

## 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,

(Budgetary Detail Level: "[Program Name]"). 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, (Budgetary Detail Level: "[Program Name]"). 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:** 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 (Budgetary Detail Level: "[Program Name] Base Budget").

First year Start-Up costs: 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); (Budgetary Detail Level: "[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

Level: "[Program Name] Fixed Cost"). Variable Costs: 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... (Budgetary Detail Level: "[Program Name] Variable Cost [Capacity]"). 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 applicable 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

<b>Start-up Cost Budget</b>	"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.
<b>Pre-license Cost Budget</b>	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.
<b>Fixed-Variable Cost Budget</b>	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.

<b>Printing Instructions</b>	
These are instructions on how to print the Budget Detail, Budget Narrative and Facility Attachment sheets without too many unused lines.	
<ol style="list-style-type: none"> <li>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").</li> </ol>	
<ol style="list-style-type: none"> <li>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 accidentally hidden, simply click the positive sign (+) in the box at the top left to unhide that section.</li> </ol>	
<p align="center"><b>Note:</b> The groupings in the Budget Detail correspond with the groupings in the Budget Narrative.</p>	
<ol style="list-style-type: none"> <li>3. Also, while scanning through the Budget Narrative, add or expand any rows necessary to see all descriptions.</li> </ol>	
<ol style="list-style-type: none"> <li>4. Select "File", "Print", and review all print preview pages to ensure only relevant data is showing.</li> </ol>	
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.	

<b>PRA Disclosure</b>	
<p>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 collection of information is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing and collecting the data. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (45 CFR 175.504), U.S. Department of Justice, Washington, DC 20540.</p>	

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](mailto: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		TOTAL
Personnel	\$	-
Fringe Benefits	\$	-
Travel	\$	-
Equipment	\$	-
Supplies	\$	-
Contractual	\$	-
Construction	\$	-
Other	\$	-
<i>Facility</i>	\$	-
<i>Other (Non-Facility)</i>	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>

Tie to SF 424 and SF 424(a)

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

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

## UC Program Budget Detail

**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)  
**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	\$	-
<i>Facility</i>	\$	-
<i>Other (Non-Facility)</i>	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

Personnel Adjustments							
Description		COMPUTATION (mathematical formula for determination of total)				TOTAL	
<b>Total FTE</b>		-				<b>Personnel Total:</b>	\$ -

**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:					
					<b>Fringe Total:</b> \$ -

# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

## 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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

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			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

<b>Equipment Total:</b>	\$	-
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Supplies	<p>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.</p>
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# UC Program Budget Detail

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<i>select this row to add new lines above</i>				\$ -
			<b>Subtotal</b>	\$ -

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

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



# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

**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 where 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.**

**Property Acquisitions**

## UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

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

<b>Construction Total:</b>	<b>\$</b>	<b>-</b>
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### Other Costs

#### Facility

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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)

#### Building Leases

*Arm's-length, operating leases - see 45 C.F.R. 75.465(a) for charging limitations*

*Sale-and-leaseback arrangements - see 45 C.F.R. 75.465(b) for charging limitations*

*Related party (less-than-arm's-length) leases - see 45 C.F.R. 75.465(b) and (c) for charging limitations*

*Capital/finance leases - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)*

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

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

# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

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

## 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](http://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			
<i>select this row to add new lines above</i>					
Asset Description (specific A&R identifiers)	Land Parcel ID	Anticipated Acquisition / Completion Date	Total Cost	Percentage Allocation (if applicable)	Subtotal

# UC Program Budget Detail

Grantee Name: \_\_\_\_\_

Budgetary Detail Level: \_\_\_\_\_

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

## 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.				\$ -
				<b>Subtotal</b> \$ -

## Other Facility Costs

# UC Program Budget Detail

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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				\$ -

<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		
				<b>Subtotal</b>	\$ -

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





## 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%		\$ -

<b>IDC Total:</b>	<b>\$ -</b>
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## UC Program Budget Narrative

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

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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

<b>Program Director</b>	\$	-
Position Description:		

<b>Assistant Program Director</b>	\$	-
Position Description:		

<b>Lead Clinician</b>	\$	-
Position Description:		

# UC Program Budget Narrative

Grantee Name: 0

Budgetary Detail Level: 0

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0

Budgetary Detail Level: 0

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$ -	
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Position Description:

0	\$ -	
---	------	--

Position Description:

0	\$ -	
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Position Description:

0	\$ -	
---	------	--

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
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Position Description:
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## Hourly Employees

Clinician	\$	-
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Position Description:
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Nurse	\$	-
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Position Description:
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Lead Case Manager	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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<b>Case Manager</b>	\$	-
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Position Description:
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<b>Lead Teacher</b>	\$	-
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Position Description:
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<b>Teacher</b>	\$	-
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Position Description:
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<b>Youth Care Worker</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0

Budgetary Detail Level: 0

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

### Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

## UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

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		\$ -
Health & Dental		\$ -
Life/Disability		\$ -
Other:		\$ -
Other:		\$ -
Other:		\$ -
<b>Total:</b>		\$ -

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

**Category Total: \$ -**

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0

Budgetary Detail Level: 0

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget 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 (include description of how it directly benefits the program):

0 \$ -

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

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
Description and Justification (include description of how it directly benefits the program):		

<b><i>Contractual</i></b>	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 on the Other line.
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<b>Category Total:</b>	\$	-
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0	\$	-
Description and Justification (include description of how 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):		

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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 & Renovations (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: 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

Grantee Name: 0  
 Budgetary Detail Level: 0

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	\$	-
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Depreciation</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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# UC Program Budget Narrative

Grantee Name: 0

Budgetary Detail Level: 0

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

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Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	<b>\$</b>	<b>-</b>	
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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.

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -	
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Description and Justification (include description of how 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):

0	\$ -	
---	------	--

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

# UC Program Budget Narrative

Grantee Name: 0

Budgetary Detail Level: 0

0 \$ -

Description and Justification (include description of how 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):

## 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 (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

0	\$ -	
---	------	--

Description and Justification (include description of how 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):

0	\$ -	
---	------	--

Description and Justification (include description of how 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):

0	\$ -	
---	------	--

Description and Justification (include description of how 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):

## UC Program Budget Narrative

Grantee Name: 0

Budgetary Detail Level: 0

### ***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.

**Category Total:**        \$                                        -

**Special Instructions:**

<b><i>Escort and Reunification Costs</i></b>	Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.
--	---

Escort Services - Staff	\$	-
-------------------------	----	---

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

Escort Services - Client (Child)	\$	-
----------------------------------	----	---

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

#### **Other Costs (non-facility) Reoccurring Monthly**

0	\$	-
---	----	---

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

0	\$	-
---	----	---

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

0	\$	-
---	----	---

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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



## UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

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0	\$ -	
---	------	--

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

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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 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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
----------------------------	--

## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## Depreciation

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





# UC Program Budget Detail Facility Attachment

Grantee Name: 0

HIDE

Budgetary Detail Level: 0

Grant Number (if known): 0

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				<b>Subtotal</b>	\$ -

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized subtotal formula. Best practice to carry correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	--

Building Leases	
Location	Narrative Justification

Depreciation		
Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name:

Budgetary Detail Level:

Grant Number (if known):


