BUDGET PROJECTION SHEET

CJC Grant Program:	Justice Reinvestment- Formula
Applicant Name:	Deschutes County

Personnel: Salaries, wages and fringe benefits costs for all grant-funded personnel (in whole or in part) employed by the grant recipient

Directions:
In the "Program Supported" field, identify the specific program/project the position supports.
In the "% Time per Month" field, use whole numbers to show percentage of position's time dedicated to grant-related work. Example: a half-time case manager = 5...
In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" fiel...
In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant period.

	Position Title	Program Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)
1	Parole and Probation Officer	Deshutes County JRP	Adult Parole and Probation	Existing	100	13750.0
2	Parole and Probation Officer	Deshutes County JRP	Adult Parole and Probation	Existing	100	13750.0
3	Probation Specialist	Deshutes County JRP	Adult Parole and Probation	Existing	100	10000.0
4	Support Specialst	Deshutes County JRP	Adult Parole and Probation	Existing	100	8750.0
5				Select Option		
6				Select Option		
7				Select Option		
8				Select Option		
9				Select Option		
10				Select Option		

Personnel Total:

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient

Directions:
In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
In the "Program Supported" field, identify the specific program/project the contracted services support.

	Contract Title & Purpose	Program Supported	Contract Category		Unit Type	Price per Unit
1	7 Case Managed Transitional Beds	Deschutes County JRP	Services		Monthly	6,707.00
2	12 Managed Sober Beds	Deschutes County JRP	Services		Monthly	8,446.00
3			Select Option		Select Option	
4			Select Option		Select Option	
5			Select Option		Select Option	
6			Select Option		Select Option	
7			Select Option		Select Option	
8			Select Option		Select Option	
9			Select Option		Select Option	
10			Select Option		Select Option	

Contractual Services Total:

Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work, short-/long-term housing support for participants, or programs withi...

Directions:
In the "Item Description" field, identify what the expense covers (generally).
In the "Program Supported" field, identify the specific program/project the expense supports.

	Item Description	Program Supported		Unit Type	Price per Unit
1				Select Option	
2				Select Option	
3				Select Option	
4				Select Option	
5				Select Option	
6				Select Option	
7				Select Option	
8				Select Option	
9				Select Option	
10				Select Option	

Housing & Facilities Total:

Equipment: Permanent or non-expendable equipment with a purchase price of $5,000 or more, or a useable life of two or more years, for a single item

Directions:
In the "Item Description" field, identify the name/type of equipment to be purchased.
In the "Program Supported" field, identify the specific program/project the equipment supports.
In the "Organization Served" field, identify the entity that will own and operate the equipment.
In the "# of Units Required" field, indicate the number of individual items to be purchased.

	Item Description	Program Supported	Organization Served		Price per Unit
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
					Equipment Total:

Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category

Directions:
In the "Item Description" field, identify the name/type of supplies to be purchased.
In the "Program Supported" field, identify the specific program/project the supplies supports.
In the "Organization Served" field, identify the entity that will use the supplies.
In the "# of Units Required" field, indicate the number of individual items to be purchased.

	Item Description	Program Supported	Organization Served		Price per Unit
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
					Supplies Total:

Training/Associated Travel: Eligible expenses for transporation, lodging, per diem, and registrations for trainings that support grant purposes

Directions:
Each line item should be dedicated to a single training cost or travel cost.
All travel expenses must follow state DAS and federal GSA regulations; luxury expenses are not allowed (e.g. first-class seating).
In the "Program Supported" field, identify the specific program/project the training supports.
In the "Organization(s) Served" field, list the entity(ies) that will have personnel attending training.
In the "Is this a Training or Travel Cost?" field, select to which this line item relates from the dropdown menu.
In the "Training or Travel Costs (Per Individual)" field, input the estimated individual travel cost or registration cost for one attendee.

	Training Title	Program Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)
1					Select Option	
2					Select Option	
3					Select Option	
4					Select Option	
5					Select Option	
6					Select Option	
7					Select Option	
8					Select Option	
9					Select Option	
10					Select Option	
						Training/Travel Total:

Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services

Directions:
Total Administrative Costs may not exceed 10% of total funds requested, unless an exception is granted by the Commission.
In the "Item Description" field, identify the specific activities to be conducted.
In the "Program Supported" field, identify the specific program/project the expense supports.
In the "Organization" field, identify the entity that will be conducting the administrative activities.

	Item Description	Program Supported	Organization Served	
1	Grant Admin and Program Support	Deschutes JRP	Adult Parole and Probation	
2				
3				

4			
5			
6			
7			
8			
9			
10			

	Administrative Total:

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals		
Personnel	$ 1,110,000.00		
Contractual Services	$ 363,672.00		
Housing & Facilities	$ -		
Equipment	$ -		
Supplies	$ -		
Training/Travel	$ -		
Subtotal	$ 1,473,672.00		

Administrative Costs	Total	% of Total Request	
All Items	$ 155,304.00	10%	*No more than 10%, without exception request

Total Budget Request:	$ 1,628,976.00

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d.

