\$	-			
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
0	\$	-			
Description and Justification (inc	iude descripπon o	i now it directly benefits the	program and now allocated, if	арріїсавіе):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	

UC Program Budget N	<b>Narrative</b>					
Grantee Name:	0					HIDE
Budgetary Detail Level:	0					
0	\$	-			_	
Description and Justification (inclu	ude description of	how it directly	benefits the progra	m and how allocate	d, if applicable):	
0	\$	-				
Description and Justification (inclu		how it directly	benefits the progra	ım and how allocate	d, if applicable):	
0	\$	-				
Description and Justification (inclu	·	how it directly	benefits the progra	m and how allocate	d, if applicable):	
0	\$	-				
Description and Justification (inclu	ude description of	how it directly	benefits the progra	ım and how allocate	d, if applicable):	
0	\$	-				
Description and Justification (inclu	ude description of	how it directly	benefits the progra	m and how allocate	d, if applicable):	

<b>UC Program Budget N</b>	larrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Supplies	office and other co	onsumable suppliensumed during the	s with a per-unit cost of less than \$5,000. Gen	cluded under the Equipment category. This includes erally, supplies include any materials that are on must be included in the budget detail worksheet
Category Total:	\$	-		
	Ι.	1	•	
<b>O</b> Description and Justification (included)	-	:	a the account of	
O Description and Justification (include)	\$ -de description of how	it directly benefit:	s the program):	
Description and heatification (include		:+ - :+	a the a ray a grown).	
Description and Justification (included)	se description of now	п апесну репепт	s uie program;	
Description and Justification (include		it directly benefit	s the program).	
Description and Justineation (includ	ac acscription of now	TE GILCOLLY DETICITE	ο απο ριο <u>σ</u> ιαπη.	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDI
Budgetary Detail Level:	0			
0	\$	-		
Description and Justification (incl	lude descriptior	of how it directly benefits th	he program):	
0	\$	-		
0	\$	-		
Description and Justification (incl	lude descriptior	of how it directly benefits the	he program):	
0	\$	-		
Description and Justification (incl	lude descriptior	of how it directly benefits th	he program):	

Description and Justification (include description of how it directly benefits the program):

<b>UC Program Budget N</b>	<b>larrative</b>			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
ı				-
0	\$ -			
Description and Justification (inclu	de description of how	it directly benefits	the program):	
	List the cost of all o	contracts and sub-	awards intended to carry out a portion of the	programmatic effort. The cost of each subrecipient
Contractual	should be summar	ized and a detailed	I budget narrative specific to each subrecipie uld be listed on the Other line.	nt should be attached to this application. Costs
	related to marvida	ar coristitarits silot	and be listed off the other line.	
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UC Program Budget Na	arrative		
Grantee Name:	0		HIDE
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	Enter all direct costs related to the pr	urchase of properties and major renovations t	o owned or leased property. This section includes all
Construction		hole acquisition costs is charged to the award	(not merely depreciation for the current use - see
		T	
Category Total:	-		
Property Acquisitions	<b>\$</b> -		
Major Alterations & Reno	vations (A&R)	\$ -	
Other Costs			
Category Total:	\$ -		
Facility Costs	appropriate may include but are not		is award. Such costs, where applicable and ned property, depreciation for major improvements, urance (if owned), pest control, lawn care, etc.
Category Total:	\$ -		
Special Instructions:			

Grantee Name: Budgetary Detail Level:	0 0	HIDE
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocat method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "ar length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of the available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type expensuch as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and lease back" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes unde capital leases as noted at 45 CFR 75.465 (c)(5).	rms- he nses se
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.	
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applican should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitatic are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 or 25% of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified by state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on each land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of feder funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.	ons r y ach
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation me used to assign the cost to the grant.	thod
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkeep buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficience operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings of appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.	cient

Building Leases \$	-	
For any additional items included in the Facility Attach	nment to the Budget [	Detail, please see attachment for budget detail and narrative.
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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Maintenance & Repairs	(M2.D)	¢		
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
Other Facility Costs	\$ -	
For any additional items included in	the Facility Attachment to the Budget	Detail, please see attachment for budget detail and narrative.
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<b>UC Program Budget Na</b>	irrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Other Costs (non-facility)	may include but are not limited to: e		ove. Such costs, where applicable and appropriate, isurance, general liability insurance, printing and care stipends, and recreational costs.
Category Total:	\$ -		
Special Instructions:			
Escort and Reunification Costs		down should include a total for each individual rel" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff	\$ -	e program and how allocated, if applicable), Ca	
Escort Services - Client (Child)  Description, Justification (include des	\$ - scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	rring Monthly		
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
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JC Program	Budget	<b>Narrative</b>
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Other Costs (non-facility) One-1		-	
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<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
0	\$ -	
Description, Justification (include de	scription of how it directly benefits the program and how allocated, if applica	ble), Calculation & Sources:
Indirect Costs	If indirect costs are included in the proposed budget, provide a copy of the with a cognizant Federal agency. Alternatively, applicants that have never reindirect costs pursuant to a de minimis rate of 10 percent of modified total rate agreement is not required. Applicants proposing a 10 percent de minimis section. Information regarding DHHS approved indirect cost rate agreement	eceived a negotiated indirect cost rate may elect to charge direct costs (MTDC), in which case a negotiated indirect cost nis rate should make a declaration to that effect in this
Category Total:	<b>\$</b> -	
Indirect Cost Election Type	0 If "No IDC Rate" selected, then do	not complete anything below.
Direct Cost Basis Computation	Description of all direct costs included or direct costs excluded in the direct coensure ease of recalculating based on amounts above.	ost basis. Description should be sufficiently detailed to

Indirect Rate	Cost Basis	Total Indirect Costs
10.00000%	\$ -	\$ -

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

# Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name:	0		HIDE			
Budgetary Detail Level:	0	0				
						\$ -
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						\$ -
						\$ -
						\$ -
					Subtotal	\$ -

#### Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0	HID		
Budgetary Detail Level:	0			
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0	0					HIDE
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
		•			Subtotal	\$	-

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formules Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&R)	
Costs qualify as M&R which ne		
, ,,		
Asset Description (specific M&R iden		Narrative Justification
Other Facility Costs		
Other Facility (	Costs	Narrative Justification
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<b>UC Program Budget I</b>	<b>Detail Facility</b>	
<b>Grantee Name:</b>	0	
Budgetary Detail Level:	0	

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview					
EXPENS	E		TOTAL		
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$	-		
Supplies		\$	-		
Contractual		\$	-		
Construction		\$	-		
Other		\$	-		
Facility	\$	-			
Other (Non-Facility) \$ -					
Total Direct Charges			•		
Indirect		\$	-		
Grand Total		\$	-		

HIDE

•		
<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

#### Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
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						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name: Budgetary Detail Level:	0			HIDE
				\$ -
				\$ -

#### **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name:	0					HIDE
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

## Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
Life/Disability		
Other:		
Other:		
Other:		
-	Fringe Total:	e -

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

#### Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Lev</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$
	•	Travel Days	Lodging (per night)		\$
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Travel Total: \$

## Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

Note: Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

Note: Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

E

Grantee Name:	0		HIDE
Budgetary Detail Level:		•	
			\$ -
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name:	0	HIDE
Budgetary Detail Level:		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
select this row to add new lines above		\$ -
	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				-
				-
				\$ -
				\$ -

Grantee Name:	0		HIDE
Budgetary Detail Level:			
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
lect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				-

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
			-
			-
			\$ -
			-
			\$ -
			-
			-
select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
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				\$ -
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

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<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetal y Detail Level.				
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
		-	Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Grantee Name: Budgetary Detail Level:	0	HID		
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Total: \$ -

## Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
-	Contractu	al Total· ¢

Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail				
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI
Property Acquisitions					
Major Alterations & Ren	ovations (A&R	)			
	· · · · · · · · · · · · · · · · · · ·	•			
				<b>Construction Total:</b>	\$ -
Other Costs					
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major
Building Leases					
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations			
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>		
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)	
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					-
					\$ -
					\$ -

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

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Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
If additional lines are necessary, ple	ease use the Fac	cility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-
	Subtotal						-

#### Minor Alterations & Renovations (A&R)

select this row to add new lines above

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	ease use the Facility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
If additional lines are necessary, please use the Facility Attachmen	nt tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
			Subtotal	\$ -

Facility Total:	\$	-
-----------------	----	---

# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$ -
	•	Travel Days	Lodging (per night)		
			Meals & Incidentals		\$ -
		•	Transportation		
			Other		
				Subtotal	\$ -

	Other Costs (non-facility) Reoccurring Monthly						
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
				\$ -			
	•		Subtotal:	\$ -			

Other Costs (non-facility) One-Time or Reoccurring Annually								
One-Time or Other Costs Vendor Name (if applicable) Annual Cost Number of Units Subtotal								
				\$ -				
	\$							

HIDE

UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the door	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in the	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

\_

Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Budget Overview						
EXPENSE	EXPENSE			TOTAL		Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment		\$		-	\$ -	
Supplies		\$		-	\$ -	
Contractual		\$		-	\$ -	
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -					\$ -	
Total Direct Charges		\$		-	\$ -	
Indirect		\$		-	\$ -	
Grand Total			\$		-	\$ -

HIDE

<b>UC Program Budget N</b>	larrative	
Grantee Name:	0	HIDI
<b>Budgetary Detail Level:</b>	0	
Personnel	position in relationship to fulfilling t to the project in months, time comm	description for each position. The description should outline the responsibilities and duties of each the project goals and objectives. The description should also identify the position time commitment mitment to the project as a percentage or full-time equivalent, range of annual salaries, range of the etc. Contractors and consultants should not be placed under this category.
Category Total:	\$ -	
Salary Employees		
Program Director	\$ -	
Assistant Program Director	\$ -	
Position Description:		
Lead Clinician	\$ -	
Position Description:		

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
0	\$	-		
Position Description:	1,			
0	\$	-		
Position Description:		·		
0	\$	-		
Position Description:				
0	\$	-		
Position Description:				
0	\$	-		

Grantee Name:	0			HIDE		
<b>Budgetary Detail Level:</b>	0					
Position Description:						
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Position Description:	T T T T T T T T T T T T T T T T T T T					
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Position Description:						
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Position Description:						
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Position Description:	•	•				

Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
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Position Description:		
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Position Description:	Ψ	
l estien Beschptien.		
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Position Description:		
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Position Description:		

Grantee Name:	0			HIC	)E
Budgetary Detail Level:	0				
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Position Description:	Υ				
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Position Description:					
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Position Description:					

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
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Position Description:	Ψ		
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Position Description:	, , , , , , , , , , , , , , , , , , ,		
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Position Description:	ļ		
0	\$	-	
Position Description:			

# **UC Program Budget Narrative Grantee Name:** 0 HIDE **Budgetary Detail Level:** \$ Position Description: **Hourly Employees** Clinician \$ Position Description: Nurse \$ Position Description: **Lead Case Manager** \$ Position Description:

Grantee Name:	0						HIDE
Budgetary Detail Level:	0						
 I							
Cara Maria and							
Case Manager Position Description:	\$	-					
Position Description:							
Lead Teacher	\$	-					
Position Description:							
Teacher	\$	-					
Position Description:		•					
Youth Care Worker	\$	-					
Position Description:							

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
ı			•
Administrative Assistant	\$	-	
Position Description:			
0	\$	-	
Position Description:	7		
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O Desition Description	\$	-	
Position Description:			
0	\$	-	
Position Description:			
1			

Grantee Name:	0				HIDE
<b>Budgetary Detail Level:</b>	0				
1					•
0	\$	-			
Position Description:					
0	\$	-			
Position Description:					
<b>O</b> Position Description:	\$	-			
Position Description.					
0	\$	-			
Position Description:	7				

<b>Grantee Name:</b>	0			HID		
<b>Budgetary Detail Level:</b>	0					
1					•	
0	\$	-				
Position Description:	•	•				
0	\$	-				
Position Description:	Φ	_				
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	1.					
<b>O</b> Position Description:	\$	-				
Position Description.						
0	\$	-				
Position Description:						
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Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
1				
0	\$	-		
Position Description:	Ψ			
0	\$	-		
Position Description:				
0	\$	-		
Position Description:	Ι Φ	_		
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0	\$	-		
Position Description:				

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
0	\$	-		
Position Description:	7			
0				
<b>O</b> Position Description:	\$	-		
0	\$	-		
Position Description:				
0	\$	-		
Position Description:				
0	\$	-		

<b>UC Program Budget Na</b>	rrative						
Grantee Name:	0						HIDE
Budgetary Detail Level:	0						
Position Description:							
0	\$ -						
Position Description:							
O Position Description:	\$ -						
Personnel Adjustments							
0	\$						
Description and Justification (include		sity, how it d	irectly benefits th	e program, and h	now allocated	if applicable):	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HID
Budgetary Detail Level:	0			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	I, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	·	rectly benefits the program, and how allocated	d, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$ -

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Grantee Name:	0
Budgetary Detail Level:	0

HIDE

EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget  Detail)	TOTAL
FICA		\$ -
SUI		\$ -
Worker's Compensation		\$ -
Retirement		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
	Total:	\$ -

CUIVIEUTATION

# Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total: \$ -

0   \$ -
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# **UC Program Budget Narrative Grantee Name:** HIDE **Budgetary Detail Level:** Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants): 0 Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants):

### Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget</b>	Narrative				
<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
Category Total:	\$	-			
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	iude descripπon o	i now it directly benefits the	program and now allocated, if	арріїсавіе):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	

UC Program Budget N	<b>Narrative</b>					
Grantee Name:	0					HIDE
Budgetary Detail Level:	0					
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Description and Justification (inclu	ude description of	how it directly	benefits the progra	m and how allocate	d, if applicable):	
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Description and Justification (inclu	·	how it directly	benefits the progra	m and how allocate	d, if applicable):	
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Description and Justification (inclu	ude description of	how it directly	benefits the progra	ım and how allocate	d, if applicable):	
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Description and Justification (inclu	ude description of	how it directly	benefits the progra	m and how allocate	d, if applicable):	

<b>UC Program Budget N</b>	larrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Supplies	office and other co	onsumable suppliensumed during the	s with a per-unit cost of less than \$5,000. Gen	cluded under the Equipment category. This includes erally, supplies include any materials that are on must be included in the budget detail worksheet
Category Total:	\$	-		
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O Description and Justification (include)	\$ -de description of how	it directly benefit:	s the program):	
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<b>UC Program Budget</b>	Narrative			
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Description and Justification (incl	lude descriptior	of how it directly benefits th	he program):	
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Description and Justification (include description of how it directly benefits the program):

<b>UC Program Budget N</b>	<b>larrative</b>			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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0	\$ -			
Description and Justification (inclu	de description of how	it directly benefits	the program):	
	List the cost of all o	contracts and sub-	awards intended to carry out a portion of the	programmatic effort. The cost of each subrecipient
Contractual	should be summar	ized and a detailed	I budget narrative specific to each subrecipie uld be listed on the Other line.	nt should be attached to this application. Costs
	related to marvida	ar coristitarits silot	and be listed off the other line.	
Category Total:	\$	_		
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	·	it directly benefits	the program and how allocated, if applicable	s)·
Description and Justineation (meta-	ac acscription of now	it directly belieffed	the program and now anocated, it applicable	-1.
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UC Program Budget N	Narrative		
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Budgetary Detail Level:	0		
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	:
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		it directly benefits the program and how allocated, if applicable)	:

UC Program Budget Na	arrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
	Enter all direct costs related to the pr	urchase of properties and major renovations t	o owned or leased property. This section includes all
Construction		hole acquisition costs is charged to the award	(not merely depreciation for the current use - see
		T	
Category Total:	-		
Property Acquisitions	<b>\$</b> -		
Major Alterations & Reno	vations (A&R)	\$ -	
Other Costs			
Category Total:	\$ -		
Facility Costs	appropriate may include but are not		is award. Such costs, where applicable and ned property, depreciation for major improvements, urance (if owned), pest control, lawn care, etc.
Category Total:	\$ -		
Special Instructions:			

Grantee Name: Budgetary Detail Level:	0 0	HIDE
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocat method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "ar length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of the available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type expensuch as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and lease back" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes unde capital leases as noted at 45 CFR 75.465 (c)(5).	rms- he nses se
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.	
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applican should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitatic are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 or 25% of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified by state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on each land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of feder funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.	ons r y ach
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation me used to assign the cost to the grant.	thod
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkeep buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficience operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings of appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.	cient

Building Leases \$	-	
For any additional items included in the Facility Attach	nment to the Budget [	Detail, please see attachment for budget detail and narrative.
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

UC Program Budget N	larrative		
<b>Grantee Name:</b>	0		HID
Budgetary Detail Level:	0		
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Description and Justification (include	de description of how it directly benefits	the program and how allocated, if applicable):	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative				
Grantee Name:	0				HIDE
Budgetary Detail Level:	0				
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Description and Justification (incl	lude description of how	v it directly benefits	the program and how allocated, if	f applicable):	
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Description and Justification (incl	lude description of how	vit directly benefits	the program and how allocated, if	f applicable):	
Depreciation	\$	-			
For any additional items included	l in the Facility Attachm	nent to the Budget [	Detail, please see attachment for b	oudget detail and narrative.	
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Description and Justification (incl	lude description of how	it directly benefits	the program and how allocated, if	f applicable):	
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<b>UC Program Budget</b>	Narrativ	е		
Grantee Name:	0			HID
Budgetary Detail Level:	0			
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Minor Alterations & Re	novations (A&R)		\$ -	
			Detail, please see attachment for budget deta	il and narrative.
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Description and Justification (incl	ude description of how	it directly benefits	s the program and how allocated, if applicable	):
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Grantee Name:	0			HID
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	
Maintenance & Repairs	(M2.D)	¢		
	•	\$		
For any additional items included	in the Facility Attac	hment to the Budget	Detail, please see attachment for budget detail and narrative.	
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	

