

DRAFT - BUDGET EXPENSE SHEET - RESTORATIVE JUSTICE GRANT

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

Directions:
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant period
 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**

Position Title	Employing Organization	New or Existing Position	Full Time Equivalent (FTE)	Monthly Rate (Wages + Fringe)	# Months Employed	% Time per Month	Total Amount Requested
1 Deputy District Attorney	Deschutes County DA's Office	New	0.50	8,543.54	24.0	100	205,044.96
2 Program Technician/Trial Assistant	Deschutes County DA's Office	New	1.00	8,857.63	24.0	100	212,583.12
3 Victim Advocate	Deschutes County DA's Office	New	0.75	6,674.39	24.0	100	160,185.36
4							0.00
5							0.00
Personnel Total:							577,813.44

Narrative:
 For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

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

Directions:
 In the "Contract Purpose" field, identify what services the contract covers
 In the "Organization Served" field, identify the entity that is contracting for the services

Contract Purpose	Organization Served	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested
1 Restorative Justice Circle Facilitation	Community Solutions of Central Oregon	Services	Yearly	165,000.00	2.0	330,000.00
2 Case Management	Thrive Central Oregon	Services	Yearly	60,000.00	2.0	120,000.00
3 Participant Support	Thrive Central Oregon	Other	Yearly	15,000.00	2.0	30,000.00
4 Volunteer support	Community Solutions of Central Oregon	Other	Yearly	26,000.00	1.0	26,000.00
5		Select Option	Select Option			0.00
Contractual Total:						506,000.00

Narrative:
 For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

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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 "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	Organization Served	Price per Unit	# Units Required	Total Amount Requested			
1				0.00			
2				0.00			
3				0.00			
4				0.00			
5				0.00			
Equipment Total:				0.00			

Narrative:
 For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

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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 "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	Organization Served	Price per Unit	# Units Required	Total Amount Requested			
1	Program Brochure	DA Office	2.50	200.0	500.00		
2				0.00			
3				0.00			
4				0.00			
5				0.00			

Supplies Total:	500.00			
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Narrative:

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

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Rent/Utilities: Office space and related utilities necessary to provide grant-funded personnel space to complete program work

Directions:

In the "Item Description" field, identify the space/utilities covered

In the "Organization Served" field, identify the entity that will use the space/utilities

Item Description	Organization Served	Price per Month	# Months Required	Total Amount Requested			
1				0.00			
2				0.00			
3				0.00			
4				0.00			
5				0.00			
Rent/Utilities Total:				0.00			

Narrative:

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

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

Directions:

Each item should be dedicated to a single training and all associated expenses

All travel expenses must follow state DAS and federal GSA regulations; luxury expenses are not allowed (e.g. first-class seating)

In the "Organization(s) Served" field, list the entity(ies) that will have personnel attending training

In the "Registration Costs" field, input the estimated total registration costs for all attendees combined

In the "Travel Costs" field, input the estimated total travel costs for all attendees combined

Training Title	Organization(s) Served	Location of Training	# Individuals Attending	Registration Costs (Total)	Travel Costs (Total)	Total Amount Requested	
1 Trauma Informed training	Whole EAP team	Bend, OR	30	4,500.00	0.00	4,500.00	

2							0.00	
3							0.00	
4							0.00	
5							0.00	

Travel/Training Total: 4,500.00

Narrative:
For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

1	Training will be provided by
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3	To increase buy-in and support for restoartive justice throughout the entire DA Office we are requesting training for other staff.
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Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services

Directions:
Total Administrative Costs may not exceed 15% of grant funds, unless an exception is granted by the CJC
In the "Item Description" field, identify the specific activities to be conducted
In the "Organization" field, identify the entity that will be conducting the administrative activities

Item Description	Organization	Total Amount Requested					
1							
2							
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Administrative Costs Total:		0.00					

Narrative:
For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

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Other Financial Considerations: Other sources of funding for the program and/or any in-kind donations from system partners or others

