

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): Partnership for Strong Families, Inc.

PROGRAM NAME: Family Resource Centers /Community Resource Navigation Program/Help MeGrow

	Total Cost	Request from CTAC	Other Sources
Personnel Expenses			
Personnel	\$609,040.00	\$482,154.00	\$126,886.00
Fringe	\$190,301.78	\$190,301.78	\$0.00
Total Personnel Expenses	\$799,341.78	\$672,455.78	\$126,886.00
Operating Expenses			
Transportation	\$9,600.00	\$8,000.00	\$1,600.00
Office Supplies	\$0.00	\$0.00	\$0.00
Program Supplies	\$49,832.00	\$25,155.34	\$24,676.66
Contractual & Professional Services	\$5,000.00	\$5,000.00	\$0.00
Certifications & Training	\$6,100.00	\$4,500.00	\$1,600.00
Printing	\$0.00	\$0.00	\$0.00
Communications	\$5,040.00	\$5,040.00	\$0.00
Insurance	\$12,587.52		\$12,587.52
Equipment and Maintenance	\$5,226.00	\$5,226.00	\$0.00
Other Operating Expenses	\$50,832.72	\$39,600.00	\$11,232.72
Total Operating Expenses	\$144,218.24	\$92,521.34	\$51,696.90
Subtotal Personnel and Operating	\$943,560.02	\$764,977.12	\$178,582.90
Indirect Expenses (Maximum of 15%)**	\$141,534.00	\$98,499.88	
Total Expenses	\$1,085,094.02	\$863,477.00	\$178,582.90

INDIRECT EXPENSES**

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

SOURCE	AMOUNT
DCF Contract	\$140,306.48
Other Grants and Donations	\$38,276.42
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
TOTAL	\$178,582.90

DESCRIPTION

Other grants include but are not limited to CAPP funds recently awarded to support our Academic Success and Enrichment Program for children/youth at SWAG FRC and LP. Donors include the SW Advocacy Group, local businesses, and philanthropic organizations. We are constantly seeking small grant opportunities to support program and services at the FRCs.

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
	12	\$1,048.96	\$12,587.52	\$0.00	\$12,587.52
			\$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		\$1,048.96	\$12,587.52	\$0.00	\$12,587.52

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 is PSF's cost. We are not requesting Children's Trust funds for this expense.

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
		\$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	17.6%	\$70,231.87
Copy/Fax/Scanner Rental	\$5,640.00	100.0%	\$5,640.00
	\$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	\$405,640.00		\$75,871.87

OTHER ¹	
Description	Rate
	0.00%

Total Direct Cost	\$764,977.12	IDC Rate
Total Indirect Cost	\$98,499.88	12.88%
Total Contract Cost	\$863,477.00	