<b>UC Program Budget</b>	Narrative			
<b>Grantee Name:</b>	0			HIDI
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Description and Justification (incl	ude description of how	it directly benefits	the program and how allocated, if applicable	):
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Description and Justification (incl	ude description of how	it directly benefits	the program and how allocated, if applicable	):

<b>UC Program Budget N</b>	arrative	
Grantee Name:	0	HIDE
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
0	\$ -	
Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
Other Facility Costs	\$ -	
For any additional items included in	the Facility Attachment to the Budget	Detail, please see attachment for budget detail and narrative.
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
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Description and Justification (inc	lude description of ho	ow it directly benefits	s the program and how allocated, if applicable)	:

<b>UC Program Budget Na</b>	irrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Other Costs (non-facility)	may include but are not limited to: e		ove. Such costs, where applicable and appropriate, isurance, general liability insurance, printing and care stipends, and recreational costs.
Category Total:	\$ -		
Special Instructions:			
Escort and Reunification Costs		down should include a total for each individual rel" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff	\$ -	e program and how allocated, if applicable), Ca	
Escort Services - Client (Child)  Description, Justification (include des	\$ - scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	rring Monthly		
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
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Grantee Name:	0			HIDE
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Other Costs (non-facility) One-1		-	
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Grantee Name:	0			HIDE
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<b>Grantee Name:</b>	0			HIDE
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Description, Justification (include	description of now	it directly benefits the	e program and now allocated, il applicable), ca	ilculation & Sources:
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	description of how	•	 e program and how allocated, if applicable), Ca	lculation & Sources:

<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
0	\$ -	
Description, Justification (include de	scription of how it directly benefits the program and how allocated, if applica	ble), Calculation & Sources:
Indirect Costs	If indirect costs are included in the proposed budget, provide a copy of the with a cognizant Federal agency. Alternatively, applicants that have never reindirect costs pursuant to a de minimis rate of 10 percent of modified total rate agreement is not required. Applicants proposing a 10 percent de minimis section. Information regarding DHHS approved indirect cost rate agreement	eceived a negotiated indirect cost rate may elect to charge direct costs (MTDC), in which case a negotiated indirect cost nis rate should make a declaration to that effect in this
Category Total:	<b>\$</b> -	
Indirect Cost Election Type	0 If "No IDC Rate" selected, then do	not complete anything below.
Direct Cost Basis Computation	Description of all direct costs included or direct costs excluded in the direct coensure ease of recalculating based on amounts above.	ost basis. Description should be sufficiently detailed to

Indirect Rate	Cost Basis	Total Indirect Costs
10.00000%	\$ -	\$ -

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

### Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name:	0	0			HIC		
Budgetary Detail Level:	0				1		
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
					Subtotal	\$ -	

#### Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0	HIDE		
Budgetary Detail Level:	0			
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0 0			HII		HIDE	
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
		•			Subtotal	\$	-

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formule Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&D)	
Costs qualify as M&R which ne		
Costs qualify as Mak which he	ither increase the vo	
Asset Description (	specific M&R identif	Narrative Justification
	•	
Other Facility Costs		
Other Facility O	Costs	Narrative Justification
I		1

UC Program Budget Detail Facility						
<b>Grantee Name:</b>	0					
Budgetary Detail Level:	0					

#### **UC Program Budget Detail**

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview					
EXPENS	TOTA	TOTAL			
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$	-		
Supplies		\$	-		
Contractual		\$	-		
Construction		\$	-		
Other		\$	-		
Facility	\$	-			
Other (Non-Facility)	-				
Total Direct Charges	\$	1			
Indirect		\$	-		
Grand Total	\$	-			

HIDE

•		
<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

#### Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
						\$ -
						-
						-
						-
						-
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name: Budgetary Detail Level:	0					
					\$	-
					\$	-

## **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name:	0					HIDE
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
Life/Disability		
Other:		
Other:		
Other:		
-	Fringe Total:	e -

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Lev</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$
	•	Travel Days	Lodging (per night)		\$
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Travel Total: \$

## Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

Note: Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

Note: Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

E

Grantee Name:	0		HIDE
Budgetary Detail Level:		•	
			\$ -
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
select this row to add new lines above				-
			Subtotal	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name:	0	HIDE
Budgetary Detail Level:		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
select this row to add new lines above		\$ -
	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				-
				-
				\$ -
				-

Grantee Name:	0			
Budgetary Detail Level:				
select this row to add new lines above			\$	-
		Subtotal	\$	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
lect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				-

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
			-
			-
			\$ -
			-
			-
			-
			-
select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

0 0 1 1 0 0 1 1111 2 11 11 0 0 0	<del></del>
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

buugetai y Detaii Levei.				
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
relect this row to add new lines above				\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Subtotal \$

Grantee Name: Budgetary Detail Level:	0			HIDE
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
Supplies Category  select this row to add new lines above				\$ -
		•	Subtotal	\$ -

Supplies Total: \$ -

# Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
	Contractual To	otal: ¢

## Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail				
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI
Property Acquisitions					
Major Alterations & Ren	ovations (A&R	)			
	· · · · · · · · · · · · · · · · · · ·	•			
				<b>Construction Total:</b>	\$ -
Other Costs					
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major
Building Leases					
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations			
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>		
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)	
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					-
					\$ -
					\$ -

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

\$

U	IC	Pr	ogr	am	Bu	dge	et C	)etai	I

Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
If additional lines are necessary, ple	ease use the Fac	cility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-
Subtotal						\$	-

#### Minor Alterations & Renovations (A&R)

select this row to add new lines above

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	ease use the Facility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
				Subtotal	\$ -

## Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
If additional lines are necessary, please use the Facility Attachmen	nt tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
	\$ -			

Facility Total:	\$	-
-----------------	----	---

# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$
		Travel Days	Lodging (per night)		
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Other Costs (non-facility) Reoccuring Monthly				
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Subtotal:	\$ -

Other Costs (non-facility) One-Time or Reoccuring Annually				
Other Costs	Vendor Name (if applicable)	One-Time or Annual Cost	Number of Units	Subtotal
				\$ -
				\$ -

HIDE

UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the down	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in th	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

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Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Bud						
EXPENSE			TOTAL			Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment			\$		-	\$ -
Supplies					-	\$ -
Contractual	Contractual				-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -						\$ -
Total Direct Charges			\$		-	\$ -
Indirect					-	\$ -
Grand Total			\$		-	\$ -

HIDE

<b>UC Program Budget N</b>	larrative	
Grantee Name:	0	HIDI
<b>Budgetary Detail Level:</b>	0	
Personnel	position in relationship to fulfilling t to the project in months, time comm	description for each position. The description should outline the responsibilities and duties of each the project goals and objectives. The description should also identify the position time commitment mitment to the project as a percentage or full-time equivalent, range of annual salaries, range of the etc. Contractors and consultants should not be placed under this category.
Category Total:	\$ -	
Salary Employees		
Program Director	\$ -	
Assistant Program Director	\$ -	
Position Description:		
Lead Clinician	\$ -	
Position Description:		

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
0	\$	-		
Position Description:	1,			
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Position Description:		·		
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Position Description:				
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Position Description:				
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Grantee Name:	0			HIDE		
<b>Budgetary Detail Level:</b>	0					
Position Description:						
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Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
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Position Description:		
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Grantee Name:	0			HIC	)E
Budgetary Detail Level:	0				
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Position Description:	Υ				
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Position Description:					
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Position Description:					

Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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Position Description:	Ψ			
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Position Description:	, , , , , , , , , , , , , , , , , , ,			
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Position Description:	ļ			
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Position Description:				

# **UC Program Budget Narrative Grantee Name:** 0 HIDE **Budgetary Detail Level:** \$ Position Description: **Hourly Employees** Clinician \$ Position Description: Nurse \$ Position Description: **Lead Case Manager** \$ Position Description:

Grantee Name:	0				HIDE
Budgetary Detail Level:	0				
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Cara Maria and					
Case Manager Position Description:	\$	-			
Position Description:					
Lead Teacher	\$	-			
Position Description:	•	•			
Teacher	\$	-			
Position Description:					
Youth Care Worker	\$	-			
Position Description:					

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
ı			•
Administrative Assistant	\$	-	
Position Description:			
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Position Description:	7		
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O Desition Description	\$	-	
Position Description:			
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Position Description:			
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Grantee Name:	0		HIDE
Budgetary Detail Level:	0		
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Position Description:			
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<b>Grantee Name:</b>	0			HIC		
<b>Budgetary Detail Level:</b>	0					
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Grantee Name:	0				HIDE
Budgetary Detail Level:	0				
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Position Description:	7				
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<b>UC Program Budget</b>	Narrative						
Grantee Name:	0						
<b>Budgetary Detail Level:</b>	0						
Position Description:							
0	\$	-					
Position Description:							
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Position Description:							
Personnel Adjustments							
0		\$ -					
Description and Justification (incl	ude description of i		rectly benefits the pro	gram, and how allocate	d, if applicable):		
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<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HID
Budgetary Detail Level:	0			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	I, if applicable):
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Description and Justification (incl	lude description of it's n	•	rectly benefits the program, and how allocated	l, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$ -

oc i rogram baaget	Narrative
<b>Grantee Name:</b>	0
Budgetary Detail Level:	0

HIDE

EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget  Detail)	TOTAL
FICA		\$ -
SUI		\$ -
Worker's Compensation		\$ -
Retirement		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
	Total:	\$ -

CUIVIEUTATION

# Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total: \$ -

0   \$ -
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# **UC Program Budget Narrative Grantee Name:** HIDE **Budgetary Detail Level:** Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants): 0 Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants):

# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget</b>	Narrative				
<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
Category Total:	\$	-			
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	iude descripπon o	i now it directly benefits the	program and now allocated, if	арріїсавіе):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	

UC Program Budget N	<b>Narrative</b>					
Grantee Name:	0					HIDE
Budgetary Detail Level:	0					
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Description and Justification (inclu	ude description of	how it directly	benefits the progra	m and how allocate	d, if applicable):	
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<b>UC Program Budget N</b>	larrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Supplies	office and other co	onsumable suppliensumed during the	s with a per-unit cost of less than \$5,000. Gen	cluded under the Equipment category. This includes erally, supplies include any materials that are on must be included in the budget detail worksheet
Category Total:	\$	-		
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<b>O</b> Description and Justification (included)	-	:	a the account of	
O Description and Justification (include)	\$ -de description of how	it directly benefit:	s the program):	
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<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDI
Budgetary Detail Level:	0			
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Description and Justification (incl	lude descriptior	of how it directly benefits th	he program):	
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Description and Justification (include description of how it directly benefits the program):

<b>UC Program Budget N</b>	<b>larrative</b>			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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0	\$ -			
Description and Justification (inclu	de description of how	it directly benefits	the program):	
	List the cost of all o	contracts and sub-	awards intended to carry out a portion of the	programmatic effort. The cost of each subrecipient
Contractual	should be summar	ized and a detailed	I budget narrative specific to each subrecipie uld be listed on the Other line.	nt should be attached to this application. Costs
	related to marvida	ar coristitarits silot	and be listed off the other line.	
Category Total:	\$	_		
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	·	it directly benefits	the program and how allocated, if applicable	s)·
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UC Program Budget N	Narrative		
Grantee Name:	0		HIDE
Budgetary Detail Level:	0		
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Description and Justification (inclu	de description of how	it directly benefits the program and how allocated, if applicable)	:

UC Program Budget Na Grantee Name: Budgetary Detail Level:	arrative 0 0		HIDE
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	
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Description and Justification (include		it directly benefits the program and how allocated, if applicable)	:
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	:
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		it directly benefits the program and how allocated, if applicable)	:

UC Program Budget Na	arrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
	Enter all direct costs related to the pr	urchase of properties and major renovations t	o owned or leased property. This section includes all
Construction		hole acquisition costs is charged to the award	(not merely depreciation for the current use - see
		T	
Category Total:	-		
Property Acquisitions	<b>\$</b> -		
Major Alterations & Reno	vations (A&R)	\$ -	
Other Costs			
Category Total:	\$ -		
Facility Costs	appropriate may include but are not		is award. Such costs, where applicable and ned property, depreciation for major improvements, urance (if owned), pest control, lawn care, etc.
Category Total:	\$ -		
Special Instructions:			

Grantee Name: Budgetary Detail Level:	0 0	HIDE
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocat method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "ar length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of the available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type expensuch as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and lease back" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes unde capital leases as noted at 45 CFR 75.465 (c)(5).	rms- he nses se
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.	
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applican should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitatic are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 or 25% of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified by state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on each land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of feder funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.	ons r y ach
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation me used to assign the cost to the grant.	thod
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkeep buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficience operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings of appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.	cient

Building Leases \$	-	
For any additional items included in the Facility Attach	nment to the Budget [	Detail, please see attachment for budget detail and narrative.
0	\$ -	

Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

UC Program Budget N	larrative		
<b>Grantee Name:</b>	0		HID
Budgetary Detail Level:	0		
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Description and Justification (include	de description of how it directly benefits	the program and how allocated, if applicable):	
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Description and Justification (include	de description of how it directly benefits	the program and how allocated, if applicable):	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative				
Grantee Name:	0				HIDE
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Description and Justification (incl	lude description of how	v it directly benefits	the program and how allocated, if	f applicable):	
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Description and Justification (incl	lude description of how	vit directly benefits	the program and how allocated, if	f applicable):	
Depreciation	\$	-			
For any additional items included	l in the Facility Attachm	nent to the Budget [	Detail, please see attachment for b	oudget detail and narrative.	
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Description and Justification (incl	lude description of how	it directly benefits	the program and how allocated, if	f applicable):	
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<b>UC Program Budget Na</b>	rrative					
Grantee Name:	0		HIDE			
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Minor Alterations & Re	novations (A&R)		\$ -	
			Detail, please see attachment for budget deta	il and narrative.
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Description and Justification (incl	ude description of how	it directly benefits	s the program and how allocated, if applicable	):
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Description and Justification (incl	ude description of how	it directly benefits	s the program and how allocated, if applicable	):
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OC Program Budget	Narrative			
Grantee Name:	0			HID
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	
Maintenance & Repairs	(M2.D)	¢		
	•	\$		
For any additional items included	in the Facility Attac	hment to the Budget	Detail, please see attachment for budget detail and narrative.	
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
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Description and Justification (incl	ude description of how it	directly benefits	the program and how allocated, if applicable	):
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Description and Justification (incl	uae description of how it	airectly benefits	the program and how allocated, if applicable	<b>)</b> :

<b>UC Program Budget N</b>	arrative	
Grantee Name:	0	HIDE
<b>Budgetary Detail Level:</b>	0	
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
0	\$ -	
Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
Other Facility Costs	\$ -	
For any additional items included in	the Facility Attachment to the Budget	Detail, please see attachment for budget detail and narrative.
0	\$ -	
Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Description and Justification (inc	lude description of ho	ow it directly benefits	the program and how allocated, if applicable)	:
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Description and Justification (inc	lude description of no	ow it directly benefits	the program and how allocated, if applicable)	:
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	lude description of ho		l s the program and how allocated, if applicable)	:
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Description and Justification (inc	lude description of ho	ow it directly benefits	s the program and how allocated, if applicable)	:

<b>UC Program Budget Na</b>	irrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Other Costs (non-facility)	may include but are not limited to: e		ove. Such costs, where applicable and appropriate, isurance, general liability insurance, printing and care stipends, and recreational costs.
Category Total:	\$ -		
Special Instructions:			
Escort and Reunification Costs		down should include a total for each individual rel" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff	\$ -	e program and how allocated, if applicable), Ca	
Escort Services - Client (Child)  Description, Justification (include des	\$ - scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	rring Monthly		
0	\$ -		
Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculaπon & Sources:

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:

JC Program	Budget	<b>Narrative</b>
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Grantee Name: 0		HIDE
Budgetary Detail Level: 0		
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Description, Justification (include description of how it	directly benefits the	program and how allocated, if applicable), Calculation & Sources:
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O	s -	 program and how allocated, if applicable), Calculation & Sources:
Description, Justification (include description of flow it	directly benefits the	program and now anocated, if applicable), calculation & sources.
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Description, Justification (include description of how it	directly benefits the	program and how allocated, if applicable), Calculation & Sources:
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Description, Justification (include description of how it	directly benefits the	program and how allocated, if applicable), Calculation & Sources:
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		l program and how allocated, if applicable), Calculation & Sources:
		pg. a a a a a.ppa e. c. a a. c. a
Other Costs (non-facility) One-Time or Reoccurrin	g Annually	
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Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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	e description of hov	· ·	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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Description, Justification (include	description of how	it directly benefits the	e program and how allocated, if applicable), Ca	lculation & Sources:
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Description, Justification (include	description of now	it directly benefits the	e program and how allocated, if applicable), Ca	ilculation & Sources:
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	description of how	'	_l e program and how allocated, if applicable), Ca	doulation & Sources:
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Description, Justification (include	description of how	it directly benefits the	e program and how allocated, if applicable), Ca	lculation & Sources:
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Description, Justification (include	description of how	it directly benefits the	e program and how allocated, if applicable), Ca	lculation & Sources:
		T.		
O	da	\$ -	 e program and how allocated, if applicable), Ca	laulation C Courses
Description, Justification (include	description of now	it directly benefits the	e program and now allocated, il applicable), ca	ilculation & Sources:
0		\$ -		
	description of how	•	 e program and how allocated, if applicable), Ca	lculation & Sources:

