Attachment B

Thank you for Applying for Funding from the Children's Trust of Alachua County. Please complete Sections of this work book that partain to the funding needs you are interested in for your program.

Program Budget Summary FY 2024-2025

NAME OF AGENCY (LEGAL NAME):	Parntership for Strong Families, Inc.
PROGRAM NAME:	Family Resource Center Consulting

	Total Cost	Request from CTAC	Other Sources
Personnel Expenses	•		
Personnel	\$105,001.20	\$93,925.16	\$11,076.04
Fringe	\$36,327.20	\$36,327.20	\$0.00
Total Personnel Expenses	\$141,328.40	\$130,252.36	\$11,076.04

Operating Expenses

\$166,797.81	\$153,933.05	\$12,864.76
\$25,469.41	\$23,680.69	\$1,788.72
\$0.00	\$0.00	\$0.00
\$1,300.00	\$1,300.00	\$0.00
\$1,788.72	\$0.00	\$1,788.72
\$1,440.00	\$1,440.00	\$0.00
\$0.00	\$0.00	\$0.00
\$9,840.69	\$9,840.69	\$0.00
\$0.00	\$0.00	\$0.00
\$9,000.00	\$9,000.00	\$0.00
\$0.00	\$0.00	\$0.00
\$2,100.00	\$2,100.00	\$0.00
	\$0.00 \$9,000.00 \$9,840.69 \$0.00 \$1,440.00 \$1,788.72 \$1,300.00 \$0.00 \$25,469.41	\$0.00 \$0.00 \$9,000.00 \$9,000.00 \$0.00 \$0.00 \$9,840.69 \$9,840.69 \$0.00 \$0.00 \$1,440.00 \$1,440.00 \$1,788.72 \$0.00 \$1,300.00 \$1,300.00 \$25,469.41 \$23,680.69

Subtotal Personnel and Operating	\$166,797.81	\$153,933.05	\$12,864.76
Indirect Expenses (Maximum of 15%)**	\$25,019.67	\$23,089.95	\$1,929.72
Total Expenses	\$191,817.49	\$177,023.00	\$14,794.48

INDIRECT EXPENSES**

Complete the Indirect Cost Worksheet

Indirect expenses are considered to be general and or shared use for the primary organization and may mutually benefit more than the CTAC awarded program. Indirect expenses are not directly needed for the operation of the CTAC program. Example: the HR Department, Accounting & Finance, Data/I.T., the CEO.

Other Funding Sources or Revenues (include all revenue sources outside of CTAC)

SOURCE	AMOUNT
DCF Contract	\$14,794.48
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
TOTAL	\$14,794.48

DESCRIPTION

PERSONNEL								
POSITION TITLE	Annual	Salary	% OF TIME OF THIS PROJECT		TOTAL COSTS	EQUESTED ROM CTAC	отн	IER SOURCES
Example Program Coordinator		000.00	50			\$ 6,250.00	\$	6,250.00
Prevention Consultant		000.00	100	%\$	70,000.00	\$ 70,000.00	\$	-
Director of Resource Centers		170.00	28	%\$	24,127.60	\$ 23,925.16	\$	202.44
Chief of CCS	\$ 108,	736.00	10	% \$	10,873.60	\$ -	\$	10,873.60
				\$	-	\$ -	\$	-
				\$	-	\$ -	\$	-
				\$		\$ -	\$	-
				\$		\$ -	\$	-
				\$	-		\$	-
				\$	-		\$	-
				\$	-		\$	-
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				\$	-		\$	-
				\$	-		\$	-
				\$	-		\$	-
				\$			\$	-
				\$	-		\$	-
				\$	-		\$	-
				\$	-		\$	-
				\$	-		\$	-
				\$	-		\$	-
				\$			\$	-
	\$ 264	906.00	TOTAL	\$	105,001.20	\$ 93,925.16	\$	11,076.04

WAGES - Enter each position separately in the table above and indicate the gross wages associated with that position. If you are requesting funds for multiple people in a position, please identify the total number after the position title (i.e. Tutors (5)). In the justification area below, show the calculation method for that amount (i.e. 5 tutors at \$200.00/week for 52 weeks would be: $5 \times 200 \times 52 = $52,000.00$). You may list each separately if you prefer. SAMIS requires that you list each separately.

If you are asking for fringe please complete the "fringe worksheet".

The reimbursement amount for benefits should be calculated based on the EMPLOYER'S rate for single coverage, not the EMPLOYEE'S portion.