Directions:
Include in this section any current or anticipated funding or donations
In the "Item Description" field, identify the specific activities funded or donated
In the "Total Amount/Value" field, indicate the amount funded or an estimated value for in-kind donations

Item Description	Source (Entity or Fund)	Type of Support	Total Amount or Estimated Value				
1							
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Other Financial Considerations Total:			0.00				

Narrative:
For each item above provide a **brief** explanation and/or additional details

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

Budget Categories	Category Totals						
Personnel	\$ 577,813.44						
Contractual Services	\$ 506,000.00						
Equipment	\$ -						
Supplies	\$ 500.00						
Rent/Utilities	\$ -						
Travel/Training	\$ 4,500.00						
<i>Subtotal</i>	\$ 1,088,813.44						

Administrative Costs	Total	% of Total Request				
All Items	\$ -	0.00%	*No more than 15% without exception request			

Total Budget Request	\$ 1,088,813.44					
Other Funding/In-Kind Donations	\$ -					

EXAMPLE: BUDGET EXPENSE SHEET - RESTORATIVE JUSTICE GRANT

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

Directions:

In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month

In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant period

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**

Position Title	Employing Organization	New or Existing Position	Full Time Equivalent (FTE)	Monthly Rate (Wages + Fringe)	# Months Employed	% Time per Month	Total Amount Requested
1 Restorative Justice Community Coordinator	Ocean Coast Restorative Justice Non-Profit	New	1.00	5,583.33	24.0	100	133,999.92
2 Restorative Justice Resource Specialist	Ocean Coast Restorative Justice Non-Profit	New	1.00	3,800.00	24.0	80	72,960.00
3		Select Option					0.00
4		Select Option					0.00
5		Select Option					0.00
Personnel Total:							206,959.92

Narrative:

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

1 The coordinator will serve as the primary person responsible for liasioning between persons harmed, the responsible parties, and community partners and legal system

2 The resource specialist will assist program participants with navigating systems and obtaining supports and services necessary to allow for effective participation in the

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

Directions:

In the "Contract Purpose" field, identify what services the contract covers

In the "Organization Served" field, identify the entity that is contracting for the services

Contract Purpose	Organization Served	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested
1 University of the West Coast	Ocean Coast Restorative Justice Non-Profit	Services	Yearly	56,000.00	1.0	56,000.00
2 Bling Media Design	Ocean Coast Restorative Justice Non-Profit	Services	Hourly	40.00	40.0	1,600.00
3		Select Option	Select Option			0.00
4		Select Option	Select Option			0.00
5		Select Option	Select Option			0.00
Contractual Total:						57,600.00

Narrative:
For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

1	University researchers will be assisting our program with data infrastructure building and perform an evaluation of first-year program data in year two of our project. This
2	Bling Media Design will assist us by creating community outreach materials, an initial webpage design, and ongoing outreach needs through the project period.
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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 "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	Organization Served	Price per Unit	# Units Required	Total Amount Requested			
1 Laptop computers	Ocean Coast Restorative Justice Non-Profit	1,200.00	2.0	2,400.00			
2				0.00			
3				0.00			
4				0.00			
5				0.00			
Equipment Total:				2,400.00			

Narrative:
For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

1	The coordinator and resource specialist will both need work computers to fulfill program work. These computers will have a lifespan of more than two years.
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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 "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	Organization Served	Price per Unit	# Units Required	Total Amount Requested			
1 Printing/outreach materials	Ocean Coast Restorative Justice Non-Profit	500.00	2.0	1,000.00			

2				0.00			
3				0.00			
4				0.00			
5				0.00			
Supplies Total:				1,000.00			

Narrative:
For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

1 To effectively reach community members, we will need to dedicate some resources to creating and printing outreach materials. This will ensure that we are reaching as many

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Rent/Utilities: Office space and related utilities necessary to provide grant-funded personnel space to complete program work

