**FORMAL NAME OF AGENCY**

**AHEAD in WIC Project**

**PROJECT DATE**

 **Budget Summary**

1. **Salaries and Wages……………………… $00.00**
2. **Fringe Benefits………………… ........... $00.00**
3. **Consultant Costs…………………………. $00.00**
4. **Equipment………………………………….. $00.00**
5. **Supplies…………………..…………………. $00.00**
6. **Travel…………………………………………. $00.00**
7. **Other………………………….………………. $00.00**
8. **Contractual Costs…………….. ………… $00.00**
9. **Total Direct ………………………………… $00.00**
10. **Total Indirect $00.00**
11. **TOTAL REQUEST $00.00**
12. **Salary and Wages : Total $**



*Justification:*

1. **Fringe Benefits : Total $**

Fringe Benefits Total = ($X) Y% of Total $ Salaries = Fringe Benefits

Project Coordinator



Position X



Position Y



Position Z



1. **Consultant Costs:** **Total $**

1. *Name of Consultant:*Identify the name of the consultant and describe his or her qualifications.

2. *Organizational Affiliation (if applicable):* Identify the organization affiliation of the consultant.

3. *Nature of Services to Be Rendered:* Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.

4. *Relevance of Service to the Project:* Describe how the consultant services relate to the accomplishment of specific program objectives.

5. *Number of Days of Consultation (basis for fee):* Specify the total number of days of consultation.

6. *Expected Rate of Compensation:* Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.

7. *Method of Accountability:* Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

\*If the required information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

1. **Equipment: Total $**

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*Justification:*

1. **Supplies: Total $**

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*Justification:*

1. **Travel: Total $**

Out-of-State Travel:

In-State Travel

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*Justification:*

1. **Other: Total $**

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*Justification:*

1. **Contractual Costs: Total $**

1. Name of Contractor: Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.

2. Method of Selection: State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.

3. Period of Performance: Specify the beginning and ending dates of the contract.

4. Scope of Work: Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.

5. Method of Accountability: Describe how the progress and performance of the contactor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.

6. Itemized Budget and Justification: Provide and itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

\*If the information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contacts and amounts for each.

1. **Total Direct: Total $**
	* + 1. **Salaries and Wages……………………… $00.00**
			2. **Fringe Benefits…………………........... $00.00**
			3. **Consultant Costs…………………………. $00.00**
			4. **Equipment………………………………….. $00.00**
			5. **Supplies…………………..…………………. $00.00**
			6. **Travel…………………………………………. $00.00**
			7. **Other………………………….………………. $00.00**
			8. **Contractual Costs $00.00**
			9. **Total Direct…………………………………. $00.00**
2. **Indirect: Total $**

Indirect cost rate:

Basis of calculation:

Indirect cost rate \* $basis of calculation = indirect costs

\* To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs

**TOTAL REQUEST: $00.00**