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

*By completion this section, applicants are asserting (major improvements broken into smaller projects*

Asset Description (specific A&R identifiers)	Land P	Narrative Justification

## UC Program Budget Detail Facility

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


### Maintenance & Repairs (M&R)

<i>Costs qualify as M&amp;R which neither increase the value nor decrease the useful life of the asset.</i>	
Asset Description (specific M&R identified)	Narrative Justification

### Other Facility Costs

Other Facility Costs	Narrative Justification



## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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)	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description		COMPUTATION (mathematical formula for determination of total)				TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:							
						<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

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

<h2>Supplies</h2>	<p>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.</p>
-------------------	---



# UC Program Budget Detail

Grantee Name:

0

HIDE

Budgetary Detail Level:

\_\_\_\_\_

			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<i>select this row to add new lines above</i>			\$ -
		<b>Subtotal</b>	<b>\$ -</b>

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

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

# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

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

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

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

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

## UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level:

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

**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
<b>Contractual Total:</b>		\$ -

### 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 where 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 Detail

Grantee Name:  HIDE  
 Budgetary Detail Level: \_\_\_\_\_

## Property Acquisitions

## Major Alterations & Renovations (A&R)

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

## Other Costs

<i>Facility</i>	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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)
-----------------	---

## Building Leases

<i>Arm's-length, operating leases</i> - see 45 C.F.R. 75.465(a) for charging limitations				
<i>Sale-and-leaseback arrangements</i> - see 45 C.F.R. 75.465(b) for charging limitations				
<i>Related party (less-than-arm's-length) leases</i> - see 45 C.F.R. 75.465(b) and (c) for charging limitations				
<i>Capital/finance leases</i> - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)				
Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

## UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

Depreciation						
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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						<b>\$ -</b>

## 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](http://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
<i>select this row to add new lines above</i>		

## UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
<b>Subtotal</b>					<b>\$ -</b>

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:  HIDE  
 Budgetary Detail Level:

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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		
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name: 0

HIDE

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		
			<b>Subtotal</b>		\$ -

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:

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0	\$	-
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Position Description:

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0	\$	-
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Position Description:

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0	\$	-
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Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:

0	\$	-
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Position Description:

0	\$	-
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Position Description:

0	\$	-
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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:

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## Hourly Employees

Clinician	\$	-
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Position Description:

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Nurse	\$	-
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Position Description:

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Lead Case Manager	\$	-
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Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Case Manager</b>	\$	-
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Position Description:
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<b>Lead Teacher</b>	\$	-
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Position Description:
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<b>Teacher</b>	\$	-
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Position Description:
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<b>Youth Care Worker</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

### Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

COMPLETION

# UC Program Budget Narrative

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

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Category Total:** \$ -

0 \$ -  
Description and Justification (include description of how 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):

0 \$ -  
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):

0 \$ -  
Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

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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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Supplies</b>	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>Category Total:</b>	<b>\$</b>	<b>-</b>
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0	\$	-
Description and Justification (include description of how it directly benefits the program):		

0	\$	-
Description and Justification (include description of how it directly benefits the program):		

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

0	\$	-
Description and Justification (include description of how it directly benefits the program):		

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

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

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

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

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

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

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

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**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 on the Other line.

<b>Category Total:</b>	\$	-
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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	\$	-
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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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# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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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):

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

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

### 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 where 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 & Renovations (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:

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	\$	-
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Depreciation</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

0	\$	-
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Description and Justification (include description of how 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):

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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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

## 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 (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

**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.

**Category Total:** \$ -

**Special Instructions:**  
**Escort and Reunification Costs** Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff \$ -

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

Escort Services - Client (Child) \$ -

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

**Other Costs (non-facility) Reoccurring Monthly**

0 \$ -

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

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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



## UC Program Budget Narrative

Grantee Name:

Budgetary Detail Level:

HIDE

0 \$ -

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

<b>Indirect Costs</b>	<p>If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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: <a href="https://rates.psc.gov/">https://rates.psc.gov/</a></p>
-----------------------	---

**Category Total:** \$ -

Indirect Cost Election Type  *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 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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
----------------------------	--

## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## Depreciation

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





# UC Program Budget Detail Facility Attachment

Grantee Name: 0

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Budgetary Detail Level: 0

---

**HIDE**

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
			<b>Subtotal</b>	\$	-

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	---

Building Leases	
Location	Narrative Justification

Depreciation		
Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


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

*By completion this section, applicants are asserting (major improvements broken into smaller projects)*

Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


### Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

### Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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)	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description	COMPUTATION (mathematical formula for determination of total)					TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:							
						<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level:

**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		
			<b>Subtotal</b>	\$	-

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name:

0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

**Equipment Total:** \$ -

<b>Supplies</b>	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.
-----------------	--

# UC Program Budget Detail

Grantee Name:

HIDE

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Subtotal</b>				\$ -

*select this row to add new lines above*

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Subtotal</b>				\$ -

*select this row to add new lines above*

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



# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

## 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 Detail

Grantee Name: 0

**HIDE**

Budgetary Detail Level:

## Property Acquisitions

## Major Alterations & Renovations (A&R)

**Construction Total:** \$ -

## Other Costs

<b>Facility</b>	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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)
-----------------	---

## Building Leases

*Arm's-length, operating leases - see 45 C.F.R. 75.465(a) for charging limitations*

*Sale-and-leaseback arrangements - see 45 C.F.R. 75.465(b) for charging limitations*

*Related party (less-than-arm's-length) leases - see 45 C.F.R. 75.465(b) and (c) for charging limitations*

*Capital/finance leases - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)*

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Depreciation

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						\$ -

## 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](http://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
<i>select this row to add new lines above</i>		

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
<b>Subtotal</b>					<b>\$ -</b>

## 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.				\$ -

# UC Program Budget Detail

Grantee Name: 0  
 Budgetary Detail Level:

HIDE

<b>Subtotal</b>	\$	-
-----------------	----	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</b>	<b>-</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		
	<b>Subtotal</b>				<b>\$</b>

# UC Program Budget Detail

Grantee Name: 0

HIDE

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		
			<b>Subtotal</b>		<b>\$ -</b>

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level:

				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
				\$	-			
						<b>Subtotal:</b>	\$	-

**Other Costs (non-facility) Total** \$ -

**Other Costs Total:** \$ -

<h2>Indirect Costs</h2>	<p>If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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: <a href="https://rates.psc.gov/">https://rates.psc.gov/</a></p>
-------------------------	---

Indirect Cost Election Type \_\_\_\_\_ *Select from the drop-down menu*

Complete the applicable section below. If "No IDC Rate" selected, then enter "\$0" in the "IDC Total" and skip the rest of the section.

**Approved Rate**

Date Granted \_\_\_\_\_ *Date of the Approval Letter*

## UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

Position Description:

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0 \$ -

Position Description:

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0 \$ -

Position Description:

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0 \$ -

Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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Position Description:
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:

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## Hourly Employees

Clinician	\$	-
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Position Description:

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Nurse	\$	-
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Position Description:

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Lead Case Manager	\$	-
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Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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**Case Manager**      \$      -

Position Description:

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**Lead Teacher**      \$      -

Position Description:

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**Teacher**      \$      -

Position Description:

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**Youth Care Worker**      \$      -

Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Position Description:
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Position Description:
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Position Description:
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

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Position Description:

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Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

## Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

# UC Program Budget Narrative

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

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Category Total:** \$ -

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

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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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Supplies</b>	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>Category Total:</b>	<b>\$</b>	<b>-</b>
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

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

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

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

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

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

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

**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 on the Other line.

**Category Total:** \$ -

0 \$ -

Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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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):

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

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

### 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 where 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 & Renovations (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:

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	<b>\$</b>	-
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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>Depreciation</b>	<b>\$</b>	<b>-</b>
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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.