<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
0	\$ -	
Description, Justification (include de	scription of how it directly benefits the program and how allocated, if applica	ble), Calculation & Sources:
Indirect Costs	If indirect costs are included in the proposed budget, provide a copy of the with a cognizant Federal agency. Alternatively, applicants that have never reindirect costs pursuant to a de minimis rate of 10 percent of modified total rate agreement is not required. Applicants proposing a 10 percent de minimis section. Information regarding DHHS approved indirect cost rate agreement	eceived a negotiated indirect cost rate may elect to charge direct costs (MTDC), in which case a negotiated indirect cost nis rate should make a declaration to that effect in this
Category Total:	<b>\$</b> -	
Indirect Cost Election Type	0 If "No IDC Rate" selected, then do	not complete anything below.
Direct Cost Basis Computation	Description of all direct costs included or direct costs excluded in the direct coensure ease of recalculating based on amounts above.	ost basis. Description should be sufficiently detailed to

Indirect Rate	Cost Basis	Total Indirect Costs
10.00000%	\$ -	\$ -

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

# Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	<b>Depreciation</b>						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name:	0				HIDE
Budgetary Detail Level:	0				
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal	\$ -

#### Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0	HI			
Budgetary Detail Level:	0	0			
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0	0 0				HIDE	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
		•			Subtotal	\$ -	

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formules Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&D)	
Costs qualify as M&R which ne		
Costs qualify as Mak which he	ither increase the vo	
Asset Description (	specific M&R identif	Narrative Justification
	•	
Other Facility Costs		
Other Facility O	Costs	Narrative Justification
ı		1

<b>UC Program Budget I</b>	C Program Budget Detail Facility			
<b>Grantee Name:</b>	0			
Budgetary Detail Level:	0			

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview					
EXPENS	EXPENSE TOTAL				
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$	-		
Supplies		\$	-		
Contractual		\$	-		
Construction		\$	-		
Other		\$	-		
Facility	\$	-			
Other (Non-Facility)	\$	-			
Total Direct Charges		\$	1		
ndirect \$		-			
Grand Total		\$	-		

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<b>Grantee Name:</b>	0	HIDI
<b>Budgetary Detail Lev</b>	el:	

#### Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
						\$ -
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						-
						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name: Budgetary Detail Level:	0				HIDE	
					\$	-
					\$	-

## **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
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Grantee Name:	0					HIDE
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
_ife/Disability		
Other:		
Other:		
Other:		
	Fringe Total:	¢

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

#### Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Lev</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$
	•	Travel Days	Lodging (per night)		\$
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Travel Total: \$

## Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

Note: Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

Note: Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

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Grantee Name:	0		HIDE
Budgetary Detail Level:		•	
			\$ -
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name:	0	HIDE
Budgetary Detail Level:		
		\$ -
		\$ -
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		\$ -
		\$ -
		\$ -
select this row to add new lines above		\$ -
	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				-
				-
				\$ -
				\$ -

Grantee Name:	0		HIDE
Budgetary Detail Level:			
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
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**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
lect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				-

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
			-
			-
			\$ -
			-
			-
			-
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select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
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				\$ -
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				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
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select this row to add new lines above				\$ -
			Subtotal	\$ -

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<b>Grantee Name:</b>	0
Budgetary Detail Level:	

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Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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				\$ -
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				\$ -
				\$ -
relect this row to add new lines above				\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
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				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Subtotal \$

Grantee Name: Budgetary Detail Level:	0			HIDE
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		•	Subtotal	\$ -

Supplies Total: \$ -

# Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
	Contractual To	otal: ¢

## Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail				
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI
Property Acquisitions					
Major Alterations & Ren	ovations (A&R	)			
	· · · · · · · · · · · · · · · · · · ·	•			
				<b>Construction Total:</b>	\$ -
Other Costs					
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major
Building Leases					
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations			
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>		
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)	
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					-
					\$ -
					\$ -

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

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Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
If additional lines are necessary, ple	ease use the Fac	cility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-
					Subtotal	\$	-

#### Minor Alterations & Renovations (A&R)

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

select this row to add new lines above

Grantee Name:	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
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					\$ -
If additional lines are necessary, pl	ease use the Facility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
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If additional lines are necessary, please use the Facility Attachmen	nt tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-

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Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
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If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
			Subtotal	\$ -

Facility Total:	\$	-
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# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$
		Travel Days	Lodging (per night)		
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Other Costs (non-facility) Reoccuring Monthly				
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
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				\$ -
				\$ -
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				\$ -
			Subtotal:	\$ -

Other Costs (non-facility) One-Time or Reoccuring Annually				
One-Time or Other Costs  Vendor Name (if applicable)  One-Time or Annual Cost Number of Units Subtotal				Subtotal
				\$ -
				\$ -

HIDE

UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
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					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the door	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in th	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

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Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

## **UC Program Budget Narrative**

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Budget Overview						
EXPENSE				TOTAL		Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment			\$		-	\$ -
Supplies			\$		-	\$ -
Contractual			\$		-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -					\$ -	
Total Direct Charges		\$		-	\$ -	
Indirect		\$		-	\$ -	
Grand Total		\$		-	\$ -	

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Personnel	position in relation to the project in m	by title. Provide a description for each position. The description should outline the responsibilities and duties of each iship to fulfilling the project goals and objectives. The description should also identify the position time commitment onths, time commitment to the project as a percentage or full-time equivalent, range of annual salaries, range of mum grant salary, etc. Contractors and consultants should not be placed under this category.
Category Total:	\$	-
Salary Employees		
Program Director	\$ -	
Position Description:		
Assistant Program Director	\$ -	
Position Description:		
Lead Clinician	\$ -	
Position Description:		
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Position Description:		

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Position Description:		

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Nurse	\$	-		
Position Description:				
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Lead Case Manager	\$	-		
Position Description:				
Case Manager	\$	-		
Position Description:	Φ	-		
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Lead Teacher	\$	-		
Position Description:	ļφ			
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Teacher	\$	-		
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Position Description:		
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Youth Care Worker	\$ -	
Position Description:		
Administrative Assistant	\$ -	
Position Description:		
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Description and Justification (include description of it's n	ecessity, how it di	rectly benefits the program, and how allocated, if applicable):	

## Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$

EXPENSE	COMPUTATION (Detailed narrative for all amount sources used in the computation as outlined in the Budget Detail)	TOTAL
FICA		-
SUI		-
Worker's Compensation		-
Retirement		\$ -

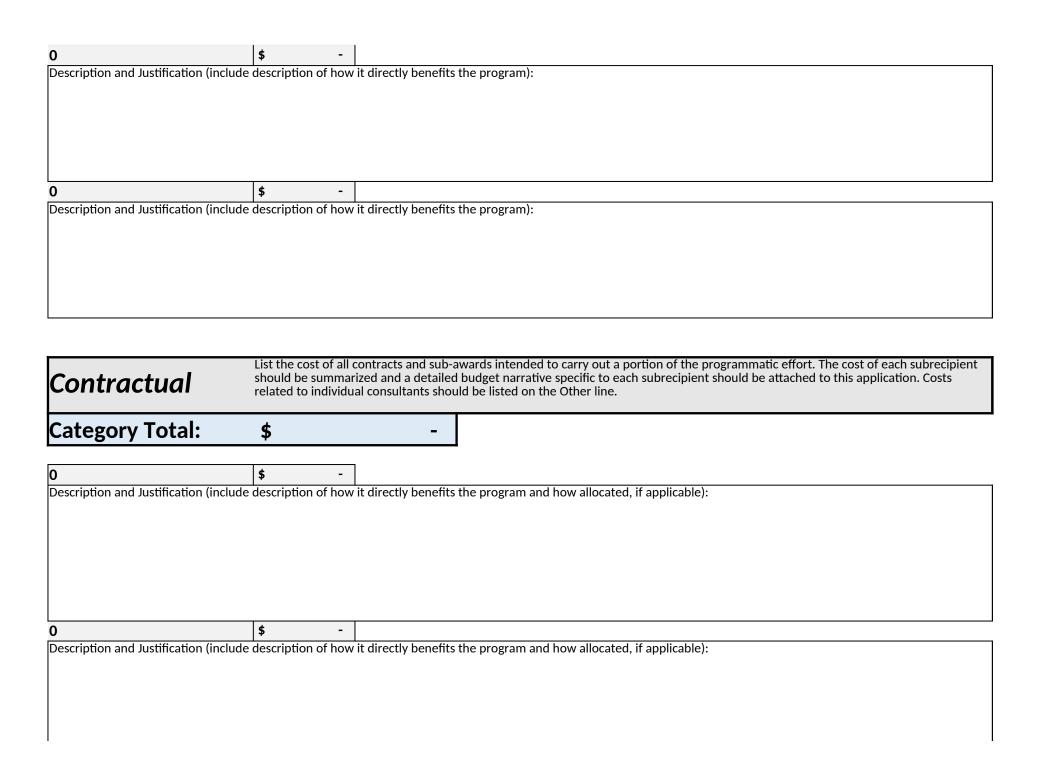
Haalib C Dantal					١٨	
Health & Dental					\$	-
Life /Dischility					<b>.</b>	
Life/Disability					\$	-
Other:					<b>d</b>	
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	Costs of out-of-to	own or overnight pro	oject-related travel by employees of the ap	plicant organization. For each	trip show the total	
	number of travele	ers, travel destination	on, duration of trip, per diem, lodging, mile	age allowances, if privately ov	wned vehicles will be	used
Tuestal	to travel out of to	own, and other trans tend ACE-sponsored	sportation costs and subsistence allowance I workshops/conferences/grantee orientat	es. It appropriate for this projections should be detailed in the	ect, travel costs for ke	y ım
Travel	per diem and sub	sistence rates as pr	escribed by the General Services Administr	ation (GSA) are available at h	tp://www.gsa.gov.	
Category Total:	\$	_				_
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Travel Justification (Include purpo	se and anticipated na	rticinants):				
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	se and andcipated pa	п истраптъ):				

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raver Justilication (include purp	pose and anticipated participants):
	"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost
Equipment	of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)
Category Total:	\$ -
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	List items by type:	include costs of all tangible personal property other than that included under the Equipment category. This includes
	office and other co	onsumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are
Supplies	expendable or cor	sumed during the course of the project. All requested information must be included in the budget detail worksheet
	and budget narrat	ive.
Category Total:	\$	
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Construction	Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use - see Other Costs, Facility Costs for section to record depreciation).
Category Total:	\$ -
Property Acquisitions	\$ -
Major Alterations & Reno	vations (A&R) -
Other Costs	
Category Total:	\$ -
Facility Costs	Enter all direct costs related to the use and maintenance of all facilities used for this award. Such costs, where applicable and appropriate, may include but are not limited to: rentals costs, depreciation for owned property, depreciation for major improvements, minor alterations and renovations, maintenance and repairs, utilities, property insurance (if owned), pest control, lawn care, etc.
Category Total:	\$ -
Special Instructions:	
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocation method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "armslength" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of the available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type expenses such as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and lease back" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes under capital leases as noted at 45 CFR 75.465 (c)(5).
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.

Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applicants should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitations are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 or 25% of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified by state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on each land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of federal funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.		
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation method used to assign the cost to the grant.		
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkeep of buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficient operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings or appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.		
Building Leases	\$ -		
	d in the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.		
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Description and Justification (inc	lude description of how it directly benefits the program and how allocated, if applicable):		
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	Enter all other direc	ct costs that do no	ot fall into the object cost categories listed above. Such costs, where applicable and appropriate,
Othor Costs	may include but are	e not limited to: es	scort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and
	publication, training	g costs, janitorial,	recruitment costs, background checks, foster care stipends, and recreational costs.
(non-facility)			
Category Total:	\$	_	
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Special Instructions:		
Escort and Reunification Costs	Expense description and cost breakdo escort lodging, and meals. See "Trave	own should include a total for each individual item of cost including: UC airfare, escort airfare, l' section above for additional details on computation and reporting requirements.
Escort Services - Staff	\$ -	
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					n which case a negotiated indirect cos
1 10 10 1	ate agreement is not require	ed Applicants pro	posing a 10 percent de	minimis rate should make	a declaration to that effect in this

## Indirect Costs

rate agreement is not required. Applicants proposing a 10 percent de minimis rate should make a declaration to that effect in this section. Information regarding DHHS approved indirect cost rate agreements can be found at: https://rates.psc.gov/

# Category Total:

**Indirect Cost Election Type** 

0

If "No IDC Rate" selected, then do not complete anything below.

**Direct Cost Basis Computation** 

Description of all direct costs included or direct costs excluded in the direct cost basis. Description should be sufficiently detailed to ensure ease of recalculating based on amounts above.

Indirect Date	Cost Posis	Total Indirect Costs	

Indirect Rate	Cost Basis	Total Indirect Costs	
10.00000%	\$ -	\$ -	

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

# Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

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Grantee Name:	0			HID		
Budgetary Detail Level:	0					
						\$ -
						\$ -
						\$ -
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						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -
					Subtotal	\$ -

## Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0	0			
<b>Budgetary Detail Level:</b>	0				
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

## **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0				HIDE	
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
		•			Subtotal	\$ -

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formule Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&R)	
Costs qualify as M&R which ne		
, ,,		
Asset Description (	specific M&R identif	Narrative Justification
Other Facility Costs		
Other Facility (	Costs	Narrative Justification
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JC Program Budget Detail Facility						
<b>Grantee Name:</b>	0					
Budgetary Detail Level:	0					

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview						
EXPENS	EXPENSE					
Personnel		\$	-			
Fringe Benefits		\$	-			
Travel		\$	-			
Equipment	\$	-				
Supplies	\$	-				
Contractual		\$	-			
Construction		\$	-			
Other		\$	-			
Facility	\$	-				
Other (Non-Facility)	-					
Total Direct Charges	\$	1				
Indirect	\$	-				
Grand Total		\$	-			

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•		
<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

## Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
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Grantee Name: Budgetary Detail Level:	0			HIDE
				\$ -
				\$ -

## **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
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Grantee Name:	0					HIDE
Budgetary Detail Level:						
						\$ -
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						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
ife/Disability		
Other:		
Other:		
Other:		
	Fringe Total:	\$

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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<b>Grantee Name:</b>	0	HI
<b>Budgetary Detail Leve</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Total:	\$ -
---------------	------

# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

**Note:** Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

**Note:** Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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Grantee Name:	0		HIDE	
Budgetary Detail Level:			•	
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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Grantee Name:	0	HIDE
Budgetary Detail Level:		
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Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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Grantee Name:	0		HIDE
Budgetary Detail Level:			
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		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
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# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

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<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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elect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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Grantee Name:	0		HIDE
Budgetary Detail Level:			
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select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

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<b>Grantee Name:</b>	0
Budgetary Detail Level:	

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Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Subtotal \$

Grantee Name: Budgetary Detail Level:	0			HIDE
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		•	Subtotal	\$ -

Supplies Total: \$ -

# Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
	Contractual To	otal: ¢

# Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail				
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI
Property Acquisitions					
Major Alterations & Ren	ovations (A&R	)			
	· · · · · · · · · · · · · · · · · · ·	•			
				<b>Construction Total:</b>	\$ -
Other Costs					
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major
Building Leases					
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations			
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>		
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)	
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					-
					\$ -
					\$ -

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

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Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
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						\$	-
If additional lines are necessary, ple	ease use the Fac	cility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-
					Subtotal	\$	-

#### Minor Alterations & Renovations (A&R)

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

select this row to add new lines above

Grantee Name:	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	ease use the Facility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
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If additional lines are necessary, please use the Facility Attachmen	nt tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-

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Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal \$	-

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
•			Subtotal	\$ -

Facility Total: \$ -

# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$
		Travel Days	Lodging (per night)		
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Other Costs (non-facility) Reoccuring Monthly						
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
			Subtotal:	\$ -		

Other Costs (non-facility) One-Time or Reoccuring Annually					
One-Time or Other Costs Vendor Name (if applicable) Annual Cost Number of Units Subtotal					
				\$ -	
\$ -					

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UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
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					\$ -
					\$ -
					\$ -
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					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the during	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in th	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

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Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

# **UC Program Budget Narrative**

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Budget Overview						
EXPENSE				TOTAL		Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment		\$		-	\$ -	
Supplies		\$		-	\$ -	
Contractual			\$		-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -					\$ -	
Total Direct Charges		\$		-	\$ -	
Indirect		\$		-	\$ -	
Grand Total			\$		-	\$ -

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<b>UC Program Budget N</b>	larrative				
Grantee Name:	0				HIDE
<b>Budgetary Detail Level:</b>	0				
Applicable NOFO:	0				
Program Name/Location:	0				
Grant Number (if known):	0				
Personnel	position in relation to the project in n	nship to fulfilling the nonths, time comm	ne project goals and object nitment to the project as a	ives. The descriptior percentage or full-ti	hould outline the responsibilities and duties of each a should also identify the position time commitment me equivalent, range of annual salaries, range of e placed under this category.
Category Total:	\$	-			
Salary Employees					
Program Director	\$ -				
Position Description:					
Assistant Program Director	\$ -				
Position Description:					
Lead Clinician	\$ -				
Position Description:					

<b>UC Program Budget N</b>	<b>larrative</b>		
Grantee Name:	0		HID
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Position Description:	•		
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Position Description:			
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Position Description:	\$ -		
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POSITION DESCRIPTION:			

<b>UC Program Budget N</b>	Narrative	
<b>Grantee Name:</b>	0	HID
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
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Position Description:	•	
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Position Description:		
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Position Description:	\$ -	
- Control Description.		