# Months Employed	Total Amount Requested
24	330,000.00
24	330,000.00
24	240,000.00
24	210,000.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
$ 1,110,000.00	

# Units Required	Total Amount Requested
24.0	160,968.00
24.0	202,704.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
$ 363,672.00	

n correctional

# Units Required	Total Amount Requested
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
$ -	

# Units Required	Total Amount Requested
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
$ -	

# Units Required	Total Amount Requested
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
$ -	

# of Individuals Attending	Total Amount Requested
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
$ -	

	Total Amount Requested
	$ 155,304.00

$ 155,304.00	
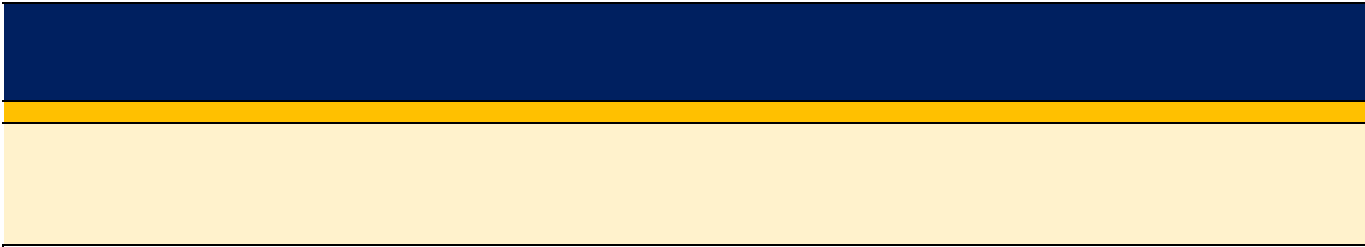
Personnel Narrative:

For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program.

1.) Provides supervision for Ddep clients in JRP program as well as STTL and AIP clients.

2.) Provides supervision for Ddep clients in JRP program as well as STTL and AIP clients.

3.) Provide CBT services for Ddep clients in JRP program as well as STTL and AIP clients.

4.) Provide intake, client data entry, client progress entry, LEDS, DOC400 entry, and other program support for JRP program.
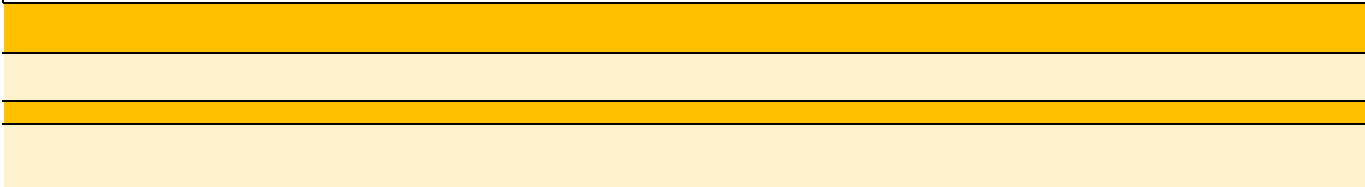
5.)

6.)

7.)

8.)

9.)

10.)
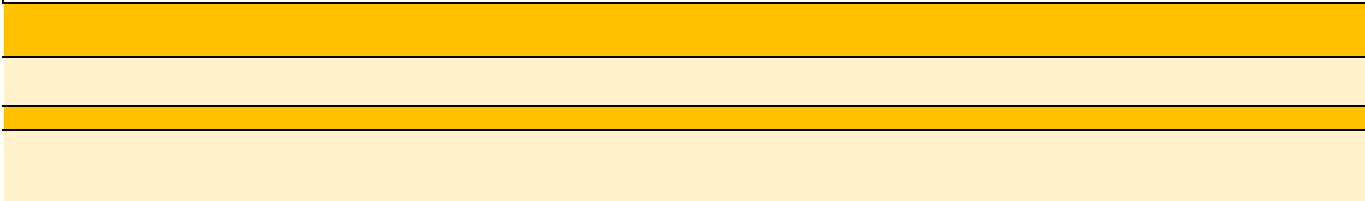
Contractual Services Narrative:

For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program.

If you selected "personnel" as the contract category, please specify in this narrative, the associated FTE.

1.) Seven case managed beds with goal to transition clients to more permanent housing options.

2.) 12 managed sober housing beds to help clients in SUD treatment.

3.)

4.)

5.)

6.)

7.)

8.)

9.)

10.)

Housing & Facilities Narrative:

For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program.

1.)

2.)

3.)

4.)

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7.)

8.)

9.)

10.)

Equipment Narrative:

For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program.

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3.)
4.)
5.)
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8.)
9.)
10.)

Supplies Narrative:

For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program.

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2.)
3.)
4.)
5.)
6.)
7.)
8.)
9.)
10.)

Training/Associated Travel Narrative:

For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program.
For travel line items, please indicate with which training it is associated.

1.)
2.)
3.)
4.)
5.)
6.)
7.)
8.)
9.)
10.)

Administrative Costs Narrative:

For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program.

1.) Funding for grant reporting, LPSCC coordination, budget management, internal services, etc.
2.)
3.)

4.)	
5.)	
6.)	
7.)	
8.)	
9.)	
10.)	