Please DO NOT include contract employees in this section.

JUSTIFICATION: Describe the role and responsibilities of each position. (insert justification here):

DESCRIPTION
Responsible for recruiting and maintaining relationships with partner sites, developing and implementing
consultation plans, creating FRC toolkits, faciliating trainings, and reporting related to bothCTAC funded
projects, as needed. Also provides supervision and support for our Community Resource Naviation Program.
Provide supervision and hands-on support to the Prevention Consultant to include participation with meetings, trainings, and development of materials.
Responsible for direct supervision of the Director of Resource Centers, securing and managing large grants for
the resource centers, sustaining and growing our network of Family Resource Centers, and consulting to build capacity for other non-profits.

FRINGE										
POSITION TITLE	Annual SALARY	Social Security	MEDICARE	LIFE AND HEALTH INS	WORKERS' COMP	RETIREMENT	OTHER	TOTAL ANNUAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Program Coordinator	\$6,250.00	\$387.50	90.63	\$600.00	\$120.00	\$350.00	\$10.00	\$1,558.13	\$500.00	\$1,058.13
Prevention Consultant	\$70,000.00	\$4,340.00	\$1,015.00	\$19,506.00	\$378.00	\$2,800.00	\$4,351.48	\$32,390.48	\$32,390.48	\$0.00
Director of Resource Centers	\$23,925.16	\$1,483.36	\$346.91	\$41.00	\$112.00	\$830.00	\$1,123.45	\$3,936.72	\$3,936.72	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
TOTAL FRINGE	\$93,925.16	\$5,823.36	\$1,361.91	\$19,547.00	\$490.00	\$3,630.00	\$5,474.93	\$36,327.20	\$36,327.20	\$0.00

Pooled Fringe Rate = 38.68%

FRINGE - Enter each position separately in the table above and indicate the associated wages and fringe benefits associated with the position. If you are asking for more than one person in a position, please Identify the total number after the position title and in the justification area below show how you arrived at the total wages and benefits. (Example 5 tutors at 200.00 per week for 4 weeks would be: 5 tutors x 200 per week= 1000.00 per week multiplied by 52 weeks = 52000.00 for all 5 tutors). If you are asking for fringe benefits for these positions please complete the "fringe worksheet" as well.

When determining cost of benefits for reimbursement, the amount should be based on a single coverage rate and is the employer's contribution amount not the employee portion.

Please DO NOT include contract for service employees in this section.

<u>JUSTIFICATION: Describe the role and responsibilities of each position.</u> See Regular Salary and Wages tab for position descriptions. Fringe includes FICA (6.2%), MICA (1.45%), Life and Health (actuals, ranging from \$162 - \$21,500 depending on coverage elections; vacant positions are figured at the highest rate), Worker's Comp (0.15%), Retirement (4%), and Other (includes dental, vision, disability, and unemployment; these are actuals, outside of unemployment which is figured at 3%). All costs are the employers contribution, and do not tinclude he employee portion.

TRANSPORTATION

PURPOSE OF TRANSPORTATION					REQUESTED FROM CTAC	OTHER SOURCES
Example Weekly School pickup	\$	100.00	12	\$1,200.00	\$500	\$700.00
Travel to meetings and partner sites	\$	175.00	12.00	\$2,100.00	\$2,100	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
				\$0.00	\$0	\$0.00
			TOTAL COST	\$2,100.00	\$2,100.00	\$0.00

Transportation –The purchase of vehicles is not allowed. Fuel is allowed only for program-related transportation. Rental of a vehicle is allowed for transporting program participant(s) to a program-related event(s). Insurance, taxes, and accessory coverage on rental vehicles are not billable. Vehicle-related expenses are not allowed for the transportation of non-program participants.

Please DO NOT include travel, certifications or training of employees in this section.

JUSTIFICATION: Describe the purpose of transportation and how costs were determined. (insert justification below)

Travel expenses are included for two positions, the Prevention Consultant and the Director of Resource Centers, who will travel to partner sites. The agency reimbusement rate is 0.445. Travel logs will be provided.

OFFICE SUPPLIES

OFFICE SUPPLIES					
ITEM	QUANTITY	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Copy Paper	12	\$50	\$600.00	\$300	\$300.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		TOTAL COST	\$0.00	\$0.00	\$0.00

Office Supplies – The purchase of generally recognized office supplies (i.e. pens, paper, printer ink, ink cartridges, etc.) is allowable.