<b>UC Program Budget N</b>	<b>Narrative</b>		
Grantee Name:	0		HIDI
<b>Budgetary Detail Level:</b>	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Position Description:			
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Position Description:	-		
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Position Description:	Ψ	1	
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Position Description:			

<b>UC Program Budget N</b>	larrative	
Grantee Name:	0	HID
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
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Position Description:		
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<b>UC Program Budget N</b>	Narrative	
Grantee Name:	0	HID
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
Position Description:		
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Position Description:		
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Position Description:		

<b>UC Program Budget N</b>	<b>larrative</b>		
Grantee Name:	0		HIDE
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Position Description:	•		

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Grantee Name:	0		HID
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
Hourly Employees		_	
Clinician	\$ -		
Position Description:			
Nurse	\$ -		
Position Description:			
Lead Case Manager	\$ -		
Position Description:			

<b>UC Program Budget N</b>	<b>larrative</b>	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
Case Manager	\$ -	
Position Description:	Φ	
Lead Teacher	\$ -	
Position Description:		
Teacher	\$ -	
Position Description:		
Youth Care Worker	\$ -	
Position Description:		

<b>UC Program Budget N</b>	larrative	
Grantee Name:	0	HID
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
Administrative Assistant	\$ -	
Position Description:		
O Position Description:	\$ -	
0	\$ -	
Position Description:		

<b>UC Program Budget N</b>	larrative		
Grantee Name:	0		HID
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Position Description:			
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O Position Description:	\$ -		
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Position Description:			

<b>UC Program Budget N</b>	<b>Narrative</b>	
Grantee Name:	0	HID
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
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Position Description:	,	
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Position Description:		
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Position Description:		
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Position Description:		

<b>UC Program Budget N</b>	Narrative	
<b>Grantee Name:</b>	0	HID
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
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Position Description:	•	
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Position Description:		
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Position Description:	\$ -	
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<b>UC Program Budget N</b>	<b>Narrative</b>		
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<b>Budgetary Detail Level:</b>	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Position Description:			
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Position Description:	-		
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Position Description:	Ψ	1	
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Position Description:			

<b>UC Program Budget N</b>	larrative	
Grantee Name:	0	HID
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
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Position Description:		
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Grantee Name:	0					HIDE
Budgetary Detail Level:	0					
Applicable NOFO:	0					
Program Name/Location:	0					
Grant Number (if known):	0					
Position Description:				_		
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Personnel Adjustments 0		\$ -				
	e description of it's r		 rectly benefits the program, and how	w allocated	L if applicable):	
	·	,,				
0		\$ -				
Description and Justification (includ	e description of it's r	necessity, how it di	rectly benefits the program, and how	w allocated	l, if applicable):	

UC Program Budget Na	irraπve	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
0	\$ -	
pescription and sustineation (include	e description of it's necessity, how it directly benefits the program, and how allocated, if applicable):	
0	\$ -	
Description and Justification (include	description of it's necessity, how it directly benefits the program, and how allocated, if applicable):	
<b>O</b> Description and Justification (include	\$ - e description of it's necessity, how it directly benefits the program, and how allocated, if applicable):	
Fringe Benefits	List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefit actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit pack for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to	kage. Fringe benefits are
Category Total:	\$ -	
EXPENSE	COMPUTATION  (Detailed narrative for all amount sources used in the computation as outlined in the Budget Detail)	TOTAL

<b>UC Program Budget N</b>	arrative		
Grantee Name:	0		HIDI
<b>Budgetary Detail Level:</b>	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
FICA		\$	-
SUI		\$	-
Worker's Compensation		\$	-
Retirement		\$	-
Health & Dental		\$	-
Life/Disability		\$	-
Other:		\$	-
Other:		\$	-

Travel

Other:

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Total: \$

Category Total:

\$

<b>UC Program Budget N</b>	larrative				
Grantee Name:	0				HIDE
<b>Budgetary Detail Level:</b>	0				
Applicable NOFO:	0				
Program Name/Location:	0				
Grant Number (if known):	0				
0	\$	-		•	
Travel Justification (Include purpos	e and anticipate	ed participants):			
<b>0</b> Travel Justification (Include purpos	\$	-			
0	\$	-			
Travel Justification (Include purpos	e and anticipate	ed participants):			
0	\$	-			
Travel Justification (Include purpos	e and anticipate	ed participants):			

UC Program Budget N	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
Applicable NOFO:	0			
Program Name/Location:	0			
Grant Number (if known):	0			
Equipment	acquisition cost the statement purpose of any modification acquired. Ancillar	nat equals or exceedses, or (b) \$5,000. (Nons, attachments, acy y charges, such as t	ds the lesser of: (a) the capitalization level esta Note: Acquisition cost means the net invoice u ccessories, or auxiliary apparatus necessary to	nit price of an item of equipment, including the cost make it usable for the purpose for which it is ight, and installation, shall be included in or excluded
Category Total:	\$	-		
0	\$ -	7		
0	\$ -			
Description and Justification (inclu	de description of hov	v it directly benefits	s the program and how allocated, if applicable	):
0	\$ -			
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Description and Justification (inclu	de description of hov	v it directly benefits	s the program and how allocated, if applicable	:

<b>UC Program Budget N</b>	larrative		
<b>Grantee Name:</b>	0		HID
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Description and Justification (included)	de description of h	ow it directly benefits the program and how allocated, if applical	ole):
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Description and Justification (inclu	de description of h	ow it directly benefits the program and how allocated, if applical	ole):
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		ow it directly benefits the program and how allocated, if applical	ole):
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Description and Justification (inclu-	ue aescripπon of r	ow it directly benefits the program and how allocated, if applical	ле):
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UC Program Budget N	larrative
Grantee Name:	O HIDE
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	O de description of how it directly benefits the program and how allocated, if applicable):
0	\$ -
	de description of how it directly benefits the program and how allocated, if applicable):
Supplies	List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.
	office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet
Supplies Category Total:	office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.  \$ -
Category Total:	office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.  \$ -
Category Total:	office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.  \$ -

<b>UC Program Budget N</b>	arrative		
Grantee Name:	0		HIDE
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Description and Justification (includ		r it directly benefits the program):	
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<b>Budgetary Detail Level:</b>	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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UC Program Budget N	larrative	
<b>Grantee Name:</b>	0	HIDE
Budgetary Detail Level:	0	_
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
	List the cost of all contracts and sub-awards intended to carry out a portion of the should be summarized and a detailed budget narrative specific to each subreciping.	e programmatic effort. The cost of each subrecipient
Contractual	related to individual consultants should be listed on the Other line.	ent should be attached to this application. Costs
Cotocom, Total	4	
Category Total:	<b>-</b>	
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-	* de description of how it directly benefits the program and how allocated, if applicab	e):
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Description and Justification (included)	de description of how it directly benefits the program and how allocated, if applicab	e):
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Description and Justification (Includ	ue description of now it directly benefits the program and now allocated, if applicab	C).

<b>UC Program Budget N</b>	larrative		
Grantee Name:	0		HID
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
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Description and Justification (include	de description of ho	w it directly benefits the program and how allocated, if applicable):	
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Description and Justification (include	description of how	it directly benefits the program and how allocated, if applicable)	

<b>UC Program Budget Na</b>	arrative		
<b>Grantee Name:</b>	0		HIDE
Budgetary Detail Level:	0		
Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
	Enter all direct costs related to the	ourchase of properties and major renovations t	o owned or leased property. This section includes all
Construction	those directly purchased were the w Other Costs, Facility Costs for sectio	vhole acquisition costs is charged to the award	(not merely depreciation for the current use - see
Category Total:	\$ -		
Property Acquisitions	\$ -		
Major Alterations & Reno	ovations (A&R)	\$ -	
Other Costs			
Category Total:	\$ -		
Facility Costs	appropriate may include but are no	use and maintenance of all facilities used for th ot limited to: rentals costs, depreciation for owr maintenance and repairs, utilities, property insu	ned property, depreciation for major improvements,
Category Total:	\$ -		

#### **UC Program Budget Narrative**

Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
Applicable NOFO:	0	
Program Name/Location:	0	
Grant Number (if known):	0	
Special Instructions:		
	Expense description should include the following: facility description, address, squamethod. Please note the provisions at 45 CFR 75.465 Rental costs of real property a length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no reravailable usable space of the leased property may be charged to the grant. No fedesuch as, but not limited to, depreciation, property taxes, maintenance, and insuran back" arrangements, "less-than-arm's length" leases, and "capital leases", rental comaintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There capital leases as noted at 45 CFR 75.465 (c)(5).	and equipment. Allowable rental costs under "arms- ntal costs above the fair-market rental value of the eral funds may be used for ownership type expenses ace on the leased property. Under "sale and lease ests are limited to those such as depreciation,
Depreciation	Expense description should include the type of deprecation being charged and the application. Depreciation expense must be calculated consistent with the methodo	
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be describe should include the current minor A&R total when requesting additional expenses in are not exceeded. HHS specifies that for any single or aggregate minor A&R project 25% of the total approved budget for the entire project period. The minor A/R threstate or county property records where UAC activities occur, regardless of the num land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity funds being used for minor A/R to ensure that the threshold is not exceeded for the	n this category, this will help ensure that limitations c, costs may not exceed the lesser of \$250,000 or eshold applies to each land parcel as identified by ber of structures/improvements that exist on each y property records and track the amount of federal
Utilities	Expense description should include a total for each individual utility expense. The cused to assign the cost to the grant.	lescription should also explain the allocation method
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurre buildings which neither add to the permanent value of the property nor appreciabl operating condition. Costs of ownership and costs incurred for improvements whic appreciably prolong their intended life should not be included in this category. A do included as well as the method used to forecast costs should be included in the exp	y prolong its intended life, but keep it in an efficient h add to the permanent value of the buildings or etailed description of the expenses that will be

#### **Building Leases**

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For any additional items included in the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.

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<b>UC Program Budget N</b>	larrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Applicable NOFO:	0			
Program Name/Location:	0			
Grant Number (if known):	0			
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Description and Justification (include	de description of how	it directly benefits	the program and how allocated, if applicable)	:
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Description and Justification (include	de description of how	it directly benefits	the program and how allocated, if applicable)	:
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<b>UC Program Budget N</b>	larrative			
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Applicable NOFO:	0			
Program Name/Location:	0			
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Depreciation	\$	-		
		ent to the Budget	Detail, please see attachment for budget deta	l and narrative.
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Description and Justification (inclu-	de description of how	it directly benefits	s the program and how allocated, if applicable	):

<b>UC Program Budget Na</b>	arrative		
Grantee Name:	0		HIDE
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Applicable NOFO:	0		
Program Name/Location:	0		
Grant Number (if known):	0		
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Applicable NOFO:	0				
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Minor Alterations & Ren	ovations (A&R)	\$	-		
For any additional items included in	the Facility Attachment t	o the Budget Detail, p	lease see attachment for budget deta	il and narrative.	
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Description and Justification (include	le description of how it dir	rectly benefits the pro	gram and how allocated, if applicable	):	
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Maintenance & Repairs (	M&R) - h the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.
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<b>UC Program Budget N</b>	larrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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UC Program Budget Na	arrative		
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Other Facility Costs	\$ -		
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<b>UC Program Budget Na</b>	arrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Applicable NOFO:	0			
Program Name/Location:	0			
Grant Number (if known):	0			
	Enter all other dire	ct costs that do no	at fall into the object cost categories listed abo	ove. Such costs, where applicable and appropriate,
Other Costs	may include but are	e not limited to: e		surance, general liability insurance, printing and
(non-facility)				
Category Total:	\$	-		
Special Instructions:				
Escort and Reunification Costs			own should include a total for each individual el" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff		\$ -		
Description, Justification (include des	scription of how it di	rectly benefits the	e program and how allocated, if applicable), Ca	lculation & Sources:
Escort Services - Client (Child)		\$ -		
Description, Justification (include des	scription of how it di	rectly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	<del></del>			
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Description, Justification (include des	scription of how it di	rectly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:

<b>UC Program Budget N</b>	arrative			
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Budgetary Detail Level:	0			
Applicable NOFO:	0			
Program Name/Location:	0			
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<b>UC Program Budget N</b>	larrative			
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<b>UC Program Budget N</b>	Narrative			
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Applicable NOFO:	0			
Program Name/Location:	0			
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Description, Justification (include	description of how it di	rectly benefits the	program and how allocated, if applicable), Ca	lculation & Sources:
Other Costs (non-facility) One-	Time or Reoccurring	Annually		
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<b>UC Program Budget N</b>	larrative			
Grantee Name:	0			HID
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Program Name/Location:	0			
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Program Name/Location:	0			
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Description, Justification (include d	escription of how it	directly benefits the	program and how allocated, if applicable), Ca	Iculation & Sources:
o		\$ -		
Description, Justification (include d	escription of how it	directly benefits the	program and how allocated, if applicable), Ca	lculation & Sources:
0		<b> \$</b> -	I	
	escription of how it		 e program and how allocated, if applicable), Ca	Iculation & Sources
S SSST POST, SUSTINGUIST (INCIDAGE O		an octi, zanence are	, p. 08. u.m. u.m. u.m. u.m. u.m. u.m. u.m. u.	
0		\$ -		
Description, Justification (include d	escription of how it	directly benefits the	e program and how allocated, if applicable), Ca	Iculation & Sources:
0		\$ -		
Description, Justification (include d	escription of how it	directly benefits the	e program and how allocated, if applicable), Ca	Iculation & Sources:
0		\$ -		
Description, Justification (include d	escription of how it	directly benefits the	program and how allocated, if applicable), Ca	Iculation & Sources:

<b>UC Program Budget Na</b>	arrative				
Grantee Name:	0				HIDE
<b>Budgetary Detail Level:</b>	0				
Applicable NOFO:	0				
Program Name/Location:	0				
Grant Number (if known):	0				
Indirect Costs	If indirect costs are included in the with a cognizant Federal agency. Al indirect costs pursuant to a de minirate agreement is not required. Apsection. Information regarding DHF	Iternatively, applicant imis rate of 10 percer oplicants proposing a	s that have never receive t of modified total direct 10 percent de minimis ra	ed a negotiated indirect cost costs (MTDC), in which case te should make a declaratio	rate may elect to charge e a negotiated indirect cos n to that effect in this
Category Total:	\$ -				
Indirect Cost Election Type	0	If "No IDC Rate"	selected, then do not co	omplete anything below.	
Direct Cost Basis Computation	Description of all direct costs includensure ease of recalculating based		uded in the direct cost ba	sis. Description should be su	ıfficiently detailed to
		Indirect Rate	Cost Basis	Total Indirect Costs	Ι

10.00000% \$

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

# Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name:	0		HI	HIDE	
Budgetary Detail Level:	0		<u> </u>		
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal	\$ -

#### Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0				HIDE	
Budgetary Detail Level:	0	0				
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
				Subtotal	\$ -	

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0	<u>0</u> 0			<u> </u>		HIDE
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
		•			Subtotal	\$	-

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formules Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&R)	
Costs qualify as M&R which ne		
, ,,		
Asset Description (	specific M&R identif	Narrative Justification
Other Facility Costs		
Other Facility (	Costs	Narrative Justification
ı		1

<b>UC Program Budget I</b>	<b>Detail Facility</b>	
<b>Grantee Name:</b>	0	
Budgetary Detail Level:	0	

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview					
EXPENS	EXPENSE				
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$	-		
Supplies		\$	-		
Contractual		\$	-		
Construction		\$	-		
Other		\$	-		
Facility	\$	-			
Other (Non-Facility)	-				
Total Direct Charges	\$	1			
Indirect		\$	-		
Grand Total		\$	-		

HIDE

•		
<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

#### Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
						\$ -
						-
						-
						\$ -
						-
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name: Budgetary Detail Level:	0			HIDE
				\$ -
				\$ -

## **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name:	0			HID		
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
ife/Disability		
Other:		
Other:		
Other:		
	Fringe Total:	\$

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

E

•		
<b>Grantee Name:</b>	0	HI
<b>Budgetary Detail Leve</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Total:	\$ -
---------------	------

# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

**Note:** Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

**Note:** Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:		•	
			\$ -
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
select this row to add new lines above				-
			Subtotal	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name: 0			HIDE
Budgetary Detail Level:		•	
			\$ -
			\$ -
			\$ -
			-
			\$ -
			-
			\$ -
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -

Grantee Name:	0		HIDE
Budgetary Detail Level:			
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

## Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
lect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				-

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
			-
			-
			\$ -
			-
			\$ -
			-
			-
select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

0 0 1 1 0 0 1 1111 2 11 11 0 0 0	<del></del>
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

buugetai y Detaii Levei.				
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
relect this row to add new lines above				\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Subtotal \$

Grantee Name: Budgetary Detail Level:	0			HIDE
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		•	Subtotal	\$ -

Supplies Total: \$ -

## Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
	Contractual To	otal: ¢

#### Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail					
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI	
Property Acquisitions						
Major Alterations & Ren	ovations (A&R	)				
	· · · · · · · · · · · · · · · · · · ·	•				
				<b>Construction Total:</b>	\$ -	
Other Costs						
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major	
Building Leases						
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations				
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations				
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>			
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)		
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal	
					\$ -	
					-	
					-	
					\$ -	
					\$ -	

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

\$

	l	JC	Pr	'Og	rar	n B	ud	ge	t D	etai	il
--	---	----	----	-----	-----	-----	----	----	-----	------	----

Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
f additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$	-
					Subtotal	\$	-

#### Minor Alterations & Renovations (A&R)

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

select this row to add new lines above

Grantee Name:	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	ease use the Facility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
If additional lines are necessary, please use the Facility Attachmen	nt tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal \$	-

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
•			Subtotal	\$ -

Facility Total: \$ -

# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$
		Travel Days	Lodging (per night)		
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Other Costs (non-facility) Reoccuring Monthly				
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Subtotal:	\$ -