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):

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	<b>\$</b>	<b>-</b>	
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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.

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

## 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 (include description of how 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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

**HIDE**

**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.

**Category Total:** \$ -

**Special Instructions:**  
**Escort and Reunification Costs** Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff \$ -

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

Escort Services - Client (Child) \$ -

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

**Other Costs (non-facility) Reoccurring Monthly**

0 \$ -

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

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
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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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

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0 \$ -

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

0 \$ -

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



## UC Program Budget Narrative

Grantee Name:

Budgetary Detail Level:

HIDE

0	\$	-
---	----	---

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

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

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

<b>Indirect Cost Election Type</b>	0	<i>If "No IDC Rate" selected, then do not complete anything below.</i>
------------------------------------	---	--

<b>Direct Cost Basis Computation</b>	<i>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.</i>

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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
----------------------------	--

## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## 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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## UC Program Budget Detail Facility Attachment

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
			<b>Subtotal</b>	\$	-

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over carries correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	---

Building Leases	
Location	Narrative Justification

Depreciation		
Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Minor Alterations & Renovations (A&R)

*By completion this section, applicants are asserting (major improvements broken into smaller projects)*

Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


### Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

### Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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)	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description	COMPUTATION (mathematical formula for determination of total)					TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:							
						<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name:

0

**HIDE**

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

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

<h2>Supplies</h2>	<p>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.</p>
-------------------	---

# UC Program Budget Detail

Grantee Name: 0

HIDE

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Subtotal</b>				\$ -

*select this row to add new lines above*

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Subtotal</b>				\$ -

*select this row to add new lines above*

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



# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

## 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 where 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 Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

### Property Acquisitions

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

<b>Construction Total:</b>	\$	-
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## Other Costs

<b>Facility</b>	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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)
-----------------	---

### Building Leases

*Arm's-length, operating leases - see 45 C.F.R. 75.465(a) for charging limitations*

*Sale-and-leaseback arrangements - see 45 C.F.R. 75.465(b) for charging limitations*

*Related party (less-than-arm's-length) leases - see 45 C.F.R. 75.465(b) and (c) for charging limitations*

*Capital/finance leases - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)*

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -

<b>Subtotal</b>	\$	-
-----------------	----	---

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Depreciation

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						<b>\$ -</b>

## 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](http://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*

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
				<b>Subtotal</b>	\$ -

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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		
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name:

HIDE

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		
				<b>Subtotal</b>	<b>\$ -</b>

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

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

## UC Program Budget Detail

Grantee Name:

[HIDE](#)

Budgetary Detail Level: \_\_\_\_\_

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
<b>Subtotal:</b>				\$	-

**Other Costs (non-facility) Total** \$ -

**Other Costs Total:** \$ -

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

Indirect Cost Election Type \_\_\_\_\_ *Select from the drop-down menu*

Complete the applicable section below. If "No IDC Rate" selected, then enter "\$0" in the "IDC Total" and skip the rest of the section.

**Approved Rate**

Date Granted \_\_\_\_\_ *Date of the Approval Letter*

# UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

Position Description:

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0 \$ -

Position Description:

--	--	--

0 \$ -

Position Description:

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0 \$ -

Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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0	\$	-
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Position Description:
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## Hourly Employees

Clinician	\$	-
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Position Description:
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Nurse	\$	-
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Position Description:
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Lead Case Manager	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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**Case Manager**      \$      -

Position Description:

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**Lead Teacher**      \$      -

Position Description:

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**Teacher**      \$      -

Position Description:

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**Youth Care Worker**      \$      -

Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Position Description:

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Position Description:

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Position Description:

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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Position Description:

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Position Description:

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Position Description:

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Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

## Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

# UC Program Budget Narrative

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

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Category Total: \$ -**

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

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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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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 (include description of how it directly benefits the program):

0 \$ -

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

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

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

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

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

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

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

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**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 on the Other line.

**Category Total:** \$ -

0 \$ -

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

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0 \$ -

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

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# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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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):

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

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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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):

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

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

### 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 where 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 & Renovations (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:

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	<b>\$ -</b>
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Depreciation</b>	<b>\$</b>	<b>-</b>
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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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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):

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

## 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 (include description of how 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):

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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):

# UC Program Budget Narrative

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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

**HIDE**

**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.

**Category Total:** \$ -

**Special Instructions:**  
**Escort and Reunification Costs** Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff \$ -

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

Escort Services - Client (Child) \$ -

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

**Other Costs (non-facility) Reoccurring Monthly**

0 \$ -

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

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
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:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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:



## UC Program Budget Narrative

Grantee Name:

Budgetary Detail Level:

HIDE

0	\$	-	
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

<b>Category Total:</b>	<b>\$</b>	<b>-</b>	
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Indirect Cost Election Type	0	If "No IDC Rate" selected, then do not complete anything below.
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<b>Direct Cost Basis Computation</b>	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 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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
----------------------------	--

## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## Depreciation

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





# UC Program Budget Detail Facility Attachment

Grantee Name: 0 HIDE

Budgetary Detail Level: 0

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
			<b>Subtotal</b>	\$	-

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over carries correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	---

### Building Leases

Location	Narrative Justification

### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Minor Alterations & Renovations (A&R)

*By completion this section, applicants are asserting (major improvements broken into smaller projects)*

Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


### Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

### Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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)	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description	COMPUTATION (mathematical formula for determination of total)					TOTAL	
<b>Total FTE</b>		-				<b>Personnel Total:</b>	\$ -

## 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:							
						<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name:

0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

<b>Equipment Total:</b>	\$	-
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<h2>Supplies</h2>	<p>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.</p>
-------------------	---

# UC Program Budget Detail

Grantee Name:

**HIDE**

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<i>select this row to add new lines above</i>				\$ -
			<b>Subtotal</b>	\$ -

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

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



# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

**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 Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

## Property Acquisitions

## Major Alterations & Renovations (A&R)

Construction Total:	\$	-
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## Other Costs

<b>Facility</b>	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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)
-----------------	---

### Building Leases

*Arm's-length, operating leases - see 45 C.F.R. 75.465(a) for charging limitations*

*Sale-and-leaseback arrangements - see 45 C.F.R. 75.465(b) for charging limitations*

*Related party (less-than-arm's-length) leases - see 45 C.F.R. 75.465(b) and (c) for charging limitations*

*Capital/finance leases - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)*

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -

<b>Subtotal</b>	<b>\$</b>	<b>-</b>
-----------------	-----------	----------

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

Depreciation						
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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						<b>\$ -</b>

## 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](http://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*

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
<b>Subtotal</b>					<b>\$ -</b>

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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		
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name: 0

HIDE

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			
			<b>Subtotal</b>		\$ -

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

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



## UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# 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.

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

## Salary Employees

<b>Program Director</b>	<b>\$</b>	<b>-</b>
-------------------------	-----------	----------

