

## TRIBAL IV-D BUDGET DEVELOPMENT

### INSTRUCTIONS FOR USING THE WORKSHEETS

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

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

**3. Budget Workbook Template:**

In addition to this tab, the workbook includes:

- Tab-2\_Budget Basics has helpful information for budget preparation.
- Tab-3\_Checklist is a tool to ensure you have all the required documents for your budget submission. Check items off as you complete them.
- Tab-4\_Sample Budget Worksheet gives you examples of how your budget line items should look.
- Tab-5\_Budget Worksheet is the worksheet you can use to develop your annual budget.
- Tab-6\_Budget-At-A-Glance auto-populates with the data you entered into Tab-5. It is designed to give you an overall summary of your budget.
- Tab-7\_SF-424A auto-populates with the data you entered into Tab-5.

**Each worksheet is locked to reduce errors in calculations. The password to un-protect each worksheet is: 12345**

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

**Tab-5\_Budget Worksheet:**

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

**Tab-6\_Budget-At-A-Glance:**

This worksheet provides a summary of your Total Budget. It displays a break-down of:

- Total funds you are requesting

This easy-to-read summary can be used when you're discussing your budget with your tribal budget committees or tribal council.

**Tab-7\_SF-424A** was added for your convenience. It auto-populates with all the budget information you entered in Tab-5\_Budget Worksheet.

**You can print this page and use it to copy the data into GrantSolutions, confident that all calculations are accurate and complete.**

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

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

**STEP 2: Login to GrantSolutions. Enter numbers from Tab 7 in the 424A form online. Upload supporting documentation, including this Excel document, contracts, and your current Indirect Cost Rate agreement. Submit.**

**5. Budget Submission:**

**Your budget submission to OCSS must include Tab-5\_Budget Worksheet, Tab-6\_Budget-At-A-Glance, and Tab-7\_SF-424A.**

**If you are using GrantSolutions, please delete all other tabs (Tab-1, Tab-2, Tab-3, and Tab-4) and upload the revised workbook into GrantSolutions. (To delete tabs, place your cursor on the tab name, right click, and click delete).**

**If you are not using GrantSolutions, please print the worksheets in Tab-5, Tab-6 and Tab-7 to include in your budget packet.**

**6. Subsequent Budgets.** After you have developed an initial budget using this Excel workbook, you can simply update it each consecutive year, saving you a lot of time. Using a standard naming format each year will allow you to create a library of budget files that will be easy to find when needed for future reference. (i.e., FFY14\_Start-Up Budget\_Year 1; FFY15\_Start-Up Budget\_Year2; FFY16\_Budget; FFY16\_Budget\_Revision; etc.).

**STEP 1:** When budget time rolls around, open your budget from the previous year and do a "Save As", naming the workbook with the new Federal Fiscal Year (FFY). Example: FFY19\_Budget

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

## TRIBAL IV-D BUDGET DEVELOPMENT

### BUDGET BASICS

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

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

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

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

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

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

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

**a. 100% Federal Funding:** Comprehensive programs are awarded 100% federal funding.

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

**5. More Information** is available on OCSS's website:

<https://www.acf.hhs.gov/css/training-technical-assistance/tribal-child-support-budget-toolbox>

## TRIBAL IV-D BUDGET DEVELOPMENT

### ANNUAL BUDGET CHECKLIST

Pursuant to 45 CFR 309.125, the application (Start-Up and Comprehensive) must include a proposed budget and budget justification narrative.

Comprehensive Program budgets must be submitted to OCSS annually no later than **AUGUST 1**.

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

	<b>1. COVER LETTER (RECOMMENDED)</b>
	<b>2. COVER SHEET (OPTIONAL)</b>
	<b>3. TABLE OF CONTENTS (OPTIONAL)</b>
	<b>4. STANDARD FORM (SF) 424:</b> "Application for Federal Assistance" to be submitted with the initial grant application for funding under §309.65(a) and (b) (60 days prior to the start of the funding period).
	<b>5. STANDARD FORM (SF) 424A:</b> "Budget Information, Non-construction Programs", to be submitted annually, no later than August 1 (60 days prior to the start of the funding period) in accordance with §309.115(a)(2) of this part. TAB-7_SF-424A auto-populates a SF-424A form for your convenience. <b>With EACH submission the following information MUST be included:</b>
	<b>6. QUARTER-BY-QUARTER ESTIMATE</b> of expenditures for the funding period.
	<b>7. BUDGET JUSTIFICATION NARRATIVE</b>
	<b>8. SUPPORTING DOCUMENTATION INCLUDED AS ATTACHMENTS:</b>
	a. Current Indirect Cost Agreement
	b. Contracts
	c. IT specifications (if applicable)
	d. Other documentation as applicable