Other Costs (non-facility) One-Time or Reoccuring Annually				
Other Costs	Vendor Name (if applicable)	One-Time or Annual Cost	Number of Units	Subtotal
				\$ -
				\$ -

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UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the down	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in th	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

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Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Bud						
EXPENSE	EXPENSE					Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment			\$		-	\$ -
Supplies			\$		-	\$ -
Contractual			\$		-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -						\$ -
Total Direct Charges			\$		-	\$ -
Indirect			\$		-	\$ -
Grand Total			\$		-	\$ -

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<b>UC Program Budget N</b>	larrative						
Grantee Name:	0	HIDI					
<b>Budgetary Detail Level:</b>	0						
Personnel	position in relationship to fulfilling t to the project in months, time comm	description for each position. The description should outline the responsibilities and duties of each the project goals and objectives. The description should also identify the position time commitment mitment to the project as a percentage or full-time equivalent, range of annual salaries, range of the etc. Contractors and consultants should not be placed under this category.					
Category Total:	\$ -						
Salary Employees							
Program Director	\$ -						
Assistant Program Director	\$ -						
Position Description:							
Lead Clinician	\$ -						
Position Description:							

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
0	\$	-		
Position Description:	1,			
0	\$	-		
Position Description:		·		
0	\$	-		
Position Description:				
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Position Description:				
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Grantee Name:	0			HIDE		
<b>Budgetary Detail Level:</b>	0					
Position Description:						
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Grantee Name:	0	HIDE		
Budgetary Detail Level:	0			
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Position Description:				
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Grantee Name:	0			HIDI		
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Grantee Name: 0					HIC			
<b>Budgetary Detail Level:</b>	0							
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Position Description:	Ψ							
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Position Description:	ļ							
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Position Description:								

## **UC Program Budget Narrative Grantee Name:** 0 HIDE **Budgetary Detail Level:** \$ Position Description: **Hourly Employees** Clinician \$ Position Description: Nurse \$ Position Description: **Lead Case Manager** \$ Position Description:

Grantee Name:	0				HIDI		
Budgetary Detail Level:	0						
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Cara Maria and							
Case Manager Position Description:	\$	-					
Position Description:							
Lead Teacher	\$	-					
Position Description:	•						
Teacher	\$	-					
Position Description:							
Youth Care Worker	\$	-					
Position Description:							

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
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Administrative Assistant	\$	-	
Position Description:			
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Position Description:	7		
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Position Description:			
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Grantee Name:	0		HIDE		
Budgetary Detail Level:	0				
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Position Description:	·				
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<b>Grantee Name:</b>	0			HIDE
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Position Description:				

Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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Grantee Name:	0			HID		
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Position Description:	7					
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<b>UC Program Budget Na</b>	rrative						
Grantee Name:	0						HIDE
Budgetary Detail Level:	0						
Position Description:							
0	\$ -						
Position Description:							
O Position Description:	\$ -						
Personnel Adjustments							
0	\$						
Description and Justification (include		sity, how it d	irectly benefits th	e program, and h	now allocated	if applicable):	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HID
Budgetary Detail Level:	0			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	I, if applicable):
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Description and Justification (incl	lude description of it's n	·	rectly benefits the program, and how allocated	d, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):

## Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$ -

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Grantee Name:	0
Budgetary Detail Level:	0

HIDE

EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget  Detail)	TOTAL
FICA		\$ -
SUI		\$ -
Worker's Compensation		\$ -
Retirement		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
	Total:	\$ -

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## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total: \$ -

0   \$ -
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# **UC Program Budget Narrative Grantee Name:** HIDE **Budgetary Detail Level:** Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants): 0 Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants):

## Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget</b>	Narrative				
<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
Category Total:	\$	-			
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	iude descripπon o	i now it directly benefits the	program and now allocated, if	арріїсавіе):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	

UC Program Budget N	<b>Narrative</b>					
Grantee Name:	0					HIDE
Budgetary Detail Level:	0					
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Description and Justification (inclu	ude description of	how it directly	benefits the progra	m and how allocate	d, if applicable):	
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Description and Justification (inclu		how it directly	benefits the progra	ım and how allocate	d, if applicable):	
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0	\$	-				
Description and Justification (inclu	ude description of	how it directly	benefits the progra	m and how allocate	d, if applicable):	

<b>UC Program Budget N</b>	arrative				
Grantee Name:	0			HIDE	
<b>Budgetary Detail Level:</b>	0				
Supplies	List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.				
Category Total:	\$	-			
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<b>O</b> Description and Justification (includ	<b>\$</b> - e description of how	t directly benefits	s the program):		
O Description and Justification (includ		it directly benefit:	s the program):		
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<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDI
Budgetary Detail Level:	0			
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Description and Justification (incl	lude descriptior	n of how it directly benefits th	he program):	
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Description and Justification (include description of how it directly benefits the program):

<b>UC Program Budget N</b>	larrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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0	\$ -			
Description and Justification (inclu	de description of how	it directly benefits	the program):	
	List the cost of all o	contracts and sub-	awards intended to carry out a portion of the	programmatic effort. The cost of each subrecipient
Contractual	should be summar	ized and a detailed	I budget narrative specific to each subrecipie uld be listed on the Other line.	nt should be attached to this application. Costs
	related to marvidu	ar coristitarits silot	and be listed off the other line.	
Category Total:	\$	_		
category retain	Ψ			
0	\$ -			
		it directly benefits	the program and how allocated, if applicable	s)·
Description and Justineation (meta-	ac acscription of now	it directly belieffed	the program and now anocated, it applicable	-1.
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	ue description or now	it un ectiv benefits	the program and now anocated, if applicable	-j.

UC Program Budget N	Narrative		
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Budgetary Detail Level:	0		
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Description and Justification (inclu	de description of how	it directly benefits the program and how allocated, if applicable)	:

UC Program Budget Na Grantee Name: Budgetary Detail Level:	arrative 0 0		HIDE
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	
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Description and Justification (include		it directly benefits the program and how allocated, if applicable)	:
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	:
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		it directly benefits the program and how allocated, if applicable)	:

UC Program Budget Na	arrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
	Enter all direct costs related to the pr	urchase of properties and major renovations t	o owned or leased property. This section includes all
Construction		hole acquisition costs is charged to the award	(not merely depreciation for the current use - see
		T	
Category Total:	-		
Property Acquisitions	<b>\$</b> -		
Major Alterations & Reno	vations (A&R)	\$ -	
Other Costs			
Category Total:	\$ -		
Facility Costs	appropriate may include but are not		is award. Such costs, where applicable and ned property, depreciation for major improvements, urance (if owned), pest control, lawn care, etc.
Category Total:	\$ -		
Special Instructions:			

Grantee Name: Budgetary Detail Level:	0 0	HIDE
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocat method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "ar length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of the available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type expensuch as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and lease back" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes unde capital leases as noted at 45 CFR 75.465 (c)(5).	rms- he nses se
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.	
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applican should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitatic are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 or 25% of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified by state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on each land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of feder funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.	ons r y ach
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation me used to assign the cost to the grant.	thod
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkeep buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficience operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings of appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.	cient

Building Leases \$	-	
For any additional items included in the Facility Attach	nment to the Budget [	Detail, please see attachment for budget detail and narrative.
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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<b>Grantee Name:</b>	0		HID
Budgetary Detail Level:	0		
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Description and Justification (include	de description of how it directly benefits	the program and how allocated, if applicable):	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative				
Grantee Name:	0				HIDE
Budgetary Detail Level:	0				
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Description and Justification (incl	lude description of how	v it directly benefits	the program and how allocated, if	f applicable):	
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Depreciation	\$	-			
For any additional items included	l in the Facility Attachm	nent to the Budget [	Detail, please see attachment for b	oudget detail and narrative.	
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<b>UC Program Budget Na</b>	rrative		
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Budgetary Detail Level:	0		
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Minor Alterations & Re	novations (A&R)		\$ -	
			Detail, please see attachment for budget deta	il and narrative.
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Description and Justification (incl	ude description of how	it directly benefits	s the program and how allocated, if applicable	):
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Grantee Name:	0			HID
Budgetary Detail Level:	0			
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	
Maintenance & Repairs	(M2.D)	¢		
	•	\$		
For any additional items included	in the Facility Attac	hment to the Budget	Detail, please see attachment for budget detail and narrative.	
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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			l the program and how allocated, if applicable	):
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Description and Justification (incl	uae description of how it	airectly benefits	the program and how allocated, if applicable	<b>)</b> :

<b>UC Program Budget N</b>	arrative	
Grantee Name:	0	HIDE
<b>Budgetary Detail Level:</b>	0	
0	- \$	7
Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
0	\$ -	
Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
Other Facility Costs	\$ -	
For any additional items included in	the Facility Attachment to the Budget	Detail, please see attachment for budget detail and narrative.
0	\$ -	
Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Description and Justification (inc	lude description of ho	ow it directly benefits	the program and how allocated, if applicable)	:
O		\$ -	the many and be well asked if anylicable	
Description and Justification (inc	lude description of no	ow it directly benefits	the program and how allocated, if applicable)	:
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Description and Justification (inc	lude description of ho		I s the program and how allocated, if applicable)	:
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Description and Justification (inc	lude description of ho	ow it directly benefits	the program and how allocated, if applicable)	:
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	lude description of ho		l s the program and how allocated, if applicable)	:
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Description and Justification (inc	lude description of ho	ow it directly benefits	s the program and how allocated, if applicable)	:

<b>UC Program Budget Na</b>	irrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Other Costs (non-facility)	may include but are not limited to: e		ove. Such costs, where applicable and appropriate, isurance, general liability insurance, printing and care stipends, and recreational costs.
Category Total:	\$ -		
Special Instructions:			
Escort and Reunification Costs		down should include a total for each individual rel" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff	\$ -	e program and how allocated, if applicable), Ca	
Escort Services - Client (Child)  Description, Justification (include des	\$ - scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	rring Monthly		
0	\$ -		
Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculaπon & Sources:

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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	e description of hov	· ·	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:

JC Program	Budget	<b>Narrative</b>
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Grantee Name:	0		HIDE
Budgetary Detail Level:	0		
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Description, Justification (include d	escription of how it direc	ctly benefits the	program and how allocated, if applicable), Calculation & Sources:
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Description, Justification (include d	escription of now it direc	ctly benefits the	program and how allocated, if applicable), Calculation & Sources:
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Description, Justification (include d	escription of how it direc	tly benefits the	program and how allocated, if applicable), Calculation & Sources:
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o	\$	-	
Description, Justification (include d	escription of how it direc	tly benefits the	program and how allocated, if applicable), Calculation & Sources:
Other Costs (non-facility) One-1		-	
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Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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	e description of hov	· ·	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	
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Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	
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Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	
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Description, Justification (include desc		s the program and how allocated, if app	olicable). Calculation & Sources:	
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		s the program and how allocated, if app	plicable) Calculation C Sources	
Description, Justification (include desc	ription of now it directly benefit	is the program and now anocated, if app	meable), Calculation & Sources.	
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Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	
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Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	

<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
0	\$ -	
Description, Justification (include de	scription of how it directly benefits the program and how allocated, if applica	ble), Calculation & Sources:
Indirect Costs	If indirect costs are included in the proposed budget, provide a copy of the with a cognizant Federal agency. Alternatively, applicants that have never reindirect costs pursuant to a de minimis rate of 10 percent of modified total rate agreement is not required. Applicants proposing a 10 percent de minimis section. Information regarding DHHS approved indirect cost rate agreement	eceived a negotiated indirect cost rate may elect to charge direct costs (MTDC), in which case a negotiated indirect cost nis rate should make a declaration to that effect in this
Category Total:	<b>\$</b> -	
Indirect Cost Election Type	0 If "No IDC Rate" selected, then do	not complete anything below.
Direct Cost Basis Computation	Description of all direct costs included or direct costs excluded in the direct coensure ease of recalculating based on amounts above.	ost basis. Description should be sufficiently detailed to

Indirect Rate	Cost Basis	Total Indirect Costs
10.00000%	\$ -	\$ -

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

# Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name:	0				<u> </u>	HIDE
Budgetary Detail Level:	0			<u> </u>		
						\$ -
						\$ -
						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
					Subtotal	\$ -

## Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0				HIDE	
Budgetary Detail Level:	0	0				
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
				Subtotal	\$ -	

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

## **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0	<u>0</u> 0			<u> </u>		HIDE
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
		•			Subtotal	\$	-

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formule Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&R)	
Costs qualify as M&R which ne		
, ,,		
Asset Description (	specific M&R identif	Narrative Justification
Other Facility Costs		
Other Facility (	Costs	Narrative Justification
ı		1

<b>UC Program Budget I</b>	<b>Detail Facility</b>	
<b>Grantee Name:</b>	0	
Budgetary Detail Level:	0	

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview					
EXPENS	EXPENSE				
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$	-		
Supplies		\$	-		
Contractual		\$	-		
Construction		\$	-		
Other		\$	-		
Facility	\$	-			
Other (Non-Facility)	-				
Total Direct Charges	\$	1			
Indirect		\$	-		
Grand Total		\$	-		

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<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

## Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
						\$ -
						-
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						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name: Budgetary Detail Level:	0			HIDE
				\$ -
				\$ -

## **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
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						\$ -
						\$ -
						\$ -

Grantee Name:	0			HID		
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
ife/Disability		
Other:		
Other:		
Other:		
	Fringe Total:	\$

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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<b>Grantee Name:</b>	0	HI
<b>Budgetary Detail Leve</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Total:	\$ -
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# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

**Note:** Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

**Note:** Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

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Grantee Name:	0			
Budgetary Detail Level:		•		
			\$	-
select this row to add new lines above			\$	-
		Subtotal	\$	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
select this row to add new lines above				-
			Subtotal	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name:	0	HIDE
Budgetary Detail Level:		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
select this row to add new lines above		\$ -
	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
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				\$ -
				\$ -
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
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				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				-
				-
				\$ -
				\$ -

Grantee Name:	0	н		
Budgetary Detail Level:				
select this row to add new lines above			\$	-
		Subtotal	\$	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
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# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
				\$
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				\$
				\$
elect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
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				\$ -
				\$ -
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				\$ -
				\$ -
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				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				-

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
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select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
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select this row to add new lines above				-
			Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

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<b>Grantee Name:</b>	0
Budgetary Detail Level:	

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Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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relect this row to add new lines above				\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
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				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
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				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Subtotal \$

Grantee Name: Budgetary Detail Level:	0			HIDE
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
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				\$ -
select this row to add new lines above				\$ -
		•	Subtotal	\$ -

Supplies Total: \$ -

## Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
	Contractual To	otal: ¢

#### Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail					
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI	
Property Acquisitions						
Major Alterations & Ren	ovations (A&R	)				
	· · · · · · · · · · · · · · · · · · ·	•				
				<b>Construction Total:</b>	\$ -	
Other Costs						
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major	
Building Leases						
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations				
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations				
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>			
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)		
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal	
					\$ -	
					-	
					-	
					\$ -	
					\$ -	

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

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Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
f additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$	-
					Subtotal	\$	-

#### Minor Alterations & Renovations (A&R)

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

select this row to add new lines above

Grantee Name:	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	ease use the Facility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
If additional lines are necessary, please use the Facility Attachmen	nt tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal \$	-

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
•			Subtotal	\$ -

Facility Total: \$ -

# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$
		Travel Days	Lodging (per night)		
			Meals & Incidentals		\$
			Transportation		
			Other		
				Subtotal	\$

Other Costs (non-facility) Reoccuring Monthly				
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Subtotal:	\$ -

Other Costs (non-facility) One-Time or Reoccuring Annually				
Other Costs	Vendor Name (if applicable)	One-Time or Annual Cost	Number of Units	Subtotal
				\$ -
				\$ -

HIDE

UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the during	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-o			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in the	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

\_

Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Bud						
EXPENSE	EXPENSE					Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment			\$		-	\$ -
Supplies			\$		-	\$ -
Contractual			\$		-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -						\$ -
Total Direct Charges			\$		-	\$ -
Indirect			\$		-	\$ -
Grand Total			\$		-	\$ -

HIDE

<b>UC Program Budget N</b>	larrative						
Grantee Name:	0	HIDI					
<b>Budgetary Detail Level:</b>	0						
Personnel	position in relationship to fulfilling t to the project in months, time comm	description for each position. The description should outline the responsibilities and duties of each the project goals and objectives. The description should also identify the position time commitment mitment to the project as a percentage or full-time equivalent, range of annual salaries, range of the etc. Contractors and consultants should not be placed under this category.					
Category Total:	\$ -						
Salary Employees							
Program Director	\$ -						
Assistant Program Director	\$ -						
Position Description:							
Lead Clinician	\$ -						
Position Description:							

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
0	\$	-		
Position Description:	1,			
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Position Description:		·		
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Position Description:				
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Position Description:				
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Grantee Name:	0			HIDE		
<b>Budgetary Detail Level:</b>	0					
Position Description:						
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Grantee Name:	0	HIDE		
Budgetary Detail Level:	0			
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Position Description:				
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Grantee Name:	0			HIDI		
Budgetary Detail Level:	0					
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Grantee Name: 0					HIC			
<b>Budgetary Detail Level:</b>	0							
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Position Description:								

## **UC Program Budget Narrative Grantee Name:** 0 HIDE **Budgetary Detail Level:** \$ Position Description: **Hourly Employees** Clinician \$ Position Description: Nurse \$ Position Description: **Lead Case Manager** \$ Position Description:

Grantee Name:	0				HIDI		
Budgetary Detail Level:	0						
 I							
Cara Maria and							
Case Manager Position Description:	\$	-					
Position Description:							
Lead Teacher	\$	-					
Position Description:	•						
Teacher	\$	-					
Position Description:							
Youth Care Worker	\$	-					
Position Description:							