If you have specific supplies for your program, please indicate them under Program Supplies.

JUSTIFICATION: Describe the purpose of office supplies and how costs were determined. (insert justification below)

PROGRAM SUPPLIES

ITEM	ANNUAL COST	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Art Supplies	\$200.00	\$200.00	\$100	\$100.00
Training supplies	\$605.00	\$605.00	\$605	\$0.00
Event Décor (tablecloths, trays, balloons, easels etc.)	875.00	\$875.00	\$875	\$0.00
Printed/digital materials (toolkit, consulting materials etc.)	4250.00	\$4,250.00	\$4,250	\$0.00
Food and drinks - trainings and events	2500.00	\$2,500.00	\$2,500	\$0.00
Folding tables (2)	120.00	\$120.00	\$120	\$0.00
Staff shirts and magnetic name tags with logos	650.00	\$650.00	\$650	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
		\$0.00	\$0	\$0.00
	TOTAL COST	\$9,000.00	\$9,000.00	\$0.00

Program Supplies - Program supplies can be described as supplies/materials necessary to the function of your program (i.e. t-shirt purchases, program material purchases, notebooks, crayons, mats). T-shirts and program materials must display the CTAC logo in a prominent location.

JUSTIFICATION: Describe the purpose of the program supplies and how costs were determined. (insert justification below)

Includes materials necessary for program implementaiton including but not limited to marketing and training materials, a printed and digital FRC toolkit, food, drinks, tablecloths, logo'd shirts for staff, t-shirts to be presented after program completion, and promotional items.

CONTRACTUAL & PROFESSIONAL SERVICES

NAME OF CONTRACT	SEESIONS OR HOURS	RATE	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Mental Health Counselor	12	\$ 200.	\$2,400.00	\$0	\$2,400.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		TOTAL COST	\$0.00	\$0.00	\$0.00

Contract Services - A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under this agreement. Such arrangements may be in the form of consortium agreements or contracts.

A copy of the signed agreement is required, along with a timesheet or other method of timekeeping, or the contractor's detail invoice. These items are to be submitted with the reimbursement request. Lawn maintenance and land improvements are not allowed. General building maintenance, including pest control, is not allowed for non-program areas.

Professional Services-A consultant is an individual retained to provide professional advice or services for a fee. A copy of the contractual agreement is required, along with a timesheet or other method of timekeeping, or the Professional Service company's detail invoice. These items are to be submitted with the reimbursement request.

Note: Please do not include regular employees in the section.

JUSTIFICATION: Describe the purpose of Contractual or Professional Service and how costs were determined. (insert justification below)

CERTIFICATIONS AND TRAINING

TYPE OF TRAINING OR CERTIFICATION	QUANTITY / STAFF	COST EACH / ENROLLMENT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Safe Kids Training	4	\$1,100.00	\$4,400.00	\$0	\$4,400.00
Training of Trainers - Protective Factors	1.00	2250.00	\$2,250.00	\$2,250	\$0.00
Staff Development (e.g., training, certifications, CEUs)	3.00	2530.23	\$7,590.69	\$7,591	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		TOTAL COST	\$9,840.69	\$9,840.69	\$0.00

Certifications, Travel and Training – This section relates to program employees. All reimbursement requests for this section must be program-related. Copies of all documentation and receipts (i.e., car rental, hotel stay, mileage, per diem charges and itinerary) must be included in the reimbursement packet. Copies of the certificates must be included.

JUSTIFICATION: Describe the purpose of Certification or Training and how costs were determined. (insert justification below)

Includes funds for one staff person to attend the Children's Trust Fund Alliance's Training of Trainers Protective Factors training. Additional funds will be used for grant-related staff (Prevention Consultant, Director of Resource Centers, and Chiefl of Clinical & Community Services) to attend conferences and trainings relevant to their positions. This may include viritual, state-wide, and/or out of state oportunities, including travel and lodging.

PRINTING

ITEM	QUANTITY	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Printing program flyers	500	\$0.20	\$100.00	\$100	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		TOTAL COST	\$0.00	\$0.00	\$0.00

Printing - Consists of printing customized items for your specific programs (t-shirts, program materials, work packets, etc.) is allowable. An invoice for these purchases must be included in the reimbursement packet. The CTAC logo must be displayed in a prominent position.

