

BUDGET PROJECTION SHEET										
Grant Program:		Justice Reinvestment Formula								
Recipient Name:		Deschutes County								
<b>Personnel: Salaries, wages and fringe benefits costs for all grant-funded personnel (in whole or in part) employed by the grant recipient.</b>										
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 = 50 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" field. 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)	# Months Employed	Total Amount Requested	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	Parole and Probation Officer	Deschutes County JP	Adult Parole and Probation	Existing	100	13750.0	24	330,000.00	1.) Gender specific caseload for clients (1 PPD FTE) who self-identify as female entering our program. The goal will be to provide trauma informed gender responsive supervision as well as restart our gender responsive CBT services.	
2	Parole and Probation Supervisor	Deschutes County JP	Adult Parole and Probation	Existing	50	16667.0	24	200,004.00	2.) Increase our coordination and support with the district attorney's office. Currently, we do not have a specific parole and probation supervisor providing coordination and support for this program. This includes managing the DAR request, reaching out when ODAs have specific questions for certain clients, and also working with the ODA and Courts to ensure that the DAR is meeting their needs to help ensure clients are considered for the JP program. We would like to utilize funding to support half of a PD supervisor to provide this level of support and coordination, including to support program development whereupon the DAR process also includes a recommendation from P&P on likelihood of success on community supervision, which will likely necessitate occasional presence in court to represent or provide information.	
3	Administrative Analyst	Deschutes County JP	Adult Parole and Probation	Existing	50	13334.0	24	160,008.00	3.) Administrative support to improve the JP identification process, and manage our vital housing relationships for sober beds and managed contracted beds. These contracts have roughly 20 contracted beds and allow for overages based on need. It requires extensive planning and coordination for AIR/STTL prison release and for clients on DD who will be utilizing housing services.	
4								0.00	4.)	
5				Select Option				0.00	5.)	
6				Select Option				0.00	6.)	
7				Select Option				0.00	7.)	
8				Select Option				0.00	8.)	
9				Select Option				0.00	9.)	
10				Select Option				0.00	10.)	
Personnel Total:							\$	690,012.00		
<b>Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient.</b>										
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	# Units Required	Total Amount Requested	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	Contracted FTE Client Support Specialist	Deschutes County JP	Personnel	Monthly	9,875.00	24.0	235,000.00	1.) This support specialist would be provided through a contracted provider, but is an FTE that would directly support downward departures and clients in our JP program. They will help with transportation, connecting to housing, and other barrier reduction services. This work will be done through a consciously culturally responsive provider.		
2			Select Option				0.00	2.)		
3			Select Option				0.00	3.)		
4			Select Option				0.00	4.)		
5			Select Option				0.00	5.)		
6			Select Option				0.00	6.)		
7			Select Option				0.00	7.)		
8			Select Option				0.00	8.)		
9			Select Option				0.00	9.)		
10			Select Option				0.00	10.)		
Contractual Services Total:							\$	235,000.00		
<b>Housing &amp; Facilities: Eligible expenses for space/utilities necessary to complete program work, short/long term housing support for participants, or programs within correctional.</b>										
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	# Units Required	Total Amount Requested	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		Select Option			0.00	1.)				
2		Select Option			0.00	2.)				
3		Select Option			0.00	3.)				
4		Select Option			0.00	4.)				
5		Select Option			0.00	5.)				
6		Select Option			0.00	6.)				
7		Select Option			0.00	7.)				
8		Select Option			0.00	8.)				
9		Select Option			0.00	9.)				
10		Select Option			0.00	10.)				
Housing & Facilities Total:							\$			
<b>Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a usable life of two or more years, for a single item.</b>										
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	# Units Required	Total Amount Requested	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.				
1					0.00	1.)				
2					0.00	2.)				
3					0.00	3.)				
4					0.00	4.)				
5					0.00	5.)				
6					0.00	6.)				
7					0.00	7.)				
8					0.00	8.)				
9					0.00	9.)				
10					0.00	10.)				
Equipment Total:							\$			
<b>Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category.</b>										
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	# Units Required	Total Amount Requested	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.				
1					0.00	1.)				
2					0.00	2.)				
3					0.00	3.)				
4					0.00	4.)				
5					0.00	5.)				
6					0.00	6.)				
7					0.00	7.)				
8					0.00	8.)				
9					0.00	9.)				
10					0.00	10.)				
Supplies Total:							\$			
<b>Training/Associated Travel: Eligible expenses for transportation, lodging, per diem, and registrations for trainings that support grant purposes.</b>										
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 Served" field, identify the entity that will have personnel attending training. In the "To/From 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)	# of Individuals Attending	Total Amount Requested	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				Select Option			0.00	1.)		
2				Select Option			0.00	2.)		
3				Select Option			0.00	3.)		
4				Select Option			0.00	4.)		
5				Select Option			0.00	5.)		
6				Select Option			0.00	6.)		
7				Select Option			0.00	7.)		
8				Select Option			0.00	8.)		
9				Select Option			0.00	9.)		
10				Select Option			0.00	10.)		
Training/Travel Total:							\$			
<b>Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services.</b>										
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 Served" field, identify the entity that will be conducting the administrative activities.										
Item Description	Program Supported	Organization Served	Total Amount Requested	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				1.)						
2				2.)						
3				3.)						
4				4.)						
5				5.)						
6				6.)						
7				7.)						
8				8.)						
9				9.)						
10				10.)						
Administrative Total:				\$						

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

Budget Categories	Category Totals	
Personnel	\$ 690,012.00	
Contractual Services	\$ 225,000.00	
Housing & Facilities	\$ -	
Equipment	\$ -	
Supplies	\$ -	
Training/Travel	\$ -	
Subtotal	\$ 915,012.00	
Administrative Costs	Total	% of Total Request
All Items	\$ -	0% *No more than 10%, without exception request
<b>Total Budget Request:</b>	<b>\$ 915,012.00</b>	