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
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Administrative Assistant	\$	-	
Position Description:			
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Position Description:	7		
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Position Description:			
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Grantee Name:	0		HIDE
Budgetary Detail Level:	0		
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Position Description:	·		
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<b>Grantee Name:</b>	0				l l	HIDE
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Position Description:	•					
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Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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Position Description:	Ψ			
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Position Description:				

Grantee Name:	0			HIDE	
Budgetary Detail Level:	0				
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Position Description:	7				
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<b>O</b> Position Description:	\$	-			
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Position Description:					
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<b>UC Program Budget Na</b>	rrative						
Grantee Name:	0						HIDE
Budgetary Detail Level:	0						
Position Description:							
0	\$ -						
Position Description:							
O Position Description:	\$ -						
Personnel Adjustments							
0	\$						
Description and Justification (include		sity, how it d	irectly benefits th	e program, and h	now allocated	if applicable):	

UC Program Budget Narrative					
Grantee Name:	0			HID	
Budgetary Detail Level:	0				
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	I, if applicable):	
0		\$ -			
Description and Justification (incl	lude description of it's n	·	rectly benefits the program, and how allocated	d, if applicable):	
0		\$ -			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):	
0		\$ -			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):	

## Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$ -

oc i rogiani baaget i	an rative
Grantee Name:	0
Budgetary Detail Level:	0

HIDE

EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget  Detail)	TOTAL
FICA		\$ -
SUI		\$ -
Worker's Compensation		\$ -
Retirement		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
	Total:	\$ -

CUIVIEUTATION

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total: \$ -

0   \$ -
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# **UC Program Budget Narrative Grantee Name:** HIDE **Budgetary Detail Level:** Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants): 0 Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants):

## Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget</b>	Narrative				
<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
Category Total:	\$	-			
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	ciude descripπon o	i now it directly benefits the	program and now allocated, if	арріїсавіе):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	

UC Program Budget	Narrativ	е		
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Description and Justification (incl	ude description	on of how it	directly benefits the program and how allocated, if applicable):	
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		on of how it	directly benefits the program and how allocated, if applicable):	
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Description and Justification (incl	\$		directly benefits the program and how allocated, if applicable):	
Description and Justineation (inci-	uue uescriptii	on or now it	unectly benefits the program and now anocated, if applicable).	
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Description and Justification (incl	ude description	on of how it	directly benefits the program and how allocated, if applicable):	
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Description and Justilication (INCI	սսе սеѕспри	OH OH HOW IL	unechy benefits the program and now anocated, if applicable):	

<b>UC Program Budget Na</b>	arrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Supplies	office and other cor	nsumable supplies sumed during the	s with a per-unit cost of less than \$5,000. Ge	included under the Equipment category. This includes nerally, supplies include any materials that are tion must be included in the budget detail worksheet
Category Total:	\$	-		
0	\$ -		•	
Description and Justification (include	-	t directly benefits	the program):	
O  Description and Justification (include	<b>\$</b> - e description of how i	t directly benefits	the program):	
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<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDI
Budgetary Detail Level:	0			
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Description and Justification (incl	lude descriptior	n of how it directly benefits th	he program):	
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Description and Justification (incl	lude descriptior	n of how it directly benefits th	he program):	

Description and Justification (include description of how it directly benefits the program):

<b>UC Program Budget N</b>	<b>Narrative</b>			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
ı				-
0	\$ -			
Description and Justification (inclu	de description of how	it directly benefits	the program):	
_	List the cost of all	contracts and sub-	awards intended to carry out a portion of the	programmatic effort. The cost of each subrecipient
Contractual	should be summar	rized and a detailed	d budget narrative specific to each subrecipie ald be listed on the Other line.	nt should be attached to this application. Costs
	related to marvide	iai consultants sno	and be listed on the other line.	
Category Total:	\$	_		
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UC Program Budget Narrative				
Grantee Name:	0		HIDI	
Budgetary Detail Level:	0			
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O  Description and Justification (inclu		 v it directly benefits the program and how allocated, if applicable)		
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Description and Justification (inclu	de description of now	vit directly benefits the program and how allocated, if applicable)	:	
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Description and Justification (inclu	de description of how	it directly benefits the program and how allocated, if applicable)	:	

UC Program Budget Na Grantee Name: Budgetary Detail Level:	arrative		HIDE
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	
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Description and Justification (include		it directly benefits the program and how allocated, if applicable)	•
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	
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		it directly benefits the program and how allocated, if applicable)	:

<b>UC Program Budget Na</b>	arrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Construction		hole acquisition costs is charged to the award	to owned or leased property. This section includes all (not merely depreciation for the current use - see
Category Total:	\$ -		
Property Acquisitions	\$ -		
Major Alterations & Reno	vations (A&R)	<b>-</b>	
Other Costs			
Category Total:	<b>-</b>		
Facility Costs	appropriate may include but are not		is award. Such costs, where applicable and ned property, depreciation for major improvements, urance (if owned), pest control, lawn care, etc.
Category Total:	-		
Special Instructions:			

Grantee Name: Budgetary Detail Level:	0	HIDE
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocated method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "a length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type exposuch as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and leaback" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes und capital leases as noted at 45 CFR 75.465 (c)(5).	arms- the enses ase
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.	ne
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applications should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitar are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on a land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of fed funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.	ntions or by each
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation mused to assign the cost to the grant.	nethod
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkee buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an eff operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.	ficient or

Building Leases \$	-		
For any additional items included in the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.			
0	\$ -		

Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

UC Program Budget N	larrative		
<b>Grantee Name:</b>	0		HID
Budgetary Detail Level:	0		
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Description and Justification (include	de description of how it directly benefits	the program and how allocated, if applicable):	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative				
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For any additional items included	l in the Facility Attachm	nent to the Budget [	Detail, please see attachment for b	oudget detail and narrative.	
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Description and Justification (incl	lude description of how	it directly benefits	the program and how allocated, if	f applicable):	
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<b>UC Program Budget Na</b>	rrative		
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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Budgetary Detail Level:	0			
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OC Program Budget	Narrative			
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Maintenance & Repairs	(M2.D)	¢		
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For any additional items included	in the Facility Attac	hment to the Budget	Detail, please see attachment for budget detail and narrative.	
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):	
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			l the program and how allocated, if applicable	):
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Description and Justification (incl	uae description of how it	airectly benefits	the program and how allocated, if applicable	<b>)</b> :

<b>UC Program Budget N</b>	arrative	
Grantee Name:	0	HIDE
<b>Budgetary Detail Level:</b>	0	
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
Other Facility Costs	\$ -	
For any additional items included in	the Facility Attachment to the Budget	Detail, please see attachment for budget detail and narrative.
0	\$ -	
Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative			
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	lude description of ho		l s the program and how allocated, if applicable)	:
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Description and Justification (inc	lude description of ho	ow it directly benefits	s the program and how allocated, if applicable)	:

<b>UC Program Budget Na</b>	irrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Other Costs (non-facility)	may include but are not limited to: e		ove. Such costs, where applicable and appropriate, isurance, general liability insurance, printing and care stipends, and recreational costs.
Category Total:	\$ -		
Special Instructions:			
Escort and Reunification Costs		down should include a total for each individual rel" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff	\$ -	e program and how allocated, if applicable), Ca	
Escort Services - Client (Child)  Description, Justification (include des	\$ - scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	rring Monthly		
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculaπon & Sources:

# **UC Program Budget Narrative**

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:

JC Program	Budget	<b>Narrative</b>
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Grantee Name:	0		HIDE
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Other Costs (non-facility) One-1		-	
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# **UC Program Budget Narrative**

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:
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Description, Justification (include	e description of hov	v it directly benefits th	e program and how allocated, if applicable), Cal	culation & Sources:

# **UC Program Budget Narrative**

<b>Grantee Name:</b>	0			HIDE
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Description, Justification (include	description of how	it directly benefits the	e program and how allocated, if applicable), Ca	lculation & Sources:
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Description, Justification (include	description of now	it directly benefits the	e program and now allocated, il applicable), ca	ilculation & Sources:
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	description of how	•	 e program and how allocated, if applicable), Ca	lculation & Sources:

<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
0	\$ -	
Description, Justification (include de	scription of how it directly benefits the program and how allocated, if applica	ble), Calculation & Sources:
Indirect Costs	If indirect costs are included in the proposed budget, provide a copy of the with a cognizant Federal agency. Alternatively, applicants that have never reindirect costs pursuant to a de minimis rate of 10 percent of modified total rate agreement is not required. Applicants proposing a 10 percent de minimis section. Information regarding DHHS approved indirect cost rate agreement	eceived a negotiated indirect cost rate may elect to charge direct costs (MTDC), in which case a negotiated indirect cost nis rate should make a declaration to that effect in this
Category Total:	<b>\$</b> -	
Indirect Cost Election Type	0 If "No IDC Rate" selected, then do	not complete anything below.
Direct Cost Basis Computation	Description of all direct costs included or direct costs excluded in the direct coensure ease of recalculating based on amounts above.	ost basis. Description should be sufficiently detailed to

Indirect Rate	Cost Basis	Total Indirect Costs
10.00000%	\$ -	\$ -

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

# Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name:	0				HIDE		
Budgetary Detail Level:	0						
						\$ -	
						\$ -	
						\$ -	
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						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
					Subtotal	\$ -	

#### Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0	HID		
Budgetary Detail Level:	0			
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0				HIDE
					\$ -
		•		Subtotal	\$ -

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formules Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&R)	
Costs qualify as M&R which ne		
, ,,		
Asset Description (	specific M&R identif	Narrative Justification
Other Facility Costs		
Other Facility (	Costs	Narrative Justification
ı		1

<b>UC Program Budget I</b>	<b>Detail Facility</b>	
<b>Grantee Name:</b>	0	
Budgetary Detail Level:	0	

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview					
EXPENSE TOTAL					
Personnel		\$	-		
Fringe Benefits		\$	-		
Travel		\$	-		
Equipment		\$	-		
Supplies		\$	-		
Contractual		\$	-		
Construction		\$	-		
Other		\$	-		
Facility	\$	-			
Other (Non-Facility)	\$	-			
Total Direct Charges		\$	1		
Indirect		\$	-		
Grand Total		\$	-		

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<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

### Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
						\$ -
						-
						-
						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name:  Budgetary Detail Level:					HID		
						\$	-
						\$	-

## **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
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Grantee Name:	0					HIDE
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
ife/Disability		
Other:		
Other:		
Other:		
	Fringe Total:	\$

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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•		
<b>Grantee Name:</b>	0	HI
<b>Budgetary Detail Leve</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Total:	\$ -
---------------	------

# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

**Note:** Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

**Note:** Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

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Grantee Name:	0		HIDE
Budgetary Detail Level:		•	
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		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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			Subtotal	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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Grantee Name:	0	HIDE
Budgetary Detail Level:		
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Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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Grantee Name:	0		HIDE
Budgetary Detail Level:			
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Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
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				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
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				\$
lect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal	
				-	

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
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select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

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<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetal y Detail Level.				
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
		-	Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Grantee Name: Budgetary Detail Level:	0			HIDE
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
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select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Total: \$ -

# Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
-	Contractu	al Total· ¢

Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail				
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI
Property Acquisitions					
Major Alterations & Ren	ovations (A&R	)			
	· · · · · · · · · · · · · · · · · · ·	•			
				<b>Construction Total:</b>	\$ -
Other Costs					
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major
Building Leases					
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations			
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>		
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)	
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					-
					\$ -
					\$ -

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

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Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$	-
Subtotal						\$	-

#### Minor Alterations & Renovations (A&R)

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

select this row to add new lines above

Grantee Name:	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	\$ -				
	Subtotal	\$ -			

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
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If additional lines are necessary, please use the Facility Attachmen	nt tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal \$	-

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	cility Attachment tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$ -
•			Subtotal	\$ -

Facility Total: \$ -

# Other Costs (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

0	
Grantee Name:	0
Budgetary Detail Level:	

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Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$ -
	•	Travel Days	Lodging (per night)		
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Other Costs (non-facility) Reoccuring Monthly					
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
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				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
			Subtotal:	\$ -	

Other Costs (non-facility) One-Time or Reoccurring Annually					
One-Time or Other Costs Vendor Name (if applicable) Annual Cost Number of Units Subtotal					
				\$	-
				\$	-

UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
					\$ -
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					\$ -
					\$ -
					\$ -
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					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the down	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in th	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

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Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
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#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Budget Overview						
EXPENSE				TOTAL		Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment			\$		-	\$ -
Supplies			\$		-	\$ -
Contractual			\$		-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -						\$ -
Total Direct Charges		\$		-	\$ -	
Indirect		\$		-	\$ -	
Grand Total		\$		-	\$ -	

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<b>UC Program Budget N</b>	larrative					
Grantee Name:	0	HIDI				
<b>Budgetary Detail Level:</b>	0					
Personnel	position in relationship to fulfilling t to the project in months, time comm	description for each position. The description should outline the responsibilities and duties of each the project goals and objectives. The description should also identify the position time commitment mitment to the project as a percentage or full-time equivalent, range of annual salaries, range of the etc. Contractors and consultants should not be placed under this category.				
Category Total:	\$ -					
Salary Employees						
Program Director	\$ -					
Assistant Program Director	\$ -					
Position Description:						
Lead Clinician	\$ -					
Position Description:						

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
0	\$	-		
Position Description:	1,			
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Position Description:		·		
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Position Description:				
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Position Description:				
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Grantee Name:	0			HIDI	
<b>Budgetary Detail Level:</b>	0				
Position Description:					
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<b>Grantee Name:</b>	0		HIDE
<b>Budgetary Detail Level:</b>	0		
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Grantee Name:	0			HIC	)E
Budgetary Detail Level:	0				
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Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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Position Description:				

## **UC Program Budget Narrative Grantee Name:** 0 HIDE **Budgetary Detail Level:** \$ Position Description: **Hourly Employees** Clinician \$ Position Description: Nurse \$ Position Description: **Lead Case Manager** \$ Position Description:

Grantee Name:	0				HIDE
<b>Budgetary Detail Level:</b>	0				
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Cara Maria and					
Case Manager Position Description:	\$	-			
Position Description:					
Lead Teacher	\$	-			
Position Description:	•	•			
Teacher	\$	-			
Position Description:					
Youth Care Worker	\$	-			
Position Description:					

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
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Administrative Assistant	\$	-	
Position Description:			
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Position Description:	7		
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Grantee Name:	0		HIDE
Budgetary Detail Level:	0		
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<b>Grantee Name:</b>	0				l l	HIDE
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Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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Position Description:	Ψ			
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Position Description:				

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Position Description:	7			
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Position Description:				
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Position Description:				
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<b>UC Program Budget Na</b>	rrative						
Grantee Name:	0						HIDE
Budgetary Detail Level:	0						
Position Description:							
0	\$ -						
Position Description:							
O Position Description:	\$ -						
Personnel Adjustments							
0	\$						
Description and Justification (include		sity, how it d	irectly benefits th	e program, and h	now allocated	if applicable):	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HID
Budgetary Detail Level:	0			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	I, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	·	rectly benefits the program, and how allocated	d, if applicable):
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Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):
0		\$ -		
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):

## Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$ -

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Grantee Name:	0		
Budgetary Detail Level:	0		

HIDE

EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget  Detail)	TOTAL
FICA		\$ -
SUI		\$ -
Worker's Compensation		\$ -
Retirement		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
	Total:	\$ -

CUIVIEUTATION

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total: \$ -

0   \$ -
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# **UC Program Budget Narrative Grantee Name:** HIDE **Budgetary Detail Level:** Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants): 0 Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants):

## Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget</b>	Narrative				
<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
Category Total:	\$	-			
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
0	\$	-			
Description and Justification (inc	iude descripπon o	i now it directly benefits the	program and now allocated, if	тарріїсавіе):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	

UC Program Budget	Narrativ	е		
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
0	\$	-		
Description and Justification (incl	ude description	on of how it	directly benefits the program and how allocated, if applicable):	
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		on of how it	directly benefits the program and how allocated, if applicable):	
	#	_		
Description and Justification (incl	\$		directly benefits the program and how allocated, if applicable):	
Description and Justineation (inci-	uue uescriptii	on or now it	unectly benefits the program and now anocated, if applicable).	
0	\$	-		
Description and Justification (incl	ude description	on of how it	directly benefits the program and how allocated, if applicable):	
0	\$	_		
-		on of how it	directly benefits the program and how allocated, if applicable):	
Description and Justilication (INCI	սսе սеѕспри	OH OH HOW IL	unechy benefits the program and now anocated, if applicable):	

<b>UC Program Budget Na</b>	arrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Supplies	office and other cor	nsumable supplies sumed during the	s with a per-unit cost of less than \$5,000. Ge	included under the Equipment category. This includes nerally, supplies include any materials that are tion must be included in the budget detail worksheet
Category Total:	\$	-		
0	\$ -		-	
Description and Justification (include	-	t directly benefits	the program):	
O  Description and Justification (include	\$ - e description of how i	t directly benefits	s the program):	
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Description and Justification (include		t directly benefits	s the program):	
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Description and Justification (inclu	de description of how	it directly benefits	the program):	
	List the cost of all o	contracts and sub-	awards intended to carry out a portion of the	programmatic effort. The cost of each subrecipient
Contractual	should be summar	ized and a detailed	I budget narrative specific to each subrecipie uld be listed on the Other line.	nt should be attached to this application. Costs
	related to marvida	ar coristitarits silot	and be listed off the other line.	
Category Total:	\$	_		
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		it directly benefits the program and how allocated, if applicable)	:

UC Program Budget Na	arrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
	Enter all direct costs related to the pr	urchase of properties and major renovations t	o owned or leased property. This section includes all
Construction		hole acquisition costs is charged to the award	(not merely depreciation for the current use - see
		T	
Category Total:	-		
Property Acquisitions	<b>\$</b> -		
Major Alterations & Reno	vations (A&R)	\$ -	
Other Costs			
Category Total:	\$ -		
Facility Costs	appropriate may include but are not		is award. Such costs, where applicable and ned property, depreciation for major improvements, urance (if owned), pest control, lawn care, etc.
Category Total:	\$ -		
Special Instructions:			

Grantee Name: Budgetary Detail Level:	0 0	HIDE
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocat method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "ar length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of the available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type expensuch as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and lease back" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes unde capital leases as noted at 45 CFR 75.465 (c)(5).	rms- he nses se
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.	
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applican should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitatic are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 or 25% of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified by state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on each land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of feder funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.	ons r y ach
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation me used to assign the cost to the grant.	thod
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkeep buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficience operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings of appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.	cient

Building Leases \$	-					
For any additional items included in the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.						
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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Description and Justification (incl	ude description of how	vit directly benefits	the program and how allocated, if	f applicable):	
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For any additional items included	l in the Facility Attachm	nent to the Budget I	Detail, please see attachment for b	oudget detail and narrative.	
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<b>UC Program Budget</b>	Narrativ	е				
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<b>UC Program Budget</b>	Narrative			
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			Detail, please see attachment for budget deta	il and narrative.
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Maintenance & Repairs	(M2.D)	¢		
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<b>UC Program Budget</b>	Narrative			
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<b>UC Program Budget N</b>	arrative	
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
Other Facility Costs	\$ -	
For any additional items included in	the Facility Attachment to the Budget	Detail, please see attachment for budget detail and narrative.
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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<b>UC Program Budget</b>	Narrative			
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Description and Justification (inc	lude description of ho	ow it directly benefits	s the program and how allocated, if applicable)	:

<b>UC Program Budget Na</b>	irrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Other Costs (non-facility)	may include but are not limited to: e		ove. Such costs, where applicable and appropriate, isurance, general liability insurance, printing and care stipends, and recreational costs.
Category Total:	\$ -		
Special Instructions:			
Escort and Reunification Costs		down should include a total for each individual rel" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff	\$ -	e program and how allocated, if applicable), Ca	
Escort Services - Client (Child)  Description, Justification (include des	\$ - scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	rring Monthly		
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
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# **UC Program Budget Narrative**

Grantee Name:	0			HIDE
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JC Program	Budget	<b>Narrative</b>
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Grantee Name:	0		HIDE
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Other Costs (non-facility) One-1		-	
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# **UC Program Budget Narrative**

Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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# **UC Program Budget Narrative**

Grantee Name:	0			HIDE
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Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	
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<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
0	\$ -	
Description, Justification (include de	scription of how it directly benefits the program and how allocated, if applica	ble), Calculation & Sources:
Indirect Costs	If indirect costs are included in the proposed budget, provide a copy of the with a cognizant Federal agency. Alternatively, applicants that have never reindirect costs pursuant to a de minimis rate of 10 percent of modified total rate agreement is not required. Applicants proposing a 10 percent de minimis section. Information regarding DHHS approved indirect cost rate agreement	eceived a negotiated indirect cost rate may elect to charge direct costs (MTDC), in which case a negotiated indirect cost nis rate should make a declaration to that effect in this
Category Total:	<b>\$</b> -	
Indirect Cost Election Type	0 If "No IDC Rate" selected, then do	not complete anything below.
Direct Cost Basis Computation	Description of all direct costs included or direct costs excluded in the direct coensure ease of recalculating based on amounts above.	ost basis. Description should be sufficiently detailed to

Indirect Rate	Cost Basis	Total Indirect Costs
10.00000%	\$ -	\$ -

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

# Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name:	0					HIDE
Budgetary Detail Level:	0	0				
						\$ -
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						\$ -
					Subtotal	\$ -

#### Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0	0			
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal	\$ -

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0	0 0				HIDE
						\$ -
						\$ -
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		•			Subtotal	\$ -

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formules Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&R)	
Costs qualify as M&R which ne		
, ,,		
Asset Description (	specific M&R identif	Narrative Justification
Other Facility Costs		
Other Facility (	Costs	Narrative Justification
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<b>UC Program Budget I</b>	IC Program Budget Detail Facility							
<b>Grantee Name:</b>	0							
Budgetary Detail Level:	0							

Grantee Name:	0
<b>Budgetary Detail Level:</b>	
Applicable NOFO:	0
Program Name/Location:	
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	
Capacity:	(beds)
Avg. Cost Per Child Per Day:	#DIV/0!

**Note:** Grantees with multiple programs should submit a Budget Detail and Budget Narrative separately for each program under an award. A Budget Detail and Budget Narrative should also be submitted for each subrecipient. Totals should be compiled on the Summary sheet.

Budget Overview						
EXPENS	EXPENSE					
Personnel	\$	-				
Fringe Benefits		\$	-			
Travel		\$	-			
Equipment	\$	-				
Supplies		\$	-			
Contractual		\$	-			
Construction		\$	-			
Other		\$	-			
Facility	\$	-				
Other (Non-Facility)	-					
Total Direct Charges	\$	1				
Indirect	\$	-				
Grand Total		\$	-			

HIDE

•		
<b>Grantee Name:</b>	0	<u>HIDI</u>
<b>Budgetary Detail Lev</b>	el:	

#### Personnel

List each position by title. Provide a description for each position. The description should outline the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. The description should also identify the position time commitment to the project in months, time commitment to the project as a percentage or full-time equivalent, annual salary, hourly rate, grant salary, wage rates, etc. Contractors and consultants should not be placed under this category.

Note: Example position descriptions have been included below. Please adjust as necessary between "Salary" and "Hourly" sections below as well as change to match exact position titles used by your organization.

#### **Salary Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Annual Salary	Average Hourly Rate	Total Salary Charged to Award
Program Director						\$ -
Assistant Program Director						\$ -
Lead Clinician						\$ -
						\$ -
						-
						-
						-
						-
						-
						-
						-
						\$ -
						-
						-
						-
						-
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name: Budgetary Detail Level:	ee Name: 0 Hill etary Detail Level: \$						HIDE
						\$	-
						\$	-

## **Hourly Employees**

Position Title	FTE	Level of Effort	Number of Months	Average Hourly Rate	Number of Hours	Total Salary Charged to Award
Clinician						\$ -
Nurse						\$ -
Lead Case Manager						\$ -
Case Manager						\$ -
Lead Teacher						\$ -
Teacher						\$ -
Youth Care Worker						\$ -
Administrative Assistant						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

Grantee Name:	0					HIDE
Budgetary Detail Level:						
						\$ -
						\$ -
						\$ -
Personnel Adjustments						
Description		COMPL	JTATION (mathematic	al formula for determi	nation of total)	TOTAL
Total FTE	-				Personnel Total:	\$ -

# Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

EXPENSE	COMPUTATION (mathematical formula for determination of total)	TOTAL
FICA		
SUI		
Worker's Compensation		
Retirement		
Health & Dental		
ife/Disability		
Other:		
Other:		
Other:		
	Fringe Total:	\$

•		
<b>Grantee Name:</b>	0	HID
<b>Budgetary Detail Leve</b>	el:	

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Note: For budgetary purposes, the below sections should include total estimates for each type of travel anticipated such as training, site visits, etc. Please note that supporting documentation for each separate travel instance during the budget period must be maintained and, at a minimum, cover the information in the fields below.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
			Airfare (Roundtrip)		\$ -
		Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

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•	•	
<b>Grantee Name:</b>	0	HI
<b>Budgetary Detail Leve</b>	el:	

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal	
			Airfare (Roundtrip)		\$	-
	•	Travel Days	Lodging (per night)		\$	-
			Meals & Incidentals		\$	-
			Transportation			
			Other			
				Subtotal	\$	-

Travel Total:	\$ -
---------------	------

# Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

**Note:** Common "Equipment" subcategories include, but are not limited to the following: IT & Computer Equipment, Communications Equipment, Kitchen Appliances, Lawn Care Equipment, etc.

**Note:** Property appliances such as HVAC, water heaters, etc. are classified as alterations and renovations (A&R). See applicable sections below in Construction (major A&R) and Other Costs - Facility (minor A&R).

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking (mouse keys) the row's number on the left, and selecting "Insert". Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:		•	
			\$ -
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
select this row to add new lines above				-
			Subtotal	-

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				-
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -

Grantee Name:	0	HIDE
Budgetary Detail Level:		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
select this row to add new lines above		\$ -
	Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				-
				-
				\$ -
				\$ -

Grantee Name:	0		HIDE
Budgetary Detail Level:			
select this row to add new lines above			\$ -
		Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Equipment Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

<b>Equipment Total:</b>	\$ -
-------------------------	------

# Supplies

List items by type; include costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000. Generally, supplies include any materials that are expendable or consumed during the course of the project. All requested information must be included in the budget detail worksheet and budget narrative.

•	<u> </u>	
<b>Grantee Name:</b>	0	HIDE
<b>Budgetary Detail Leve</b>	el:	<del>-</del>

**Note:** Common "Supplies" subcategories include, but are not limited to the following: General Office Supplies, Household Supplies, Medical Supplies, Educational Supplies, Recreational Supplies, Food (where applicable), Kitchen Supplies, Clothing, Training Supplies, Bedding Supplies, Cleaning Supplies, Household Items, Personal Hygiene, Communication Supplies, and Uniforms.

Add lines as needed by selecting the row above the "Subtotal" for that category, right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
lect this row to add new lines above				\$
			Subtotal	\$

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				-

Grantee Name:	0		HIDE
Budgetary Detail Level:			
			\$ -
			-
			-
			\$ -
			-
			-
			-
			-
select this row to add new lines above			-
		Subtotal	-

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

5 5 1 1 5 61 am 2 a a 6 5 1	2 0 0 0 1 1
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetal y Detail Level.				
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
		-	Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

HIDE

Grantee Name: Budgetary Detail Level:	0	HID		
Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
select this row to add new lines above				\$ -
			Subtotal	\$ -

Supplies Total: \$ -

# Contractual

List the cost of all contracts and sub-awards intended to carry out a portion of the programmatic effort. The cost of each subrecipient should be summarized and a detailed budget narrative, specific to each subrecipient, should be attached to this application. Costs related to individual consultants should be listed in the Other Costs (non-facility) category.

Contractor/Organization Name	Type of Expense	Subtotal
	Contractu	al Total· ¢

Construction

Enter all direct costs related to the purchase of properties and major renovations to owned or leased property. This section includes all those directly purchased were the whole acquisition costs is charged to the award (not merely depreciation for the current use see Other Costs, Facility Costs for section to record depreciation). Please note: For the UC Program, "Construction" is not an allowable cost. Statutory authority permitting the use of funds for Construction does not exist for the UC program.

UC Program Budget D	etail				
Grantee Name: Budgetary Detail Level:	0			<u>.</u>	HIDI
Property Acquisitions					
Major Alterations & Ren	ovations (A&R	)			
	· · · · · · · · · · · · · · · · · · ·	•			
				<b>Construction Total:</b>	\$ -
Other Costs					
Facility	appropriate, may improvements, n	osts related to the use and maintenance or include but are not limited to: rentals coninor alterations and renovations, maintecontrol, lawn care, etc.)	sts, depreciation for owr	ned property, depreciation	ı for major
Building Leases					
Arm's-length, operating leas	s <b>es</b> – see 45 C.F.R. 75	.465(a) for charging limitations			
Sale-and-leaseback arrange	<b>ments</b> – see 45 C.F.R	. 75.465(b) for charging limitations			
		see 45 C.F.R. 75.465(b) and (c) for chargin	<u> </u>		
Capital/finance leases – see	45 C.F.R. 75.465(b)	and (c)(5) for charging limitations; see GA	AP for classification (FAS	13/ASC 842)	
Location		Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
					\$ -
					-
					-
					\$ -
					\$ -

s - Subtotal \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right. \$ - If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.

\$

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Grantee Name:	0	HIDE
Budgetary Detail Level:		

#### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal	l
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
If additional lines are necessary, ple	ease use the Fac	cility Attachmen	t tab. Subtotal from F	acility Attachment auto	-updates to the right.	\$	-
	Subtotal						-

#### Minor Alterations & Renovations (A&R)

select this row to add new lines above

By completing this section, applicants are asserting that these A&R meet the qualifications as minor (i.e., they do not exceed the major renovation threshold per land parcel) and are not de-aggregated major renovation improvements (major renovation improvements broken into smaller projects to appear minor). For information on the "major renovation threshold" see ACF Property Guidance, Glossary, Major Renovation Threshold at

www.acf.hhs.gov/grants/real-property-and-tangible-personal-property

Total A&R already charged to any federal awards per parcel of land, prior to the beginning of the budget year.

Land Parcel ID	Amount

<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal
					\$ -
					\$ -
					\$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
If additional lines are necessary, pl	\$ -				
Subtotal					\$ -

## Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					-

HIDE

Grantee Name:	0		HIDE
Budgetary Detail Level:			
		Subtotal \$	-

#### **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Fac	\$ -			
	\$ -			

<b>Facility Total:</b>	: \$	-
------------------------	------	---

# **Other Costs** (non-facility)

Enter all other direct costs that do not fall into the object cost categories listed above. Such costs, where applicable and appropriate, may include but are not limited to: escort services, vehicle maintenance, vehicle insurance, general liability insurance, printing and publication, training costs, janitorial, recruitment costs, background checks, foster care stipends, and recreational costs. Select the tables below for monthly cost or one-time/annual cost as applicable for each type.

Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Staff			Airfare (Roundtrip)		\$ -
	•	Travel Days	Lodging (per night)		\$ -
			Meals & Incidentals		\$ -
			Transportation		
			Other		
				Subtotal	\$ -

#### **UC Program Budget Detail**

0	
<b>Grantee Name:</b>	0
Budgetary Detail Level:	

Budgetary Detail Level:					
Travel Type	# of Trips	# of Travelers	Expense	Unit Cost	Subtotal
Escort Services - Client (Child)			Airfare		\$ -
	•	Travel Days	Lodging (per night)		
			Meals & Incidentals		\$ -
		•	Transportation		
			Other		
				Subtotal	\$ -

Other Costs (non-facility) Reoccurring Monthly				
Other Costs	Vendor Name (if applicable)	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	•		Subtotal:	\$ -

Other Costs (non-facility) One-Time or Reoccurring Annually						
One-Time or Other Costs Vendor Name (if applicable) Annual Cost Number of Units Subtotal						
				\$ -		
\$ -						

HIDE

UC Program Budget D	etail				
Grantee Name:	0				HIDE
Budgetary Detail Level:				_	
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal:	\$ -
			Other Cos	ts (non-facility) Total	\$ -
				Other Costs Total:	\$ -
	If indirect costs a	are included in the proposed budget, pro a cognizant Federal agency. Alternatively	vide a copy of the approve	ed negotiated agreement i	f this rate was
		ndirect costs pursuant to a de minimis ra			
Indirect Costs		ect cost rate agreement is not required. this section. Information regarding DHHS			
	https://rates.psc		approved muirect cost rat	le agreements can be four	iu al:
	·				
Indirect Cost Election Type		Calaat form the down	· · · · · · · · · · · · · · · · · · ·		
		Select from the drop-c			
Complete the applicable section	below. If "No IDC	Rate" selected, then enter "\$0" in th	e "IDC Total" and skip th	ne rest of the section.	
Approved Rate					
Date Granted		Date of the Approval Letter			

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#### **UC Program Budget Detail**

Grantee Name:	0	HIDI
Budgetary Detail Level:		•

Type of Rate Approved	Indirect Cost (IDC) Rate	Period of Availability	IDC Rate Applicable to Budget Year	Total Direct Cost Basis	Total Indirect Costs
					\$ -
					-
			]		

#### **De Minimis**

By selecting this method, applicants assert that the organization has never received an approved indirect cost rate and does not have a proposal under review.

Indirect Rate	MTDC	Total Indirect Costs
10.00%		\$ -

IDC Total:	\$ -

Grantee Name:	0
<b>Budgetary Detail Level:</b>	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Program Type/Level of Care:	0
Capacity:	-
Avg. Cost Per Child Per Day:	#DIV/0!

