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):

	Partnership for Strong Families, Inc.						
PROGRAM NAME:	Family Resource Cent	ers /Community Resource	Navigation Program/He				
	Family Resource Centers /Community Resource Navigation Program/Help N						
	Total Cost	Request from CTAC	Other Sources				
Personnel Expenses		T	T				
Personnel	\$609,040.00						
Fringe	\$190,301.78						
otal 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						
Contractual & Professional Services	\$5,000.00						
Certifications & Training	\$6,100.00						
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		\$11,232.72				
otal Operating Expenses	\$144,218.24	\$92,521.34	\$51,696.90				
Subtotal Personnel and Operating	\$943,560.02	\$764,977.12	\$178,582.90				
ndirect Expenses (Maximum of 15%)**	\$141,534.00						
Total Expenses	\$1,085,094.02						

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
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 opportunites to support program and services
at the FRCs.

PERSONNEL

POSITION TITLE	Annual Salary		% OF TIME ON THIS PROJECT	TOTAL COSTS		REQUESTED FROM CTAC		OTHER SOURCES	
Example Program Coordinator	\$	25,000.00	50%	\$	12,500.00	Ś	6.250.00	\$ 6,250.00	
Resource Center Managers (2)	\$	127,559.00	100%	\$	127,559.00	\$	127,559.00	\$, -	
Family Support Coordinators (2)	\$	100,000.00	100%	\$	100,000.00	\$	100,000.00	\$ -	
Community Resource Navigators (2)	\$	100,215.00	100%	\$	100,215.00	\$	100,215.00	\$ -	
Administrative Assistant (P/T)	\$	16,380.00	100%	\$	16,380.00	\$	16,380.00	\$ -	
Academic Enrichment Coordinator	\$	48,000.00	100%	\$	48,000.00	\$	-	\$ 48,000.00	
Director of Resource Centers	\$	86,170.00	60%	\$	51,702.00	\$	-	\$ 51,702.00	
Chief of CCS	\$	108,736.00	25%	\$	27,184.00	\$	-	\$ 27,184.00	
Outreach and Care Coordinators (2)	\$	98,000.00	100%	\$	98,000.00	\$	98,000.00	\$ -	
Data Analyst (12/1/2024 - 09/30/2025)	\$	40,000.00	100%	\$	40,000.00	\$	40,000.00	\$ -	
				\$	-			\$ -	
				\$	-			\$ -	
				\$	-			\$ -	
				\$	-			\$ -	
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				\$	-			\$ -	
				\$	-			\$ -	
				\$	-			\$ -	
	\$	725,060.00	TOTAL	\$	609,040.00	\$	482,154.00	\$ 126,886.00	

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):

POSITION TITLE	DESCRIPTION
Family Resource Managers	Responsible for the daily operations of the Family Resource Ceneter, including program
	development, staff and volunteer management, partner engagement, and more.
Family Support Coordinators	Meets with patrons and families to determine needs, set goals, and provide family support services.
	Also helps with deveopment and facilitation of programs and special events. Please note, these
	positions were previously called Family Support Facilitators.
Community Resource Navigators	Meet with patrons and families to determine needs, set goals, and provide family support services
	at remote locations within Alachua County. Also develops and hosts various outreach activities,
Outreach and Care Coordinators	Take calls and/or have face-to-face contacts with parents and caregivers of children 0-8 to assess
	needs and match with appropriate resources, with a focus on child development and family
	supports. Conduct required screenings for the children and participate with regular outreach
	activities. These positions are funded through Help Me Grow.
Data Analyst	Assist with data collection, analysis, quality improvement planning, and reporting for Family
	Resource Center, Community Resource Navigation, and Help Me Grow activities, as funded
	through this grant. This position will be equally funded through the Children's Trust of Alachua
	County and Help Me Grow. Please note, the annual salary for this position is \$48,000; however we
	are requesting 10 months of this salary (Dec. 1, 2024 - Sept. 30, 2025, to allow for hiring.