JUSTIFICATION: Describe the purpose of printing and how costs were determined. (insert justification below)

COMMUNICATION

ITEM	NUMBER OF MONTHS	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Cell Phone bill	12	\$102.00	\$1,224.00	\$150.00	\$1,074.00
Cell Phone bill	12	\$120.00	\$1,440.00	\$1,440.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
		TOTAL COST	\$1,440.00	\$1,440.00	\$0.00

Communications – You may be reimbursed for internet access if the internet access is required for the program. Office phones and cell phones are allowed if used for the purpose of the program. Only the percentage of CTAC funds will be authorized for reimbursement. Specific internet programs/services for the function are allowable (i.e., MailChimp, fitDegree, Cox, etc.).

JUSTIFICATION: Describe the purpose of communication item and how costs were determined. (insert justification below)

Cell phone plan for the Prevention Consultant and Director of Resources Centers: \$60/month X12 months X2 positions = \$1440. These are smart phones provided by PSF and do not involve a stipend.

INSURANCE

TYPE OF INSURANCE	QUANTITY	COST PER MONTH	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example General Liability	12	\$400.00	\$4,800.00	\$4,800.00	\$0.00
General Liability	12	\$149.06	\$1,788.72	\$0.00	\$1,788.72
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			0.00	\$0.00	\$0.00
			0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
TOTAL COST		\$149.06	\$1,788.72	\$0.00	\$1,788.72

Insurance – Liability and other types of insurance for your specific type of program is allowable. A copy of the policy with premium due dates and amounts must be included in the reimbursement submission each month that the coverage is in effect. Only the percentage of CTAC funds will be authorized for reimbursement.

JUSTIFICATION: Describe the purpose of the Insurance and how costs were determined. (insert justification below)

NON-CAPITAL EQUIPMENT & MAINTENANCE

ITEM	QUANTITY	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example printer HP 428	1	\$250.00	\$250.00	\$100.00	\$150.00
Laptop Setup	1	\$1,300.00	\$1,300.00	\$1,300.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
		TOTAL COST	\$1,300.00	\$1,300.00	\$0.00

Non - Capital Equipment (<\$1000) - Maintenance, purchase or rental of office equipment is not allowed. Equipment that is utilized for the specific purpose of the program (printers, laptops, etc.) that can be used for several years are allowable expenditures.

JUSTIFICATION: Describe the purpose of equipment or maintenance and how costs were determined. (insert justification below)

Costs include the purchase of one replacement laptop for the Director of Resource Centers at appromately \$1,300 - docking station not needed. A laptop was previously purchased for the Prevention Consultant on January 22, 2024. This is currently the only CTAC funded laptop related to this program. No other equipment has been purchased using CTAC funds. Both laptops will be returned to the Children's Trust of Alachua County at contract closure.

OTHER OPERATING EXPENSES

ITEM	QUANTITY OR MONTHS	COST PER UNIT or MONTHLY AMOUNT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Building Rental	12	\$1,200.00	\$14,400.00	\$500.00	\$13,900.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
		TOTAL COST	\$0.00	\$0.00	\$0.00

Other Operating Expenses - Rent payments are authorized only if the location is where direct services are provided to program participants. Only the percentage of CTAC funds will be authorized for reimbursement. Utilities are authorized only if used by the program participants. If the building houses non-program participants (such as staff), the amount/percentage of utilities used for the program participants must be calculated and only that amount/percentage will be authorized for reimbursement. Finger-printing & background screenings for program employees may also go here.

Please note :A square foot percentage calculator can be found by google search.

JUSTIFICATION: Describe the purpose of other operating expenses and how costs were determined. (insert justification below)

INDIRECT COST WORKSHEET

Administrative Salaries & Wages	Annual SALARY	SOCIAL SECURITY	MEDICARE	LIFE & HEALTH INS	WORKERS' COMP	RETIREMENT	OTHER ¹	CTAC Program	Indirect Cost
Automistrative Salaries & Wages	Enter rates by column	6.20%	1.45%	15.00%	8.00%	10.00%	0.00%	Allocation	
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	15.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

Cost Components	Annual Amount	CTAC Program Allocation	Indirect Cost
Finance/Accounting	\$400,000.00	5.8%	\$23,089.95
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
	\$0.00	0.0%	\$0.00
Total	\$400,000.00		\$23,089.95

Total Direct Cost	\$153,933.05	IDC Rate
Total Indirect Cost	\$23,089.95	15.00%
Total Contract Cost	\$177,023.00	

OTHER ¹	
Description	Rate