Position Description:

<b>Assistant Program Director</b>	<b>\$</b>	<b>-</b>
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Position Description:

<b>Lead Clinician</b>	<b>\$</b>	<b>-</b>
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Position Description:

<b>0</b>	<b>\$</b>	<b>-</b>
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Position Description:

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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

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<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
----------	----	---

Position Description:

<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$ -	
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Position Description:

<b>0</b>	\$ -	
----------	------	--

Position Description:

<b>0</b>	\$ -	
----------	------	--

Position Description:

<b>0</b>	\$ -	
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Position Description:

<b>0</b>	\$ -	
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Position Description:

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<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

### Hourly Employees

<b>Clinician</b>	\$	-
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Position Description:

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<b>Nurse</b>	\$	-
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Position Description:
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<b>Lead Case Manager</b>	\$	-
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Position Description:
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<b>Case Manager</b>	\$	-
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Position Description:
-----------------------

<b>Lead Teacher</b>	\$	-
---------------------	----	---

Position Description:
-----------------------

<b>Teacher</b>	\$	-
----------------	----	---

Position Description:

**Youth Care Worker**

\$ -

Position Description:

**Administrative Assistant**

\$ -

Position Description:

**0**

\$ -

Position Description:

**0**

\$ -

Position Description:

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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
----------	----	---

Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:

0

\$

-

Position Description:

0

\$

-

Position Description:

0

\$

-

Position Description:

0

\$

-

Position Description:

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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
----------	----	---

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

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<b>0</b>	\$	-
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Position Description:

<b>0</b>	\$	-
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Position Description:

### Personnel Adjustments

<b>0</b>	\$	-
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Description and Justification (include description of it's necessity, how it directly benefits the program, and how allocated, if applicable):

<b>0</b>	\$	-
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Description and Justification (include description of it's necessity, how it directly benefits the program, and how allocated, if applicable):

<b>0</b>	\$	-
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Description and Justification (include description of it's necessity, how it directly benefits the program, and how allocated, if applicable):

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<b>0</b>	\$ -	
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Description and Justification (include description of it's necessity, how it directly benefits the program, and how allocated, if applicable):

<b>0</b>	\$ -	
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Description and Justification (include 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 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.

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

Health & Dental		\$	-
Life/Disability		\$	-
Other:		\$	-
Other:		\$	-
Other:		\$	-
<b>Total:</b>			\$ -

**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                                      \$                      -

Travel Justification (Include purpose and anticipated participants):

0                                      \$                      -

Travel Justification (Include purpose and anticipated participants):

0                                      \$                      -

Travel Justification (Include purpose and anticipated participants):

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<b>0</b>	<b>\$</b>	<b>-</b>
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Travel Justification (Include purpose and anticipated participants):

<b>Equipment</b>	"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.)
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<b>Category Total:</b>	<b>\$</b>	<b>-</b>
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<b>0</b>	<b>\$</b>	<b>-</b>
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>0</b>	<b>\$</b>	<b>-</b>
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>0</b>	<b>\$</b>	<b>-</b>
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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>0</b>	<b>\$ -</b>	
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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):

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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):

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Supplies</b>	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>Category Total:</b>	<b>\$</b>	<b>-</b>
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

<b>0</b>	<b>\$ -</b>	
Description and Justification (include description of how it directly benefits the program):		
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Description and Justification (include description of how it directly benefits the program):		
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Description and Justification (include description of how it directly benefits the program):		
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Description and Justification (include description of how it directly benefits the program):		
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Description and Justification (include description of how it directly benefits the program):		

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

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

<b>Contractual</b>	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 on the Other line.
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<b>Category Total:</b>	\$	-
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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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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<b>0</b>	<b>\$</b>	<b>-</b>
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>0</b>	<b>\$</b>	<b>-</b>
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>0</b>	<b>\$</b>	<b>-</b>
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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>0</b>	<b>\$</b>	<b>-</b>
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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>0</b>	<b>\$</b>	<b>-</b>
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>0</b>	<b>\$</b>	<b>-</b>
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>0</b>	<b>\$</b>	<b>-</b>
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## 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 where 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 & Renovations (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 "arms-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 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 depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.

<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	<b>\$</b>	-	
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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.

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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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):

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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>Depreciation</b>	<b>\$</b>	<b>-</b>
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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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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):

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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):

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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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):

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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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

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):

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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):

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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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Other Facility Costs</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

**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.

<b>Category Total:</b>	\$	-
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**Special Instructions:****Escort and Reunification Costs**

Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff

\$ -

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation &amp; Sources:

Escort Services - Client (Child)

\$ -

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation &amp; Sources:

**Other Costs (non-facility) Reoccurring Monthly**

0

\$ -

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation &amp; Sources:

0

\$ -

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

0	\$ -	
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

**Other Costs (non-facility) One-Time or Reoccurring Annually**

0	\$ -	
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

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

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0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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 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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
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## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## 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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# UC Program Budget Detail Facility Attachment

Grantee Name: 0  
 Budgetary Detail Level: 0

**HIDE**

					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
				<b>Subtotal</b>	\$	-

## 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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				<b>Subtotal</b> \$ -

## Other Facility Costs

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

# UC Program Budget Detail Facility Attachment

Grantee Name: 0 \_\_\_\_\_  
 Budgetary Detail Level: 0 \_\_\_\_\_

HIDE

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
			<b>Subtotal</b>	\$	-

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over carries correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	---

### Building Leases

Location	Narrative Justification

### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## Minor Alterations & Renovations (A&R)

*By completion this section, applicants are asserting (major improvements broken into smaller projects*

Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


### Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

### Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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	\$	-
<i>Facility</i>	\$	-
<i>Other (Non-Facility)</i>	\$	-
<b>Total Direct Charges</b>	\$	-
Indirect	\$	-
<b>Grand Total</b>	\$	-





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description	COMPUTATION (mathematical formula for determination of total)					TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:							
						<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level: \_\_\_\_\_

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

## UC Program Budget Detail

Grantee Name:

0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

<b>Equipment Category</b>	<b>Item Description</b>	<b>Unit Cost</b>	<b>Number of Units</b>	<b>Subtotal</b>
				\$ -
				\$ -
				\$ -
				\$ -

# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

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

<h2>Supplies</h2>	<p>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.</p>
-------------------	---

# UC Program Budget Detail

Grantee Name:

0

HIDE

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

*select this row to add new lines above*

Supplies Category	Item Description	Unit Cost	Number of Units	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

*select this row to add new lines above*

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

# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level:

---

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

## 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 Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

## Property Acquisitions

## Major Alterations & Renovations (A&R)

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

## Other Costs

**Facility**

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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)

### Building Leases

*Arm's-length, operating leases - see 45 C.F.R. 75.465(a) for charging limitations*

*Sale-and-leaseback arrangements - see 45 C.F.R. 75.465(b) for charging limitations*

*Related party (less-than-arm's-length) leases - see 45 C.F.R. 75.465(b) and (c) for charging limitations*

*Capital/finance leases - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)*

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Depreciation

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						<b>\$ -</b>

## 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](http://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
<i>select this row to add new lines above</i>		

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
				<b>Subtotal</b>	\$ -

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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		
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name: 0