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



OCSE TRIBAL BUDGET WORKBOOK  
TAB-4\_SAMPLE BUDGET WORKSHEET

SUTA	5.75% of salary		4,006.60	4,006.60	4,006.60	4,006.60	16,026.40
Medicare	1.45% of salary		1,010.36	1,010.36	1,010.36	1,010.36	4,041.44
Workman's Comp	3% of salary		2,090.40	2,090.40	2,090.40	2,090.40	8,361.60
Retirement/401K	6% of salary		4,180.80	4,180.80	4,180.80	4,180.80	16,723.20
	Amt/Yr	# of staff					
Health Insur/Single	\$ 80.00	2.75	55.00	55.00	55.00	55.00	220.00
Health Insur/Family	\$ 180.00	3.6	162.00	162.00	162.00	162.00	648.00
Life Insurance	\$ 38.00	6.35	60.33	60.33	60.33	60.33	241.30
Disability Insurance	\$ 250.00	6.35	396.88	396.88	396.88	396.88	1,587.50
<b>TOTAL FRINGE:</b>			<b>14,923.76</b>	<b>14,923.76</b>	<b>14,923.76</b>	<b>14,923.76</b>	<b>59,695.04</b>

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

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

NAME OF EVENT:		\$ -	\$ -	\$ -	\$ -	\$ -
LOCATION:						
DATES:						
<b>TOTAL TRAVEL:</b>		\$ -	\$ 9,700.00	\$ -	\$ -	\$ 9,700.00

<b>EQUIPMENT:</b>						
Server		\$ -	\$ 7,000.00	\$ -	\$ -	\$ 7,000.00
						\$ -
<b>TOTAL EQUIPMENT</b>		\$ -	\$ 7,000	\$ -	\$ -	\$ 7,000

<b>SUPPLIES: (Consumable Office Supplies)</b>						
General Office Supplies	File folders, pens, notepads, pencils, post-it notes	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 2,000.00
Toner		\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 4,000.00
Computer Ink		\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 8,000.00
		\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL SUPPLIES:</b>		\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 14,000.00

OCSE TRIBAL BUDGET WORKBOOK  
 TAB-4\_SAMPLE BUDGET WORKSHEET

<b>CONTRACTUAL:</b>						
DNA Contract	8 paternity cases x 3 participants x \$35 per participant = \$840 Draft (Signed) contract is in Attachment A.	\$ 210.00	\$ 210.00	\$ 210.00	\$ 210.00	\$ 840.00
		\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL CONTRACTUAL:</b>		\$ 210.00	\$ 210.00	\$ 210.00	\$ 210.00	\$ 840.00

OCSE TRIBAL BUDGET WORKBOOK  
TAB-4\_SAMPLE BUDGET WORKSHEET

<b>OTHER:</b>						
Phones	5 phones x \$60/mo x 12 mo = \$3,600	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 3,600.00
Fax	1 fax x \$60/mo x 12 mo = \$720	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	\$ 720.00
Postage	Estimated postage for mailing letters. All postage is paid by the tribe's general account.	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 500.00
MTS maintenance	We have an intra-agency agreement with the tribal IT dept. to do routine maintenance on our MTS.	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 10,000.00
Tribal Process Server	50 cases x \$40 per service = \$2,000	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 2,000.00
Filing Fees/Tribal Court	100 case/yr x \$45/case = \$4,500	\$ 1,125.00	\$ 1,125.00	\$ 1,125.00	\$ 1,125.00	\$ 4,500.00
Maintenance	General cleaning & maintenance	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 1,200.00
<b>TOTAL OTHER:</b>		<b>\$ 5,630.00</b>	<b>\$ 5,630.00</b>	<b>\$ 5,630.00</b>	<b>\$ 5,630.00</b>	<b>\$ 22,520.00</b>
<b>TOTAL DIRECT COSTS</b>		<b>\$ 90,943.76</b>	<b>\$ 107,643.76</b>	<b>\$ 90,943.76</b>	<b>\$ 90,943.76</b>	<b>\$ 392,475.04</b>
<b>INDIRECT COSTS</b>	30%	<b>\$ 20,904.00</b>	<b>\$ 20,904.00</b>	<b>\$ 20,904.00</b>	<b>\$ 20,904.00</b>	<b>\$ 83,616.00</b>
<b>TOTALS:</b>		<b>\$ 111,847.76</b>	<b>\$ 128,547.76</b>	<b>\$ 111,847.76</b>	<b>\$ 111,847.76</b>	<b>\$ 476,091.04</b>