FRINGE

POSITION TITLE	Annual SALARY	Social Security	MEDICARE	LIFE AND	WORKERS'	RETIREMENT	OTHER	TOTAL ANNUAL	REQUESTED	OTHER SOURCES
				HEALTH INS	COMP			COST	FROM CTAC	
Example Program Coordinator	\$6,250.00	\$387.50	90.63	\$600.00	\$120.00	\$350.00	\$10.00		\$500.00	\$1,058.13
Resource Center Managers (2)	\$127,559.00	\$7,908.66	\$1,849.61	\$21,034.00	\$689.00	\$5,103.00	\$8,182.00	\$44,766.26	\$44,766.26	\$0.00
Family Support Coordinators (2)	\$100,000.00	\$6,200.00	\$1,450.00	\$9,300.00	\$540.00	\$4,000.00	\$5,845.00	\$27,335.00	\$27,335.00	\$0.00
Community Resource Navigators (2)	\$100,215.00	\$6,213.33	\$1,453.12	\$21,065.00	\$542.00	\$4,009.00	\$5,301.00	\$38,583.45	\$38,583.45	\$0.00
Administrative Assistant (P/T)	\$16,380.00	\$1,015.56	\$237.51	\$0.00	\$89.00	\$655.00	\$492.00	\$2,489.07	\$2,489.07	\$0.00
Academic Enrichment Coordinator	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
Director of Resource Centers	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
Chief of CCS	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00
Outreach and Care Coordinators (2)	\$98,000.00	\$6,076.00	\$1,421.00	\$41,540.00	\$529.00	\$3,920.00	\$7,340.00	\$60,826.00	\$60,826.00	\$0.00
Data Analyst (12/1/2024 - 09/30/2025)	\$40,000.00	\$2,480.00	\$580.00	\$8,370.00	\$216.00	\$1,600.00	\$3,056.00	\$16,302.00	\$16,302.00	\$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	\$482,154.00	\$29,893.55	\$6,991.23	\$101,309.00	\$2,605.00	\$19,287.00	\$30,216.00	\$190,301.78	\$190,301.78	\$0.00
Total					·			\$382,161.69	•	
							Poo	led Fringe Rate =	39.47%	

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.

JUSTIFICATION: Describe the role and responsibilities of each position.

See Regular Salary and Wages tab for position descriptions. Fringe includes FICA (6.2%), MICA (1.45%), Life and Fleatin (actuals, ranging from \$11,982 - \$19,344 depending on coverage elections; vacant positions are
figured at the highest rate; part-time postions, less than 30 hours, do not qualify for health/life), 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

PURPOSE OF TRANSPORTATION	timated nthly 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
Special events, meetings, outreach, travel to partner sites	\$ 800.00	12.00	\$9,600.00	\$8,000	\$1,600.00
			\$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	\$9,600.00	\$8,000.00	\$1,600.00

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 nine positions, 2 Community Resource Navigators, 2 Family Support Coordinators, 2 Outreach and Care Coordinators, 1 Data Specialist, and 2 Resource Center Managers. It is ancipated the majority of travel will be by the CRNs, who will travel to remote locations. The agency reimbusement rate is 0.445. Travel logs will be submitted.

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.							
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
Family Supports (e.g., rent, utilities, food)	\$14,000.00	\$14,000.00	\$12,000	\$2,000.00
Staff/volunteer shirts	1200.00	1200.00	\$950	\$250.00
Promotional items	2800.00	2800.00	\$800	\$2,000.00
Event Décor (tablecloths, trays, balloons, easels etc.)	3000.00	3000.00	\$2,100	\$900.00
Food and drinks - programs and events	6000.00	6000.00	\$2,100	\$3,900.00
Participation incentives	6182.00	6182.00	\$3,928	\$2,254.00
Program materials (folders, certificate holders, flash drives)	5750.00	5750.00	\$1,000	\$4,750.00
Program materials- child-focused	7500.00	7500.00	\$0	\$7,500.00
iPad Accessories (e.g. cases, security stands)	600.00	\$600.00	\$600	\$0.00
Volunteer Recruitment, Retention, and Screenings	\$2,800.00	\$2,800.00	\$1,677	\$1,122.66
		\$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	\$49,832.00	\$25,155.34	\$24,676.66

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)

Program supplies include materials necessary for daily operations, data collection, 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 incentives, such as gift baskets used for chance drawings, utility payments -made directly to provider, and program-related items (e.g., coupon books, diaper bags, water bottles). Incentives will primarily be used to improve parent/caregiver engagment. If incentives include gift cards we will follow CTAC guidelines. Volunteer screenings cost approxmately \$120/each.