HIDE

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		
			<b>Subtotal</b>		\$ -

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

<b>Personnel</b>	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.
------------------	---

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

### Salary Employees

<b>Program Director</b>	\$	-	
Position Description:			

<b>Assistant Program Director</b>	\$	-	
Position Description:			

<b>Lead Clinician</b>	\$	-	
Position Description:			

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

### Hourly Employees

<b>Clinician</b>	\$	-
------------------	----	---

Position Description:

<b>Nurse</b>	\$	-
--------------	----	---

Position Description:

<b>Lead Case Manager</b>	\$	-
--------------------------	----	---

Position Description:

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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<b>Case Manager</b>	\$	-	
---------------------	----	---	--

Position Description:

<b>Lead Teacher</b>	\$	-	
---------------------	----	---	--

Position Description:

<b>Teacher</b>	\$	-	
----------------	----	---	--

Position Description:

<b>Youth Care Worker</b>	\$	-	
--------------------------	----	---	--

Position Description:

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
0	\$ -

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Position Description:

0	\$ -
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Position Description:

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Position Description:

0	\$ -
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Position Description:

# UC Program Budget Narrative

Grantee Name:	0
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:
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# UC Program Budget Narrative

Grantee Name:	0
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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0	\$	-
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Position Description:
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## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
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Position Description:

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Position Description:

0	\$	-
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Position Description:

0	\$	-
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Position Description:

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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0	\$	-
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Position Description:
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

Position Description:

0 \$ -

Position Description:

## Personnel Adjustments

0 \$ -

Description and Justification (include 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):

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
Description and Justification (include 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):		

0	\$	-
Description and Justification (include 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 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
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## UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0  
 Applicable NOFO: 0  
 Program Name/Location: 0  
 Grant Number (if known): 0

HIDE

FICA		\$	-
SUI		\$	-
Worker's Compensation		\$	-
Retirement		\$	-
Health & Dental		\$	-
Life/Disability		\$	-
Other:		\$	-
Other:		\$	-
Other:		\$	-
		<b>Total:</b>	\$ -

**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:** \$ -

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
Travel Justification (Include purpose and anticipated participants):		

0	\$	-
Travel Justification (Include purpose and anticipated participants):		

0	\$	-
Travel Justification (Include purpose and anticipated participants):		

0	\$	-
Travel Justification (Include purpose and anticipated participants):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

<b>Equipment</b>	"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.)
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<b>Category Total:</b>	<b>\$ -</b>
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0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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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	\$	-
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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	\$	-
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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	\$	-
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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	\$	-
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## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

Description and Justification (include description of how 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>Supplies</b>	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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**Category Total:** \$ -

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

0	\$	-
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Description and Justification (include description of how it directly benefits the program):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

<b>Contractual</b>	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 on the Other line.	
	<b>Category Total:</b>	\$ -

0	\$ -	
Description and Justification (include description of how 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):		

0	\$ -	
Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

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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	\$	-
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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	\$	-
---	----	---

Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):
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# UC Program Budget Narrative

HIDE

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0
0	\$ -

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

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$ -
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0  
Applicable NOFO: 0  
Program Name/Location: 0  
Grant Number (if known): 0

HIDE

<h3>Construction</h3> <p>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).</p>
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<b>Category Total:</b>	<b>\$</b>	<b>-</b>
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<b>Property Acquisitions</b>	<b>\$</b>	<b>-</b>
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<b>Major Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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<h3>Other Costs</h3>
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<b>Category Total:</b>	<b>\$</b>	<b>-</b>
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<h3>Facility Costs</h3> <p>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.</p>
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<b>Category Total:</b>	<b>\$</b>	<b>-</b>
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## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

Special Instructions:	
<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	\$	-
For any additional items included in the Facility Attachment to the Budget Detail, please see attachment for budget detail and narrative.		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Depreciation</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

HIDE

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

### Minor Alterations & Renovations (A&R) \$ -

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

### Maintenance & Repairs (M&R) \$ -

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

HIDE

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):		

<b>Other Facility Costs</b>	<b>\$</b>	<b>-</b>
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):		

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):		

# UC Program Budget Narrative

HIDE

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

0	\$	-
Description and Justification (include description of how 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):		

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

### 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.

<b>Category Total:</b>	<b>\$</b>	<b>-</b>
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#### Special Instructions:

<b>Escort and Reunification Costs</b>	Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.
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Escort Services - Staff	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

Escort Services - Client (Child)	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

#### Other Costs (non-facility) Reoccurring Monthly

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:



# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

### Other Costs (non-facility) One-Time or Reoccurring Annually

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$	-
---	----	---

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

0	\$	-
---	----	---

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:		
0	\$	-

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:		
0	\$	-

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:		
0	\$	-

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:		
0	\$	-

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:		
0	\$	-

Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:		
0	\$	-

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

0	\$	-
---	----	---

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

0	\$	-
---	----	---

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

0	\$	-
---	----	---

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

0	\$	-
---	----	---

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

0	\$	-
---	----	---

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

0	\$	-
---	----	---

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

## UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0
Applicable NOFO:	0
Program Name/Location:	0
Grant Number (if known):	0

HIDE

<b>Indirect Costs</b>	<p>If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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: <a href="https://rates.psc.gov/">https://rates.psc.gov/</a></p>
-----------------------	---

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

Indirect Cost Election Type	0	If "No IDC Rate" selected, then do not complete anything below.
-----------------------------	---	---

Direct Cost Basis Computation	<p>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.</p>
-------------------------------	--

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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
----------------------------	--

## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## Depreciation

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







## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over carries correctly.</p>	<p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	--	--

Building Leases	
Location	Narrative Justification

Depreciation		
Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
 Budgetary Detail Level: 0


## Minor Alterations & Renovations (A&R)

*By completion this section, applicants are asserting (major improvements broken into smaller projects*

Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

## Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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)	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description	COMPUTATION (mathematical formula for determination of total)					TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:							
						<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

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

<h2>Supplies</h2>	<p>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.</p>
-------------------	---

# UC Program Budget Detail

Grantee Name:

HIDE

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<i>select this row to add new lines above</i>				\$ -
			<b>Subtotal</b>	\$ -

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

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

## UC Program Budget Detail

Grantee Name:

0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

## 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 Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

### Property Acquisitions

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

Construction Total: \$ -

## Other Costs

### Facility

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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)

### Building Leases

*Arm's-length, operating leases* - see 45 C.F.R. 75.465(a) for charging limitations

*Sale-and-leaseback arrangements* - see 45 C.F.R. 75.465(b) for charging limitations

*Related party (less-than-arm's-length) leases* - see 45 C.F.R. 75.465(b) and (c) for charging limitations

*Capital/finance leases* - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				\$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Depreciation

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						<b>\$ -</b>

## 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](http://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*

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
<b>Subtotal</b>					<b>\$ -</b>

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:   
 Budgetary Detail Level:

HIDE

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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		
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name:

HIDE

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			
				<b>Subtotal</b>	<b>\$ -</b>

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

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Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

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Position Description:

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Position Description:

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Position Description:

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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Position Description:
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Position Description:
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Position Description:
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Position Description:
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Position Description:
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Position Description:
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Position Description:

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Position Description:

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Position Description:

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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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Position Description:
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## Hourly Employees

Clinician	\$	-
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Position Description:
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Nurse	\$	-
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Position Description:
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Lead Case Manager	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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**Case Manager**      \$      -

Position Description:

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**Lead Teacher**      \$      -

Position Description:

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**Teacher**      \$      -

Position Description:

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**Youth Care Worker**      \$      -

Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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Position Description:
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 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:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Position Description:

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Position Description:

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Position Description:

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Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

## Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

# UC Program Budget Narrative

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

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Category Total:** \$ -

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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):

# UC Program Budget Narrative

Grantee Name: 0

HIDE

Budgetary Detail Level: 0

0 \$ -

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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Supplies</b>	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>Category Total:</b>	<b>\$</b>	<b>-</b>
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0	\$	-
Description and Justification (include description of how it directly benefits the program):		

0	\$	-
Description and Justification (include description of how it directly benefits the program):		

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

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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

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

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

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

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**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 on the Other line.