**Total Budget:** \$ 476,091.04

OCSE TRIBAL BUDGET WORKBOOK  
TAB-4\_SAMPLE BUDGET WORKSHEET







Medicare	0.00% of salaries		\$ -	\$ -	\$ -	\$ -	\$ -
Workman's Comp	0.00% of salaries		\$ -	\$ -	\$ -	\$ -	\$ -
Retirement/401K	0.00% of salaries		\$ -	\$ -	\$ -	\$ -	\$ -
	0%	# of staff					
Health Insur/Single	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -
Health Insur/Family	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -
Life Insurance	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -
Disability Insurance	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL FRINGE:</b>			\$ -	\$ -	\$ -	\$ -	\$ -
<b>TRAVEL:</b>							
GENERAL COMMENTS:							
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:		\$ -	\$ -	\$ -	\$ -	\$ -
LOCATION:	NARRATIVE:						
DATES:							
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:		\$ -	\$ -	\$ -	\$ -	\$ -
LOCATION:	NARRATIVE:						
DATES:							
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:		\$ -	\$ -	\$ -	\$ -	\$ -
LOCATION:	NARRATIVE:						
DATES:							

<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>NAME OF EVENT:</b>	NUMBER OF STAFF ATTENDING:	\$	-	\$	-	\$	-	\$	-	\$	-
LOCATION:	NARRATIVE:										
DATES:											
<b>TOTAL TRAVEL:</b>		\$	-	\$	-	\$	-	\$	-	\$	-

EQUIPMENT:						
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
<b>TOTAL EQUIPMENT</b>		\$	-	\$	-	\$
SUPPLIES: (Consumable Office Supplies)						
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
<b>TOTAL SUPPLIES:</b>		\$	-	\$	-	\$
CONTRACTUAL:						
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$
		\$	-	\$	-	\$

		\$	-	\$	-	\$	-	\$	-	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-
<b>TOTAL CONTRACTUAL:</b>		\$	-	\$	-	\$	-	\$	-	\$	-



- A9: INSTRUCTIONS:  
List all the personnel positions in this column
- A85: INSTRUCTIONS:  
Please use this row if your tribe uses a lump-sum percentage for calculating Fringe. Then leave the following rows blank.
- A86: INSTRUCTIONS:  
If your Tribe breaks down the Fringe cost by percentage, enter the details here
- A99: INSTRUCTIONS:  
Enter text to indicate the source of the calculations (i.e., Airline websites, Travelocity, Kayak, etc.).
- A101: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A102: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A103: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A105: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A107: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A109: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A111: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A113: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A114: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A115: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A117: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A118: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A119: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A121: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A122: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A123: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A125: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A126: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A127: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A129: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A130: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A131: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A133: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A134: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.

- A135: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A137: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A138: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A139: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A141: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A142: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A143: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A145: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A146: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A147: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A149: INSTRUCTIONS:  
Enter the name of the conference, meeting or event in this cell.
- A150: INSTRUCTIONS:  
Enter the location of the conference, meeting or event in this cell.
- A151: INSTRUCTIONS:  
Enter the date(s) of the conference, meeting or event in this cell.
- A155: INSTRUCTIONS:  
Enter the type of equipment to be purchased in the highlighted cells in column A.
- A164: INSTRUCTIONS:  
If applicable, list the type of supplies to be purchased in column A.
- A177: INSTRUCTIONS:  
List titles of all contracts in the highlighted cells in column A.
- A195: INSTRUCTIONS:  
List all "Other" anticipated expenses in the highlighted cells in column A.
- B3: INSTRUCTIONS:  
Enter the name of the Tribal program in this cell.
- B4: INSTRUCTIONS:  
Enter the Federal Fiscal Year in this cell.
- B9: INSTRUCTIONS:  
Enter the total annual hours that will be worked for each position in this column
- B31: INSTRUCTIONS:  
Enter text to briefly describe the roles and responsibilities for each position listed.
- B85: INSTRUCTIONS:  
Enter the lump-sum percentage amount, in this cell, that your tribe uses to calculate Fringe.
- B86: INSTRUCTIONS:  
Enter the percentage amount your tribe uses for FICA in this cell
- B87: INSTRUCTIONS:  
Enter the percentage amount your tribe uses for SUTA in this cell
- B88: INSTRUCTIONS:  
Enter the percentage amount your tribe uses for Medicare in this cell
- B89: INSTRUCTIONS:  
Enter the percentage amount your tribe uses for Workmans's Comp in this cell
- B90: INSTRUCTIONS:  
Enter the percentage amount your tribe uses for retirement/401ks in this cell
- B92: INSTRUCTIONS:  
Enter the annual amount for Single Health insurance for 1 person in this cell.