Directions:
In the "Item Description" field, identify the space/utilities covered
In the "Organization Served" field, identify the entity that will use the space/utilities

Item Description	Organization Served	Price per Month	# Months Required	Total Amount Requested			
1 Rent for an office space	Ocean Coast Restorative Justice Non-Profit	1,700.00	24.0	40,800.00			
2 Utilities (phone, internet, electricity)	Ocean Coast Restorative Justice Non-Profit	290.00	24.0	6,960.00			
3				0.00			
4				0.00			
5				0.00			
Rent/Utilities Total:				47,760.00			

Narrative:
For each requested item above provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program

1 In order to operate the program, we will need dedicated space to work and space to allow persons to engage with program principles.

2 Rented work space will require phone, internet and electricity services in order to operate the program.

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

Directions:
Each item should be dedicated to a single training and all associated expenses
All travel expenses must follow state DAS and federal GSA regulations; luxury expenses are not allowed (e.g. first-class seating)
In the "Organization(s) Served" field, list the entity(ies) that will have personnel attending training

In the "Registration Costs" field, input the estimated total registration costs for all attendees combined

In the "Travel Costs" field, input the estimated total travel costs for all attendees combined

Training Title	Organization(s) Served	Location of Training	# Individuals Attending	Registration Costs (Total)	Travel Costs (Total)	Total Amount Requested	
1 Restorative Justice: New Approaches to Successful Community Engagement	Ocean Coast Restorative Justice Non-Profit	Online via the National Consortia of Restorative Justice Practitioners	2	400.00	0.00	400.00	
2						0.00	
3						0.00	
4						0.00	
5						0.00	
Travel/Training Total:						400.00	

Narrative:

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

1	Engaging in trainings on national best practices and new strategies for community engagement will allow us to reach members of our community who have gone
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Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services

Directions:

Total Administrative Costs may not exceed 15% of grant funds, unless an exception is granted by the CJC

In the "Item Description" field, identify the specific activities to be conducted

In the "Organization" field, identify the entity that will be conducting the administrative activities

Item Description	Organization	Total Amount Requested					
1 10 hours per week of administrative assistance work	Ocean Coast Restorative Justice Non-Profit	20,800.00					
2							
3							
4							
5							
Administrative Costs Total:		20,800.00					

Narrative:

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

1	In order to allow the coordinator and resource specialist to focus on working with individuals and spending as much time as possible advancing the program, we are seeking
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Other Financial Considerations: Other sources of funding for the program and/or any in-kind donations from system partners or others

Directions:
 Include in this section any current or anticipated funding or donations
 In the "Item Description" field, identify the specific activities funded or donated
 In the "Total Amount/Value" field, indicate the amount funded or an estimated value for in-kind donations

Item Description	Source (Entity or Fund)	Type of Support	Total Amount or Estimated Value				
1 Use of 3 office park parking spaces	Outdoors, NW (building owner)	In-Kind Donation	1,800.00				
2		Select Option					
3		Select Option					
4		Select Option					
5		Select Option					
Other Financial Considerations Total:			1,800.00				

Narrative:
 For each item above provide a **brief** explanation and/or additional details

1	The building owner at the space we seek to rent is offering three parking spaces (\$25/per month, each) for us to use as an in-kind donation for the duration of the grant
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Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals						
Personnel	\$ 206,959.92						
Contractual Services	\$ 57,600.00						
Equipment	\$ 2,400.00						
Supplies	\$ 1,000.00						
Rent/Utilities	\$ 47,760.00						
Travel/Training	\$ 400.00						
<i>Subtotal</i>	\$ 316,119.92						

Administrative Costs	Total	% of Request (above categories subtotal)					
All Items	\$ 20,800.00	6.58%	*No more than 15% without exception request				
Total Budget Request	\$ 336,919.92						
Other Funding/In-Kind Donations	\$ 1,800.00						