**Category Total:** \$ -

0 \$ -

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

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0 \$ -

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

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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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):

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

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

### 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 where 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 & Renovations (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:

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	<b>\$</b>	-
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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>Depreciation</b>	<b>\$</b>	<b>-</b>
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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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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):

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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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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):

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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):

# UC Program Budget Narrative

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):

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

<b>Maintenance &amp; Repairs (M&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

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):

# UC Program Budget Narrative

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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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Description and Justification (include description of how 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):

## 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 (include description of how 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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

**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.

**Category Total:** \$ -

**Special Instructions:**  
**Escort and Reunification Costs** Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff \$ -

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

Escort Services - Client (Child) \$ -

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

**Other Costs (non-facility) Reoccurring Monthly**

0 \$ -

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

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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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:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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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0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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



## UC Program Budget Narrative

Grantee Name:

Budgetary Detail Level:

HIDE

0	\$	-
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

### Indirect Costs

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

<b>Category Total:</b>	<b>\$</b>	<b>-</b>
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<b>Indirect Cost Election Type</b>	0	<i>If "No IDC Rate" selected, then do not complete anything below.</i>
------------------------------------	---	--

<b>Direct Cost Basis Computation</b>	<i>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.</i>

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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
----------------------------	--

### Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

### Depreciation

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

# UC Program Budget Detail Facility Attachment

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
					<b>Subtotal</b>	\$	-

## 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

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over costs correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	---

### Building Leases

Location	Narrative Justification

### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
 Budgetary Detail Level: 0


## Minor Alterations & Renovations (A&R)

*By completion this section, applicants are asserting (major improvements broken into smaller projects)*

Asset Description (specific A&R identifiers)	Land Parcel	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value nor decrease the useful life of the asset.*

Asset Description (specific M&R identification)	Narrative Justification

## Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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)	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description	COMPUTATION (mathematical formula for determination of total)					TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:							
						<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

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

<h2>Supplies</h2>	<p>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.</p>
-------------------	---

# UC Program Budget Detail

Grantee Name: 0

HIDE

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<i>select this row to add new lines above</i>				\$ -
			<b>Subtotal</b>	\$ -

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

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

# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

**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 where 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 Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Property Acquisitions

## Major Alterations & Renovations (A&R)

**Construction Total:** \$ -

## Other Costs

<b>Facility</b>	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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)
-----------------	---

## Building Leases

*Arm's-length, operating leases - see 45 C.F.R. 75.465(a) for charging limitations*

*Sale-and-leaseback arrangements - see 45 C.F.R. 75.465(b) for charging limitations*

*Related party (less-than-arm's-length) leases - see 45 C.F.R. 75.465(b) and (c) for charging limitations*

*Capital/finance leases - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)*

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -

**Subtotal** \$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Depreciation

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						<b>\$ -</b>

## 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](http://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
<i>select this row to add new lines above</i>		

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
				<b>Subtotal</b>	\$ -

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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		
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name:

HIDE

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		
				<b>Subtotal</b>	<b>\$ -</b>

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

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

UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

Table with 5 columns and 14 rows. The last row contains 'Subtotal: \$ -'. All other rows contain '\$ -'.

Other Costs (non-facility) Total \$ -

Other Costs Total: \$ -

Indirect Costs

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost rate agreement is not required.

Indirect Cost Election Type \_\_\_\_\_ Select from the drop-down menu

Complete the applicable section below. If "No IDC Rate" selected, then enter "\$0" in the "IDC Total" and skip the rest of the section.

Approved Rate

Date Granted \_\_\_\_\_ Date of the Approval Letter

# UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

Position Description:

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0 \$ -

Position Description:

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Position Description:

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Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:
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## Hourly Employees

Clinician	\$	-
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Position Description:
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Nurse	\$	-
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Position Description:
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Lead Case Manager	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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**Case Manager**      \$      -

Position Description:

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**Lead Teacher**      \$      -

Position Description:

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**Teacher**      \$      -

Position Description:

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**Youth Care Worker**      \$      -

Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

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Position Description:

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Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

## Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

## UC Program Budget Narrative

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

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Category Total: \$ -**

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

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Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Supplies</b>	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>Category Total:</b>	<b>\$</b>	<b>-</b>
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):          
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):          
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):          
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Description and Justification (include description of how it directly benefits the program):          
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):
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# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

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**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 on the Other line.

<b>Category Total:</b>	\$	-
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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	\$	-
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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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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

### 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 where 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 & Renovations (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:

## UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	\$	-
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Depreciation</b>	<b>\$</b>	<b>-</b>
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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.

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):

0	\$	-
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# UC Program Budget Narrative

**Grantee Name:** 0  
**Budgetary Detail Level:** 0

**HIDE**

Description and Justification (include description of how 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):

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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):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	\$	-	
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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.

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

## 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 (include description of how 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):

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Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

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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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

**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.

**Category Total:** \$ -

**Special Instructions:**  
**Escort and Reunification Costs** Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff \$ -

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

Escort Services - Client (Child) \$ -

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

**Other Costs (non-facility) Reoccurring Monthly**

0 \$ -

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

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
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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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:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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



## UC Program Budget Narrative

Grantee Name:

Budgetary Detail Level:

HIDE

0	\$	-	
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

<b>Category Total:</b>	<b>\$</b>	<b>-</b>	
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Indirect Cost Election Type	0	If "No IDC Rate" selected, then do not complete anything below.
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<b>Direct Cost Basis Computation</b>	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 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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
----------------------------	--

## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## Depreciation

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



## UC Program Budget Detail Facility Attachment

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					<b>Subtotal</b>	\$ -

### 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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				<b>Subtotal</b> \$ -

### Other Facility Costs

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

# UC Program Budget Detail Facility Attachment

Grantee Name: 0

HIDE

Budgetary Detail Level: 0

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
			<b>Subtotal</b>	\$	-

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over costs correctly.</p>	<p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	--	--

Building Leases	
Location	Narrative Justification

Depreciation		
Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Minor Alterations & Renovations (A&R)

*By completion this section, applicants are asserting (major improvements broken into smaller projects)*

Asset Description (specific A&R identifiers)	Land Parcel	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

## Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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)	\$	-
<b>Total Direct Charges</b>	<b>\$</b>	<b>-</b>
Indirect	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>-</b>





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description		COMPUTATION (mathematical formula for determination of total)				TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:						
					<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name: 0

**HIDE**

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

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

<h2>Supplies</h2>	<p>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.</p>
-------------------	---

