

## Attachment B

Thank you for Applying for Funding from the Children's Trust of Alachua County. Please complete Sections of this work book that pertain 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
<b>Personnel Expenses</b>			
Personnel	\$105,001.20	\$93,925.16	\$11,076.04
Fringe	\$36,327.20	\$36,327.20	\$0.00
<b>Total Personnel Expenses</b>	<b>\$141,328.40</b>	<b>\$130,252.36</b>	<b>\$11,076.04</b>

#### Operating Expenses

Transportation	\$2,100.00	\$2,100.00	\$0.00
Office Supplies	\$0.00	\$0.00	\$0.00
Program Supplies	\$9,000.00	\$9,000.00	\$0.00
Contractual & Professional Services	\$0.00	\$0.00	\$0.00
Certifications & Training	\$9,840.69	\$9,840.69	\$0.00
Printing	\$0.00	\$0.00	\$0.00
Communications	\$1,440.00	\$1,440.00	\$0.00
Insurance	\$1,788.72	\$0.00	\$1,788.72
Equipment and Maintenance	\$1,300.00	\$1,300.00	\$0.00
Other Operating Expenses	\$0.00	\$0.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$25,469.41</b>	<b>\$23,680.69</b>	<b>\$1,788.72</b>

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

#### **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
	\$0.00
TOTAL	\$14,794.48

DESCRIPTION

[illegible]

**If you are asking for fringe please complete the “fringe worksheet”.**

**Please DO NOT include contract employees in this section.**

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

[illegible]

[illegible]

**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.

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

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 include the employee portion.

## TRANSPORTATION

[illegible]

**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 reimbursement rate is 0.445. Travel logs will be provided.

**OFFICE SUPPLIES**

ITEM	QUANTITY	COST PER UNIT	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
<i>Example Copy Paper</i>	<i>12</i>	<i>\$50</i>	<i>\$600.00</i>	<i>\$300</i>	<i>\$300.00</i>
			\$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
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			\$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
		<b>TOTAL COST</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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)

[illegible]

Includes materials necessary for program implementation 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
<i>Example Mental Health Counselor</i>	12	\$ 200.00	\$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
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			\$0.00	\$0	\$0.00
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			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
			\$0.00	\$0	\$0.00
		<b>TOTAL COST</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**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
<i>Example Safe Kids Training</i>	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
			\$0.00	\$0	\$0.00
		<b>TOTAL COST</b>	<b>\$9,840.69</b>	<b>\$9,840.69</b>	<b>\$0.00</b>

**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 Chief of Clinical & Community Services) to attend conferences and trainings relevant to their positions. This may include virtual, state-wide, and/or out of state opportunities, including travel and lodging.

**PRINTING**

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

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)

[illegible]

**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.).**

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.

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
<i>Example General Liability</i>	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
<b>TOTAL COST</b>		<b>\$149.06</b>	<b>\$1,788.72</b>	<b>\$0.00</b>	<b>\$1,788.72</b>

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

[illegible]

**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 approximately \$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
<i>Example Building Rental</i>	<i>12</i>	<i>\$1,200.00</i>	<i>\$14,400.00</i>	<i>\$500.00</i>	<i>\$13,900.00</i>
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
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			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
		<b>TOTAL COST</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**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 <sup>1</sup>	CTAC Program Allocation	Indirect Cost
	Enter rates by column 	6.20%	1.45%	15.00%	8.00%	10.00%	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	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

OTHER <sup>1</sup>	
Description	Rate

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