Budget Overview						
EXPENSE				TOTAL		Check
Personnel			\$		-	\$ -
Fringe Benefits			\$		-	\$ -
Travel			\$		•	\$ -
Equipment			\$		-	\$ -
Supplies			\$		-	\$ -
Contractual			\$		-	\$ -
Construction			\$		•	\$ -
Other			\$		-	\$ -
Facility	\$	-				\$ -
Other Non-Facility \$ -					\$ -	
Total Direct Charges		\$		-	\$ -	
Indirect		\$		-	\$ -	
Grand Total		\$		-	\$ -	

HIDE

<b>UC Program Budget N</b>	larrative	
Grantee Name:	0	HIDI
<b>Budgetary Detail Level:</b>	0	
Personnel	position in relationship to fulfilling t to the project in months, time comm	description for each position. The description should outline the responsibilities and duties of each the project goals and objectives. The description should also identify the position time commitment mitment to the project as a percentage or full-time equivalent, range of annual salaries, range of the etc. Contractors and consultants should not be placed under this category.
Category Total:	\$ -	
Salary Employees		
Program Director	\$ -	
Assistant Program Director	\$ -	
Position Description:		
Lead Clinician	\$ -	
Position Description:		

<b>Grantee Name:</b>	0			HIDE
<b>Budgetary Detail Level:</b>	0			
0	\$	-		
Position Description:	1,			
0	\$	-		
Position Description:		·		
0	\$	-		
Position Description:				
0	\$	-		
Position Description:				
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Grantee Name:	0			HID		
Budgetary Detail Level:	0					
Position Description:						
0	\$	-				
Position Description:	l ·					
0	\$	-				
Position Description:						
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Position Description:						
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Position Description:						

<b>Grantee Name:</b>	0		HIDE
<b>Budgetary Detail Level:</b>	0		
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0	\$	-	
Position Description:	Ψ		
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0	\$	-	
Position Description:			
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Position Description:			
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Position Description:			

Grantee Name:	0			HIC	)E
Budgetary Detail Level:	0				
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0	\$	-			
Position Description:	Υ				
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0	\$	-			
Position Description:					
0	\$	-			
Position Description:					
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O Desition Description	\$	-			_
Position Description:					

Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
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0	\$	-		
Position Description:	Ψ			
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Position Description:	, , , , , , , , , , , , , , , , , , ,			
0	\$	-		
Position Description:	ļ			
0	\$	-		
Position Description:				

# **UC Program Budget Narrative Grantee Name:** 0 HIDE **Budgetary Detail Level:** \$ Position Description: **Hourly Employees** Clinician \$ Position Description: Nurse \$ Position Description: **Lead Case Manager** \$ Position Description:

Grantee Name:	0					HIDE
Budgetary Detail Level:	0					
 I						
Cara Maria and						
Case Manager Position Description:	\$	-				
Position Description:						
Lead Teacher	\$	-				
Position Description:	•					
Teacher	\$	-				
Position Description:						
Youth Care Worker	\$	-				
Position Description:						

Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
ı			•
Administrative Assistant	\$	-	
Position Description:			
0	\$	-	
Position Description:	7		
·			
	1,		
O Desition Description	\$	-	
Position Description:			
0	\$	-	
Position Description:			
1			

Grantee Name:	0		HIDE		
Budgetary Detail Level:	0				
I			_		
0	\$	-			
Position Description:	·				
0	\$	-			
Position Description:	•				
	1.				
<b>O</b> Position Description:	\$	-			
Position Description:					
0	\$	-			
Position Description:	Ψ				
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<b>Grantee Name:</b>	0			HID		
<b>Budgetary Detail Level:</b>	0					
1					•	
0	\$	-				
Position Description:	•					
0	\$	-				
Position Description:	Φ	_				
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Grantee Name:	0			HIDE	
<b>Budgetary Detail Level:</b>	0				
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Grantee Name:	0			HIDE		
Budgetary Detail Level:	0					
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<b>UC Program Budget Na</b>	rrative						
Grantee Name:	0						HIDE
Budgetary Detail Level:	0						
Position Description:							
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Position Description:							
O Position Description:	\$ -						
Personnel Adjustments							
0	\$						
Description and Justification (include		sity, how it d	irectly benefits th	e program, and h	now allocated	if applicable):	

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HID
Budgetary Detail Level:	0			
Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	I, if applicable):
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Description and Justification (incl	lude description of it's n	·	rectly benefits the program, and how allocated	d, if applicable):
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Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):
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Description and Justification (incl	lude description of it's n	ecessity, how it di	rectly benefits the program, and how allocated	l, if applicable):

### Fringe Benefits

List the cost of employee fringe benefits unless treated as part of an approved indirect cost rate. Fringe benefits should be based on actual known costs or calculations. If not based on a known rate, list the composition of the fringe benefit package. Fringe benefits are for those individuals listed in the budget category "Personnel" and only for the percentage of time devoted to the project.

Category Total: \$ -

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Grantee Name:	0
Budgetary Detail Level:	0

HIDE

EXPENSE	(Detailed narrative for all amount sources used in the computation as outlined in the Budget  Detail)	TOTAL
FICA		\$ -
SUI		\$ -
Worker's Compensation		\$ -
Retirement		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
	Total:	\$ -

CUIVIEUTATION

## Travel

Costs of out-of-town or overnight project-related travel by employees of the applicant organization. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowances, if privately owned vehicles will be used to travel out of town, and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget. The maximum per diem and subsistence rates as prescribed by the General Services Administration (GSA) are available at http://www.gsa.gov.

Category Total: \$ -

0   \$ -
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# **UC Program Budget Narrative Grantee Name:** HIDE **Budgetary Detail Level:** Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants): 0 Travel Justification (Include purpose and anticipated participants): Travel Justification (Include purpose and anticipated participants):

#### Equipment

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)

<b>UC Program Budget</b>	Narrative				
<b>Grantee Name:</b>	0				HIDE
Budgetary Detail Level:	0				
Category Total:	\$	-			
0	\$	-			
Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	iude descripπon o	i now it directly benefits the	program and now allocated, if	тарріїсавіе):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	
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Description and Justification (inc	clude description o	f how it directly benefits the	program and how allocated, if	f applicable):	

UC Program Budget	Narrativ	е		
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Description and Justification (incl	ude description	on of how it	directly benefits the program and how allocated, if applicable):	
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<b>UC Program Budget Na</b>	arrative			
Grantee Name:	0			HIDE
<b>Budgetary Detail Level:</b>	0			
Supplies	office and other cor	nsumable supplies sumed during the	s with a per-unit cost of less than \$5,000. Ge	included under the Equipment category. This includes nerally, supplies include any materials that are tion must be included in the budget detail worksheet
Category Total:	\$	-		
0	\$ -		-	
Description and Justification (include	-	t directly benefits	the program):	
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<b>UC Program Budget</b>	Narrative			
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Budgetary Detail Level:	0			
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Description and Justification (incl	lude descriptior	of how it directly benefits th	he program):	
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Description and Justification (include description of how it directly benefits the program):

<b>UC Program Budget N</b>	<b>larrative</b>			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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0	\$ -			
Description and Justification (inclu	de description of how	it directly benefits	the program):	
	List the cost of all o	contracts and sub-	awards intended to carry out a portion of the	programmatic effort. The cost of each subrecipient
Contractual	should be summar	ized and a detailed	I budget narrative specific to each subrecipie uld be listed on the Other line.	nt should be attached to this application. Costs
	related to marvida	ar coristitarits silot	and be listed off the other line.	
Category Total:	\$	_		
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Description and Justineation (meta-	ac acscription of now	it directly belieffed	the program and now anocated, it applicable	-1.
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	ue uescription or now	it un ectiv benefits	the program and now anocated, if applicable	-j.

UC Program Budget N	Narrative		
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UC Program Budget Na Grantee Name: Budgetary Detail Level:	arrative 0 0		HIDE
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Description and Justification (include	e description of how	it directly benefits the program and how allocated, if applicable)	:
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		it directly benefits the program and how allocated, if applicable)	:

UC Program Budget Na	arrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
	Enter all direct costs related to the pr	urchase of properties and major renovations t	o owned or leased property. This section includes all
Construction		hole acquisition costs is charged to the award	(not merely depreciation for the current use - see
		T	
Category Total:	-		
Property Acquisitions	<b>\$</b> -		
Major Alterations & Reno	vations (A&R)	\$ -	
Other Costs			
Category Total:	\$ -		
Facility Costs	appropriate may include but are not		is award. Such costs, where applicable and ned property, depreciation for major improvements, urance (if owned), pest control, lawn care, etc.
Category Total:	\$ -		
Special Instructions:			

Grantee Name: Budgetary Detail Level:	0	HIDE
Building Lease	Expense description should include the following: facility description, address, square footage, type of lease, lease rate, and allocated method. Please note the provisions at 45 CFR 75.465 Rental costs of real property and equipment. Allowable rental costs under "a length" leases are explained at 45 CFR 75.465 (a). Under arms-length leases, no rental costs above the fair-market rental value of available usable space of the leased property may be charged to the grant. No federal funds may be used for ownership type exposuch as, but not limited to, depreciation, property taxes, maintenance, and insurance on the leased property. Under "sale and leaback" arrangements, "less-than-arm's length" leases, and "capital leases", rental costs are limited to those such as depreciation, maintenance, taxes, and insurance as explained at 45 CFR 75.465 (b) and (c). There are exceptions to the allowability of taxes und capital leases as noted at 45 CFR 75.465 (c)(5).	arms- the enses ase
Depreciation	Expense description should include the type of deprecation being charged and the deprecation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.	ne
Minor A&R	Minor A&R requires specific approval. Items listed in this category must be described in detail in order to obtain approval. Applications should include the current minor A&R total when requesting additional expenses in this category, this will help ensure that limitar are not exceeded. HHS specifies that for any single or aggregate minor A&R project, costs may not exceed the lesser of \$250,000 of the total approved budget for the entire project period. The minor A/R threshold applies to each land parcel as identified state or county property records where UAC activities occur, regardless of the number of structures/improvements that exist on a land parcel. Recipients and if applicable, their subrecipient (s), must maintain entity property records and track the amount of fed funds being used for minor A/R to ensure that the threshold is not exceeded for the entire project period.	ntions or by each
Utilities	Expense description should include a total for each individual utility expense. The description should also explain the allocation mused to assign the cost to the grant.	nethod
Building Maintenance	This cost category is reserved for scheduled, routine maintenance and costs incurred for necessary maintenance, repair, or upkee buildings which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an eff operating condition. Costs of ownership and costs incurred for improvements which add to the permanent value of the buildings appreciably prolong their intended life should not be included in this category. A detailed description of the expenses that will be included as well as the method used to forecast costs should be included in the expense description.	ficient or

Building Leases \$	-					
For any additional items included in the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.						
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

UC Program Budget N	larrative		
Grantee Name:	0		HID
Budgetary Detail Level:	0		
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Description and Justification (include	de description of how it directly benefits	the program and how allocated, if applicable)	:
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative				
Grantee Name:	0				HIDE
Budgetary Detail Level:	0				
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Description and Justification (incl	lude description of how	v it directly benefits	the program and how allocated, i	íf applicable):	
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Depreciation	\$	-			
For any additional items included	l in the Facility Attachm	nent to the Budget I	Detail, please see attachment for b	budget detail and narrative	
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Description and Justification (incl	lude description of how	it directly benefits	the program and how allocated, i	if applicable):	
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<b>UC Program Budget</b>	Narrativ	е			
Grantee Name:	0				HIDI
Budgetary Detail Level:	0				
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Description and Justification (incl	lude description	on of how it dii	ectly benefits the program an	nd how allocated, if applicable):	
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Description and Justification (incl	lude description	on of how it di	ectly benefits the program an	nd how allocated, if applicable):	

Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
Budgetary Detail Level:	0			
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Minor Alterations & Re	novations (A&R)		\$ -	
			Detail, please see attachment for budget deta	il and narrative.
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Description and Justification (incl	ude description of how	it directly benefits	s the program and how allocated, if applicable	):
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OC Program Budget	Narrative		
Grantee Name:	0		
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Maintenance & Repairs	/N/CD)	<b>.</b>	
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For any additional items included	in the Facility Attach	nment to the Budget	Detail, please see attachment for budget detail and narrative.
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Description and Justification (incl	ude description of h	ow it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (inclu	ude description of ho	ow it directly benefits	s the program and how allocated, if applicable):

<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDI
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Description and Justification (incl	ude description of how	it directly benefits	the program and how allocated, if applicable	):
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Description and Justification (incl	ude description of how	it directly benefits	the program and how allocated, if applicable	):

<b>UC Program Budget N</b>	arrative	
Grantee Name:	0	HIDE
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
Other Facility Costs	\$ -	
For any additional items included in	the Facility Attachment to the Budget	Detail, please see attachment for budget detail and narrative.
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Description and Justification (includ	e description of how it directly benefits	s the program and how allocated, if applicable):
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<b>UC Program Budget</b>	Narrative			
Grantee Name:	0			HIDE
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Description and Justification (inc	lude description of ho	ow it directly benefits	s the program and how allocated, if applicable)	:

<b>UC Program Budget Na</b>	irrative		
Grantee Name:	0		HIDE
<b>Budgetary Detail Level:</b>	0		
Other Costs (non-facility)	may include but are not limited to: e		ove. Such costs, where applicable and appropriate, isurance, general liability insurance, printing and care stipends, and recreational costs.
Category Total:	\$ -		
Special Instructions:			
Escort and Reunification Costs		down should include a total for each individual rel" section above for additional details on com	item of cost including: UC airfare, escort airfare, putation and reporting requirements.
Escort Services - Staff	\$ -	e program and how allocated, if applicable), Ca	
Escort Services - Client (Child)  Description, Justification (include des	\$ - scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
Other Costs (non-facility) Reoccu	rring Monthly		
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Description, Justification (include des	scription of how it directly benefits the	e program and how allocated, if applicable), Ca	alculation & Sources:
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# **UC Program Budget Narrative**

Grantee Name:	0			HIDE
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JC Program	Budget	<b>Narrative</b>
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Grantee Name:	0		HIDE
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Other Costs (non-facility) One-1		-	
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# **UC Program Budget Narrative**

Grantee Name:	0			HIDE
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## **UC Program Budget Narrative**

Grantee Name:	0			HIDE
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	1.			
0	\$	-		
Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	
0	\$	-		
Description, Justification (include desc	ription of how it directly benefit	s the program and how allocated, if app	olicable), Calculation & Sources:	

<b>UC Program Budget Na</b>	arrative	
Grantee Name:	0	HIDE
Budgetary Detail Level:	0	
0	\$ -	
Description, Justification (include de	scription of how it directly benefits the program and how allocated, if applica	ble), Calculation & Sources:
Indirect Costs	If indirect costs are included in the proposed budget, provide a copy of the with a cognizant Federal agency. Alternatively, applicants that have never reindirect costs pursuant to a de minimis rate of 10 percent of modified total rate agreement is not required. Applicants proposing a 10 percent de minimis section. Information regarding DHHS approved indirect cost rate agreement	eceived a negotiated indirect cost rate may elect to charge direct costs (MTDC), in which case a negotiated indirect cost nis rate should make a declaration to that effect in this
Category Total:	<b>\$</b> -	
Indirect Cost Election Type	0 If "No IDC Rate" selected, then do	not complete anything below.
Direct Cost Basis Computation	Description of all direct costs included or direct costs excluded in the direct coensure ease of recalculating based on amounts above.	ost basis. Description should be sufficiently detailed to

Indirect Rate	Cost Basis	Total Indirect Costs
10.00000%	\$ -	\$ -

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0

Months in Budget Period: 12
Capacity: -

## Facility Attachment

**Budget Period:** 

Costs detailed here should be an extension of the lists from the Budget Detail. Do not repeat itemized costs listed in the main Budget Detail.

Add lines as needed by selecting the row above the "Attachment Subtotal", right clicking, and selecting insert. Also, select an itemized line's subtotal formula, copy the cell, and paste into the new line's subtotal cell.

If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.

Best practice to double check the "Attachment Subtotal" formal to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.

#### **Building Leases**

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
•			Subtotal	\$ -

	Depreciation						
(	Asset Description specific building or improvement identifiers)	Acquisition Date	Acquisition Cost	Useful Life	Monthly Cost	Number of Months (during budget year)	Subtotal

HIDE

Grantee Name: 0			<u> </u>		
Budgetary Detail Level:	0				
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Subtotal	\$ -

## Minor Alterations & Renovations (A&R)

By completion this section, applicants are asserting that these A&R meet the qualifications as minor and are not de-aggregated major improvements (major improvements broken into smaller projects to appear minor).

Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal	
					\$	-
					\$	-
					\$	-
					\$	-

<b>Grantee Name:</b>	0					
Budgetary Detail Level:	0	1				
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
				Subtotal	\$ -	

#### Maintenance & Repairs (M&R)

Costs qualify as M&R which neither increase the value of the property nor appreciably prolong its intended life in accordance with 45 CFR 75.452.

Asset Description (specific M&R identifiers)	Anticipated Acquisition Date	Cost	Percentage Allocation (if applicable)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				-
				-
			Subtotal	\$ -

## **Other Facility Costs**

Other Facility Costs	Vendor Name	Monthly Cost	Number of Months (during budget year)	Subtotal	
				\$	-
				\$	-
				\$	-
				\$	-

Grantee Name: Budgetary Detail Level:	0					
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
		•		Subtotal	\$	-

<b>UC Program Budget D</b>	etail Facility	
Grantee Name: Budgetary Detail Level:	0	
Grant Number (if known): Budget Period: Months in Budget Period: Capacity:	0 0 12	
Facility Attachment	Costs detailed he the main Budge Add lines as new select an itemize If an applicant subtotal formules Best practice to carries correctly	If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sec below are needed.
Building Leases		
Location		Narrative Justification
Depreciation		

**Narrative Justification** 

Asset Description
(specific building or improvement identifiers)

Acquisition
Date

# **UC Program Budget Detail Facility Grantee Name: Budgetary Detail Level:** Minor Alterations & Renovations (A&R By completion this section, applicants are asserting (major improvements broken into smaller projects **Asset Description** (specific A&R identifiers) **Narrative Justification** Land P

<b>UC Program Budget</b>	<b>Detail Facility</b>	
Grantee Name:	0	
Budgetary Detail Level:	0	
Maintenance & Repairs	(M&D)	
Costs qualify as M&R which ne		
Costs qualify as Mak which he	ither increase the vo	
Asset Description (	specific M&R identif	Narrative Justification
	•	
Other Facility Costs		
Other Facility O	Costs	Narrative Justification
I		1

<b>UC Program Budget I</b>	<b>Detail Facility</b>	
<b>Grantee Name:</b>	0	
Budgetary Detail Level:	0	

# Worksheet used for drop-down options in IDC. Do not edit or remove.

Approved Rate De Minimis Rate No Indirect Costs

Include Exclude