# UC Program Budget Detail

Grantee Name:

**HIDE**

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<i>select this row to add new lines above</i>				\$ -
			<b>Subtotal</b>	\$ -

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

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



# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

## 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 where 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 Detail

Grantee Name:  HIDE

Budgetary Detail Level:

## Property Acquisitions

## Major Alterations & Renovations (A&R)

**Construction Total:** \$ -

## Other Costs

Facility

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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)

### Building Leases

*Arm's-length, operating leases* - see 45 C.F.R. 75.465(a) for charging limitations

*Sale-and-leaseback arrangements* - see 45 C.F.R. 75.465(b) for charging limitations

*Related party (less-than-arm's-length) leases* - see 45 C.F.R. 75.465(b) and (c) for charging limitations

*Capital/finance leases* - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -

**Subtotal** \$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Depreciation

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						\$ -

## 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](http://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*

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
<b>Subtotal</b>					<b>\$ -</b>

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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		
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name: 0

**HIDE**

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			
				<b>Subtotal</b>	<b>\$ -</b>

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				<b>Subtotal:</b>	\$ -

<b>Other Costs (non-facility) Total</b>	<b>\$</b>	-
---	-----------	---

<b>Other Costs Total:</b>	<b>\$</b>	-
---------------------------	-----------	---

<b>Indirect Costs</b>	<p>If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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: <a href="https://rates.psc.gov/">https://rates.psc.gov/</a></p>
-----------------------	---

Indirect Cost Election Type  *Select from the drop-down menu*

Complete the applicable section below. If "No IDC Rate" selected, then enter "\$0" in the "IDC Total" and skip the rest of the section.

**Approved Rate**

Date Granted  *Date of the Approval Letter*

## UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:

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## Hourly Employees

Clinician	\$	-
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Position Description:

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Nurse	\$	-
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Position Description:

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Lead Case Manager	\$	-
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Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Case Manager**      \$      -

Position Description:

**Lead Teacher**      \$      -

Position Description:

**Teacher**      \$      -

Position Description:

**Youth Care Worker**      \$      -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Administrative Assistant</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:

0	\$	-
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Position Description:

0	\$	-
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Position Description:

0	\$	-
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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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0	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

### Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

# UC Program Budget Narrative

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

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Category Total:** \$ -

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Supplies</b>	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>Category Total:</b>	<b>\$</b>	<b>-</b>
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

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**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 on the Other line.

<b>Category Total:</b>	\$	-
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0	\$	-
---	----	---

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

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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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# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

### 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 where 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 & Renovations (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:

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	\$	-
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Depreciation</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Description and Justification (include description of how 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):

0 \$ -

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):

0 \$ -

Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	\$	-	
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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.

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-	
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

## 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 (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

### 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.

Category Total: \$ -

Special Instructions:	
<b>Escort and Reunification Costs</b>	Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff	\$ -
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

Escort Services - Client (Child)	\$ -
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

#### Other Costs (non-facility) Reoccurring Monthly

0	\$ -
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$ -
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

0	\$ -
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

0 \$ -

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



## UC Program Budget Narrative

Grantee Name:

Budgetary Detail Level:

HIDE

0	\$	-	
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

<b>Category Total:</b>	\$	-	
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Indirect Cost Election Type	0	If "No IDC Rate" selected, then do not complete anything below.
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<b>Direct Cost Basis Computation</b>	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 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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
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## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## Depreciation

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





# UC Program Budget Detail Facility Attachment

Grantee Name: 0

HIDE

Budgetary Detail Level: 0

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
			<b>Subtotal</b>	\$	-

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over carries correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
----------------------------	---

### Building Leases

Location	Narrative Justification

### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Minor Alterations & Renovations (A&R)

*By completion this section, applicants are asserting (major improvements broken into smaller projects)*

Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


### Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

### Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0

Budgetary Detail Level: 0


## UC Program Budget Detail

Grantee Name:	0
Budgetary Detail Level:	
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!

HIDE

**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	\$	-
<i>Facility</i>	\$	-
<i>Other (Non-Facility)</i>	\$	-
<b>Total Direct Charges</b>	\$	-
Indirect	\$	-
<b>Grand Total</b>	\$	-





# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

						\$	-
						\$	-
						\$	-

## Personnel Adjustments

Description		COMPUTATION (mathematical formula for determination of total)				TOTAL	
<b>Total FTE</b>	-					<b>Personnel Total:</b>	\$ -

## 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:						
					<b>Fringe Total:</b>	\$ -

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

**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		
			<b>Subtotal</b>	<b>\$</b>	<b>-</b>

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

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



# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
<i>select this row to add new lines above</i>			\$	-
		<b>Subtotal</b>	\$	-

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

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

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

# UC Program Budget Detail

Grantee Name: 0

HIDE

Budgetary Detail Level:

			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
<i>select this row to add new lines above</i>			\$	-
			<b>Subtotal</b>	\$ -

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

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

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

# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level: \_\_\_\_\_

<i>select this row to add new lines above</i>				\$	-
			<b>Subtotal</b>	\$	-

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

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

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

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

<h2>Supplies</h2>	<p>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.</p>
-------------------	---

# UC Program Budget Detail

Grantee Name:

0

**HIDE**

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<i>select this row to add new lines above</i>				\$ -
			<b>Subtotal</b>	<b>\$ -</b>

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

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



# UC Program Budget Detail

Grantee Name:

**HIDE**

Budgetary Detail Level: \_\_\_\_\_

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

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

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

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

# UC Program Budget Detail

Grantee Name:

HIDE

Budgetary Detail Level: \_\_\_\_\_

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

**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
<b>Contractual Total:</b>		\$ -

**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 where 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 Detail

Grantee Name: 0  
Budgetary Detail Level:

**HIDE**

### Property Acquisitions

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

Construction Total: \$ -

## Other Costs

### Facility

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, and other facility costs (i.e. utilities, property insurance (if owned), pest control, lawn care, etc.)

### Building Leases

*Arm's-length, operating leases - see 45 C.F.R. 75.465(a) for charging limitations*

*Sale-and-leaseback arrangements - see 45 C.F.R. 75.465(b) for charging limitations*

*Related party (less-than-arm's-length) leases - see 45 C.F.R. 75.465(b) and (c) for charging limitations*

*Capital/finance leases - see 45 C.F.R. 75.465(b) and (c)(5) for charging limitations; see GAAP for classification (FAS 13/ASC 842)*

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
If additional lines are necessary, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

## Depreciation

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.						\$ -
<b>Subtotal</b>						<b>\$ -</b>

## 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](http://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
<i>select this row to add new lines above</i>		

# UC Program Budget Detail

Grantee Name:

HIDE

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, please use the Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.					\$ -
				<b>Subtotal</b>	\$ -

## 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.				\$ -

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

HIDE

<b>Subtotal</b>	<b>\$</b>	-
-----------------	-----------	---

## 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 Facility Attachment tab. Subtotal from Facility Attachment auto-updates to the right.				\$ -
<b>Subtotal</b>				<b>\$ -</b>

<b>Facility Total:</b>	<b>\$</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			
<b>Subtotal</b>				<b>\$</b>	-

# UC Program Budget Detail

Grantee Name:

[HIDE](#)

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Subtotal:</b>				<b>\$ -</b>

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

# UC Program Budget Detail

Grantee Name:

Budgetary Detail Level:

**HIDE**

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
<b>Subtotal:</b>				\$	-

<b>Other Costs (non-facility) Total</b>	\$	-
---	----	---

<b>Other Costs Total:</b>	\$	-
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***Indirect Costs*** 
 If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

Indirect Cost Election Type  *Select from the drop-down menu*

Complete the applicable section below. If "No IDC Rate" selected, then enter "\$0" in the "IDC Total" and skip the rest of the section.

