

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):	The Willie Mae Stokes Communtiy Center
PROGRAM NAME:	The Willie Mae Stokes Family Resource Center

	Total Cost	Request from CTAC	Other Sources
Personnel Expenses			
Personnel	\$118,480.00	\$118,480.00	\$0.00
Fringe	\$9,063.72	\$9,063.72	\$0.00
Total Personnel Expenses	\$127,543.72	\$127,543.72	\$0.00
Operating Expenses			
Transportation	\$0.00	\$0.00	\$0.00
Office Supplies	\$5,160.00	\$5,160.00	\$0.00
Program Supplies	\$18,540.27	\$18,540.27	\$0.00
Contractual & Professional Services	\$0.00	\$0.00	\$0.00
Certifications & Training	\$148.00	\$148.00	\$0.00
Printing	\$164.00	\$164.00	\$0.00
Communications	\$2,400.00	\$2,400.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00
Equipment and Maintenance	\$3,400.00	\$3,400.00	\$0.00
Other Operating Expenses	\$144.00	\$144.00	\$0.00
Total Operating Expenses	\$29,956.27	\$29,956.27	\$0.00
Subtotal Personnel and Operating	\$157,499.99	\$157,499.99	\$0.00
Indirect Expenses (Maximum of 15%)**		\$0.00	
Total Expenses	\$157,499.99	\$157,499.99	\$0.00

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
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
TOTAL	\$0.00

DESCRIPTION

[illegible]

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):

[illegible]

[illegible]

7.65%

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.

Required Social Security and Medicare expenses for the two newly hired staff, using provided formulas.

TRANSPORTATION

PURPOSE OF TRANSPORTATION	Estimated Monthly Cost	NUMBER OF Months	TOTAL ANNUAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Weekly School pickup	\$ 100.00	12	\$1,200.00	\$500	\$700.00
			\$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

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)

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[illegible]

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

Office furniture includes desk, hutch, and chairs for up to three staff. Lobby furniture includes 4 chairs

PROGRAM SUPPLIES

[illegible]

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)

Smart board for use with Family Resource Center programs. Program supplies include materials necessary for daily operations, special events, tabling, and outreach activities, such as, tablecloths, signage, storage containers, promotional items, etc. Additional program-specific supplies include but are not limited to, marketing materials, snacks/food items, decorations, arts & crafts supplies, games, and program supplies such as gift baskets used for chance drawings, utility and rental assistance payments - made directly to provider, (Priority will be given to those that reside in the 32667 zip code area) and program-related items (e.g., coupon books, diaper bags, water bottles). Incentives will not include gift cards.

NAME OF CONTRACT	SEESIONS OR HOURS	RATE	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
<i>Example Mental Health Counselor</i>	<i>12</i>	\$ <i>200.00</i>	<i>\$2,400.00</i>	<i>\$0</i>	<i>\$2,400.00</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
			\$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

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.

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

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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
First aid/CPR training	4.00	37.00	\$148.00	\$148	\$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	\$148.00	\$148.00	\$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)

First aid/CPR Training for new staff.

PRINTING

[illegible]

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)

THE COST WILL PRINTING NEEDS TO INCLUDE FLYERS UPCOMING EVENTS AND PROGRAM INFORMATION.

[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.).

Year 1 would include the cost of the cell phone plan along with the purchase of the phones.

INSURANCE

TYPE OF INSURANCE	QUANTITY	COST PER MONTH	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
<i>Example General Liability</i>	<i>12</i>	<i>\$400.00</i>	<i>\$4,800.00</i>	<i>\$4,800.00</i>	<i>\$0.00</i>
GENERAL LIABILT Y INSURANCE			\$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	\$0.00

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)

THIS INSURANCE PROVIDES THE REQUIRED PROFESSIONAL LIABILITY INSURANCE.

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)


\$1700 each for laptop setup, including docking station and software (X2).

[illegible]

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

THE COST WILL COVER COST FOR LV 2 BGC

INDIRECT COST WORKSHEET

Administrative Salaries & Wages	Annual SALARY	SOCIAL SECURITY	MEDICARE	LIFE & HEALTH INS	WORKERS' COMP	RETIREMENT	OTHER ¹	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	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
	\$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
	\$0.00	0.0%	\$0.00
Total	\$0.00		\$0.00

OTHER ¹	
Description	Rate
	0.00%

Total Direct Cost	\$157,499.99	IDC Rate
Total Indirect Cost	\$0.00	0.00%
Total Contract Cost	\$157,499.99	