Family Supports are to be used across the following three categories:

- Emergency Needs: To provide emergency financial support to participating families for documented needs related to rent, utilities, etc. Payments made directly to the provider.
- Concrete Supports: To provide for immediate, concrete needs of participants including food, clothing, hygiene products, baby items (e.g., diapers, car seats, special formula/dietary needs, safe

CONTRACTUAL & PROFESSIONAL SERVICES

NAME OF CONTRACT	SEESIONS OR HOURS	RATE	TOTAL COST	REQUESTED FROM CTAC	OTHER SOURCES
Example Mental Health Counselor	12	\$ 200.00	\$2,400.00	\$0	\$2,400.00
Help Me Grow Technical Support	1	\$5,000	\$5,000.00	\$5,000	\$0.00
			\$0.00		\$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	\$5,000.00	\$5,000.00	\$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.

				osts were determined. (i	•
rayment required to Hei	ivie Grow, as part of [program participatio	on, for technical supp	ort, program supplies, et	С.

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
Staff Development (Professional Trainings and Conferences)			\$6,100.00	\$4,500	\$1,600.00
			\$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	\$6,100.00	\$4,500.00	\$1,600.00

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)

Funds will be used for grant-related staff, as identified on the Regular Salaries and Wages tab, to attend trainings and conferences on the topics of child welfare and prevention to include travel and lodging. One staff person will attend a train the trainer for Living the Protective Factors in the Workplace (approx. \$2500). 1-2 staff will attend State-level child welfare/prevention conferences, such as DCF's Floria Children and Families Summit and/or the Florida Coalition of Children Conference, with an average cost of \$1000 each including conference fees, discounted hotel costs, travel reimbursement, and meals. Additional staff development opportunities are provided in-kind or through grants and donations. Some examples include Living the Protective Factors, Family Resource Center Standards, Parent Engagment, De-escalation, and Mental Health First Aid.

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.

JUS	TIFICATION: 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 bills (7 staff)	12	\$420.00	\$5,040.00	\$5,040.00	\$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	\$5,040.00	\$5,040.00	\$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 two Resource Center Managers, two Community Resource Navigators, two Outeach and Care Coordinators, and the Data Specialist: \$60/month X12 months X7 positions = \$5040. 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
	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.	

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	3	\$1,367.00	\$4,101.00	\$4,101.00	\$0.00
iPads	3	\$375.00	\$1,125.00	\$1,125.00	\$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	\$5,226.00	\$5,226.00	\$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)		
	IUSTIFICATION: Describe the purpose of equipment or maintenance and how costs were determined. (insert justification below)	

JOSTIFICATION: Describe the purpose of equipment or maintenance and now costs were determined. (insert justification below)
2 laptop setups without docking stations and 1 laptop setup with a docking station and addittional screen. For new positions: Outreach and Care
Coordiators and Data Manager. 3 iPads, along with accessories, to be used for data collection at the FRCs and CRN sites. Equipment will be returned
the Children's Trust upon the end of the contract.

OTHER OPERATING EXPENSES

OTHER OF ERATING 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
LP Rent	12	\$ 4,236.06	\$50,832.72	\$39,600	\$11,232.72
			\$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
		TOTAL COST	\$50,832.72	\$39,600.00	\$11,232.72

Other Operating Expenses - Kent 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)

Rent at Library Partnership is paid to the Alachua County Library District. Monthly payments are \$4236.06 and we are requested \$3,300 per month				
(\$39,600 annually) to be paid by CTAC.				

INDIRECT COST WORKSHEET

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

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

OTHER ¹	
Description	Rate
	0.00%