**Approved Rate**

Date Granted  *Date of the Approval Letter*

## UC Program Budget Detail

Grantee Name: 0

HIDE

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
Budgetary Detail Level:	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!

HIDE

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**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: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:
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0	\$	-
---	----	---

Position Description:
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0	\$	-
---	----	---

Position Description:
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0	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

Position Description:

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0 \$ -

Position Description:

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0 \$ -

Position Description:

--	--	--

0 \$ -

Position Description:

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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

0	\$	-
---	----	---

Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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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: 0

HIDE

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<b>Case Manager</b>	\$	-
Position Description:		

<b>Lead Teacher</b>	\$	-
Position Description:		

<b>Teacher</b>	\$	-
Position Description:		

<b>Youth Care Worker</b>	\$	-
Position Description:		

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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<b>Administrative Assistant</b>	\$	-
---------------------------------	----	---

Position Description:
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<b>0</b>	\$	-
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Position Description:
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<b>0</b>	\$	-
----------	----	---

Position Description:
-----------------------

<b>0</b>	\$	-
----------	----	---

Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
---	----	---

Position Description:
-----------------------

0	\$	-
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Position Description:
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

0	\$	-	
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Position Description:

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Position Description:

0 \$ -

Position Description:

0 \$ -

Position Description:

## Personnel Adjustments

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

Description and Justification (include 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):

0 \$ -

Description and Justification (include 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):

**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:** \$ -

# UC Program Budget Narrative

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

**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 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

Travel Justification (Include purpose and anticipated participants):

0 \$ -

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.)

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

**Category Total: \$ -**

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Supplies</b>	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>Category Total:</b>	<b>\$</b>	<b>-</b>
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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program):

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

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

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

0	\$	-
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Description and Justification (include description of how it directly benefits the program):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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0 \$ -

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

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**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 on the Other line.

**Category Total:** \$ -

0 \$ -

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

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0 \$ -

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

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# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name:	0
Budgetary Detail Level:	0

HIDE

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0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

### 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 where 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 & Renovations (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:

# UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

<b>Building Lease</b>	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 "arms-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 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).
<b>Depreciation</b>	Expense description should include the type of depreciation being charged and the depreciation schedule should be attached to the application. Depreciation expense must be calculated consistent with the methodology explained at 45 CFR 75.436.
<b>Minor A&amp;R</b>	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.
<b>Utilities</b>	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.
<b>Building Maintenance</b>	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.

<b>Building Leases</b>	<b>\$</b>	-
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 Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

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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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Depreciation</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

Description and Justification (include description of how 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):

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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):

0 \$ -

Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

<b>Minor Alterations &amp; Renovations (A&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how 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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

<b>Maintenance &amp; Repairs (M&amp;R)</b>	<b>\$</b>	<b>-</b>
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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.

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0 \$ -

Description and Justification (include description of how 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):

## 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 (include description of how 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):

0 \$ -

Description and Justification (include description of how 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):

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

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):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

0	\$	-
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Description and Justification (include description of how it directly benefits the program and how allocated, if applicable):

## UC Program Budget Narrative

Grantee Name: 0  
 Budgetary Detail Level: 0

HIDE

**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.

**Category Total:** \$ -

**Special Instructions:**  
**Escort and Reunification Costs** Expense description and cost breakdown should include a total for each individual item of cost including: UC airfare, escort airfare, escort lodging, and meals. See "Travel" section above for additional details on computation and reporting requirements.

Escort Services - Staff \$ -

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

Escort Services - Client (Child) \$ -

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

**Other Costs (non-facility) Reoccurring Monthly**

0 \$ -

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

0 \$ -

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

0 \$ -

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

0 \$ -

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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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:

0 \$ -

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

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
0	\$	-	
Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:			
<b>Other Costs (non-facility) One-Time or Reoccurring Annually</b>			
0	\$	-	

# UC Program Budget Narrative

Grantee Name: 0  
Budgetary Detail Level: 0

HIDE

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

0 \$ -

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

0 \$ -

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

0 \$ -

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

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0 \$ -

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

0 \$ -

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



## UC Program Budget Narrative

Grantee Name:

Budgetary Detail Level:

HIDE

0	\$	-	
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Description, Justification (include description of how it directly benefits the program and how allocated, if applicable), Calculation & Sources:

**Indirect Costs**

If indirect costs are included in the proposed budget, provide a copy of the approved negotiated agreement if this rate was negotiated with a cognizant Federal agency. Alternatively, applicants that have never received a negotiated indirect cost rate may elect to charge indirect costs pursuant to a de minimis rate of 10 percent of modified total direct costs (MTDC), in which case a negotiated indirect cost 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/>

<b>Category Total:</b>	\$	-	
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Indirect Cost Election Type	0	If "No IDC Rate" selected, then do not complete anything below.
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<b>Direct Cost Basis Computation</b>	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 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
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

HIDE

<b>Facility Attachment</b>	<p>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.</p> <p>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.</p> <p>If an applicant selects the row with the "Attachment Subtotal" to insert rows, the applicant will need to fix the subtotal formula.</p> <p>Best practice to double check the "Attachment Subtotal" format to ensure all rows are included so that the subtotal carries correctly to the Budget Detail.</p>
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## Building Leases

Location	Lease Term	Monthly Cost	Number of Months (during budget year)	Subtotal
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			<b>Subtotal</b>	\$ -

## Depreciation

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





# UC Program Budget Detail Facility Attachment

Grantee Name: 0

**HIDE**

Budgetary Detail Level: 0

				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
			<b>Subtotal</b>	\$	-

## UC Program Budget Detail Facility

Grantee Name:	0
Budgetary Detail Level:	0
Grant Number (if known):	0
Budget Period:	0
Months in Budget Period:	12
Capacity:	-

<b>Facility Attachment</b>	<p>Costs detailed here are included in the main Budget. Add lines as needed to select an itemized cost. If an applicant selects a subtotal formula, Best practice to carry over carries correctly.</p> <p>If this attachment is not needed, right click the tab name and select "Hide". Only do this if none of the additional sections below are needed.</p>
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### Building Leases

Location	Narrative Justification

### Depreciation

Asset Description (specific building or improvement identifiers)	Acquisition Date	Narrative Justification

## UC Program Budget Detail Facility

Grantee Name: 0  
 Budgetary Detail Level: 0


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

*By completion this section, applicants are asserting (major improvements broken into smaller projects)*

Asset Description (specific A&R identifiers)	Land Pa	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 0  
Budgetary Detail Level: 0


## Maintenance & Repairs (M&R)

*Costs qualify as M&R which neither increase the value of the asset nor extend its useful life.*

Asset Description (specific M&R identification)	Narrative Justification

## Other Facility Costs

Other Facility Costs	Narrative Justification

# UC Program Budget Detail Facility

Grantee Name: 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