



## **Appendix D**

# **FY 2018-19 ENVIRONMENTAL EDUCATION COMMUNITY-BASED ORGANIZATION (CBO) FUNDING REQUEST FOR PROPOSALS No. 9333**

## **Line Item Budget Form and Budget Narrative Justification Instructions**

## Instructions for Completing Line Item Budget Form

1. In the box titled **“Organization Name,”** please indicate the full legal name of the organization.
2. In the box titled **“Program Name,”** please indicate the descriptive program name identified in the RFP narrative to which the Line Item Budget Form applies.
3. In the box titled **“Budget Period”** please indicate the time period during which the organization will spend funds to provide the service identified in the box titled “Program Name.”
4. In the spaces provided under the column labeled **“Object Class Categories,”** **first,** list all direct service personnel and fringe benefits for each proposed position. For each direct service staff member listed, indicate their position title, first initial (at a minimum), last name, and the percent at which the fringe benefits are calculated. **Next,** in the following order, list a) travel for direct service personnel, b) direct service supplies, c) direct service equipment, d) contractual direct services, and e) any other direct costs (please see ‘Instructions for Preparing a Budget Justification’ below for more information regarding allowable direct costs). **Then,** list all indirect/administrative personnel and their fringe benefits. For each indirect service/administrative staff member listed, indicate their position title, first initial (at a minimum), last name, and the percent at which the fringe benefits are calculated. **Finally,** list all other indirect costs.
5. In **Column I. “County Funding – This Award,”** **indicate the amount of direct and indirect costs, by line item, which will be funded by County Funding for this award.** Please note that the total amount of indirect costs listed in ‘Column I.’ cannot exceed 15% of the total award. For example, if the total amount of funds being requested is \$10,000, then the total for the indirect costs may not exceed \$1,500 (15% of the \$10,000 award). **A detailed breakdown of individual indirect/administrative expenses is required.**
6. In **Column II. “County Funding – All Other,”** **indicate all other County Funding that is expected to support the budgeted line items associated with this award, where appropriate.** Be sure all other County funding covers the same Budget Period as indicated in Item #4 above.
7. In **Column III. “Federal Funding,”** **Column IV. “City/State Funding,”** and **Column V. “All Other Funding,”** indicate all funding, by category, which is expected to support the budgeted line items associated with this award, as appropriate. For each funding source, be sure the funding covers the same Budget Period indicated in Item #4 above.
8. In **Column “Total,”** indicate the **total cost to your organization** for each line item for the Budget Period indicated in Item #4 above for this program.
9. In the last column of the Line Item Budget Form, insert **the percentage** of each line item to be charged to this award. The percentage charged to this award equals the line item amount identified in **Column I., divided by** the total line item amount identified in **Column “Total”** for each line item (e.g., row in the worksheet).
10. Indicate the Total for this award in the space provided at the bottom of Column I. This number is the sum of all of the individual line items listed in Column I.

**NOTE: FOR A LISTING OF ALLOWABLE DIRECT COSTS BY SERVICE CATEGORY,  
PLEASE SEE THE BUDGET JUSTIFICATION INSTRUCTIONS.**