- B93:** INSTRUCTIONS:  
Enter the annual amount for Family Health insurance for 1 person in this cell.
- B94:** INSTRUCTIONS:  
Enter the annual amount for life insurance for 1 person in this cell.
- B95:** INSTRUCTIONS:  
Enter the annual amount for disability insurance for 1 person in this cell.
- B101:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B102:** INSTRUCTIONS:  
Enter the justification narrative for this travel in this section.
- B105:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B109:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B113:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B117:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B121:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B125:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B129:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B133:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B137:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B141:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B145:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B149:** INSTRUCTIONS:  
Enter the number of staff attending and what costs will be incurred (i.e., lodging, airfare, per diem, rental cars, etc.)
- B156:** INSTRUCTIONS:  
Enter a brief justification narrative in this section.
- B164:** INSTRUCTIONS:  
Enter a brief description of how costs are calculated, if applicable.
- B177:** INSTRUCTIONS:  
Enter a brief description of how costs are calculated, if applicable.
- B178:** INSTRUCTIONS:  
Enter the justification narrative in this section.
- B195:** INSTRUCTIONS:  
Enter a brief description of how costs were calculated.
- B217:** INSTRUCTIONS:  
Enter the approved IDC rate in the high-lighted cell in column B. And calculate the total indirect costs needed divided by 4 quarters.
- C9:** INSTRUCTIONS:  
Enter the hourly wage amount for each position in this column.  
  
If a position is salaried, you must convert the annual salary amount to an hourly amount by dividing the annual salary by 2080 hours. Then enter that hourly amount in this column.
- C92:** INSTRUCTIONS:  
Enter the number of FTE's for each benefit received in this column.
- E101:** INSTRUCTIONS:  
Enter the cost of the total estimated travel for each event in the cell under the quarter that the travel will occur.
- E164:** INSTRUCTIONS:  
Enter the estimated costs per quarter in the appropriate cells for each cost listed.

E177: INSTRUCTIONS:  
Enter the estimated costs per quarter in the appropriate cells for each cost listed.

E195: INSTRUCTIONS:  
Enter the estimated costs per quarter in the appropriate cells for each cost listed.

I220: INSTRUCTIONS:  
This is the TOTAL PROPOSED BUDGET AMOUNT.

OCSE TRIBAL BUDGET WORKBOOK  
TAB-6\_BUDGET AT-A-GLANCE

Program Name:			
Federal Fiscal Year:			
Federal Share:	100%		
<b>BUDGET AT-A-GLANCE</b>			
Object Class Categories	<b>THIS IS YOUR TOTAL BUDGET</b>		
	\$		-
PERSONNEL	\$		-
FRINGE	\$		-
TRAVEL	\$		-
EQUIPMENT	\$		-
SUPPLIES	\$		-
CONTRACTUAL	\$		-
OTHER	\$		-
<b>TOTALS DIRECT CHARGES:</b>	\$		-
INDIRECT COSTS	\$		-
<b>TOTAL BUDGET</b>	\$		-

**IMPORTANT NOTE:**

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

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

**BUDGET INFORMATION - Non-Construction Programs**

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

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	-	-	-	-	
9.	-	-	-	-	
10.	-	-	-	-	
11.	-	-	-	-	
12. TOTAL (sum of lines 8 - 11)	-	-	-	-	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ -	\$ -	\$ -	\$ -	\$ -
14					
15. TOTAL (sum of lines 13 and 14)	\$ -	\$ -	\$ -	\$ -	\$ -
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF PROJECT					
a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16	\$ -	\$ -	\$ -	\$ -	
17	\$ -	\$ -	\$ -	\$ -	
18	\$ -	\$ -	\$ -	\$ -	
19	\$ -	\$ -	\$ -	\$ -	
20. TOTAL (sum of lines 16 - 19)	\$ -	\$ -	\$ -	\$ -	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		

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23. Remarks:

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