

**2017-18 CORE GRANT APPLICATION  
TOTAL AGENCY BUDGET**

If Agency is the same as Program, check box and do not complete this page.

If Agency is submitting more than one program, check box and prepare only one time.

AGENCY NAME:		Agency Name Here			
PROGRAM NAME:		Program Name Here			
		FY 15-16 FYE_____	FY 16-17 FYE_____	FY 17-18 FYE_____	% INCREASE CURRENT VS. NEXT FY BUDGET
	REVENUES	A ACTUAL	B TOTAL PROJECTED ACTUAL	C PROPOSED BUDGETED	D (col. C-col. B)/col. B
1	Children Services Advisory Committee-Indian River				0
2	Children's Services Council-St. Lucie				0
3	Children's Services Council-Martin				0
4	United Way-St. Lucie County				0
5	United Way-Martin County				0
6	United Way-Indian River County				0
7	Other Counties Funding (other than above)				0
8	Department of Children & Families				0
9	Other State of Florida Grant Funds				0
10	Other Federal Grant Funds				0
11	Grants for funding Capital Expenditures				0
12	Contributions-Cash				0
13	Legacies & Bequests				0
14	Membership Dues				0
15	Program Fees				0
16	Fund Raising Events-Net				0
17	Funds from Other Sources (Specify if > 10% of total)				0
18	Sales to Public-Net				0
19	Investment Income				0
20	Miscellaneous				0
21	Reserve Funds Used for Operating				0
22	In-Kind Donations (must be from audit or 990 and support expenditures as included below)				0
23	<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	
	<b>EXPENDITURES</b>				
24	Salaries				0
25	Employment Benefits				0
26	Payroll Taxes				0
27	Administrative Costs				0
28	Advertising				0
29	Audit Expense				0
30	Books/Educational Materials				0
31	Equipment:Rental & Maintenance				0
32	Food & Nutrition				0
33	Insurance				0
34	Occupancy (Building & Grounds)				0
35	Office Supplies				0
36	Postage/Shipping				0
37	Printing & Publications				0
38	Specific Assistance to Individuals				0
39	Subscription/Dues/Memberships				0
40	Telephone				0
41	Travel/Conferences/Training				0
42	Travel-Daily				0
43	Utilities				0
44	Other/Miscellaneous				0
45	Professional Fees (Legal, Consulting)				0
46	<b>TOTAL OPERATING EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>0</b>	
47	Equipment Purchases:Capital Expense				0
48	<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	
49	<b>REVENUES OVER/(UNDER) EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**2017-18 CORE GRANT APPLICATION  
TOTAL PROGRAM BUDGET**

AGENCY NAME:		Agency Name Here			
PROGRAM NAME:		Program Name Here			
	FY 15-16 FYE_____	FY 16-17 FYE_____	FY 17-18 FYE_____	% INCREASE CURRENT VS. NEXT FY BUDGET	
	A ACTUAL	B TOTAL PROJECTED ACTUAL	C PROPOSED BUDGETED	D (col. C-col. B)/col. B	
<b>REVENUES</b>					
1	Children Services Advisory Committee-Indian River			0	
2	Children's Services Council-St. Lucie			0	
3	Children's Services Council-Martin			0	
4	United Way-St. Lucie County			0	
5	United Way-Martin County			0	
6	United Way-Indian River County			0	
7	Other Counties Funding (other than above)			0	
8	Department of Children & Families			0	
9	Other State of Florida Grant Funds			0	
10	Other Federal Grant Funds			0	
11	Grants for funding Capital Expenditures			0	
12	Contributions-Cash			0	
13	Legacies & Bequests			0	
14	Membership Dues			0	
15	Program Fees			0	
16	Fund Raising Events-Net			0	
17	Funds from Other Sources (Specify if > 10% of total)			0	
18	Sales to Public-Net			0	
19	Investment Income			0	
20	Miscellaneous			0	
21	Reserve Funds Used for Operating			0	
22	In-Kind Donations (must be from audit or 990 and support expenditures as included below)			0	
23	<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>EXPENDITURES</b>					
24	Salaries			0	
25	Employment Benefits			0	
26	Payroll Taxes			0	
27	Administrative Costs			0	
28	Advertising			0	
29	Audit Expense			0	
30	Books/Educational Materials			0	
31	Equipment:Rental & Maintenance			0	
32	Food & Nutrition			0	
33	Insurance			0	
34	Occupancy (Building & Grounds)			0	
35	Office Supplies			0	
36	Postage/Shipping			0	
37	Printing & Publications			0	
38	Specific Assistance to Individuals			0	
39	Subscription/Dues/Memberships			0	
40	Telephone			0	
41	Travel/Conferences/Training			0	
42	Travel-Daily			0	
43	Utilities			0	
44	Other/Miscellaneous			0	
45	Professional Fees (Legal, Consulting)			0	
46	<b>TOTAL OPERATING EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>0</b>	
47	Equipment Purchases:Capital Expense			0	
48	<b>TOTAL EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>0</b>	
49	<b>REVENUES OVER/(UNDER) EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**2017-18 CORE GRANT APPLICATION  
FUNDER SPECIFIC BUDGET  
PROGRAM EXPENSES**

<b>AGENCY NAME:</b>		<b>Agency Name Here</b>		
<b>PROGRAM NAME:</b>		<b>Program Name Here</b>		
		<b>A</b>	<b>B</b>	<b>C</b>
		<b>FY 17-18 TOTAL PROGRAM BUDGET</b>	<b>FY 17-18 FUNDER SPECIFIC BUDGET</b>	<b>% OF TOTAL VS. FUNDER REQUEST (col. B/col. A)</b>
<b>EXPENDITURES</b>				
24	Salaries	0	0	#DIV/0!
25	Employment Benefits	0	0	#DIV/0!
26	Payroll Taxes	0	0	#DIV/0!
27	Administrative Costs	0	0	#DIV/0!
28	Advertising	0	0	#DIV/0!
29	Audit Expense	0	0	#DIV/0!
30	Books/Educational Materials	0	0	#DIV/0!
31	Equipment:Rental & Maintenance	0	0	#DIV/0!
32	Food & Nutrition	0	0	#DIV/0!
33	Insurance	0	0	#DIV/0!
34	Occupancy (Building & Grounds)	0	0	#DIV/0!
35	Office Supplies	0	0	#DIV/0!
36	Postage/Shipping	0	0	#DIV/0!
37	Printing & Publications	0	0	#DIV/0!
38	Specific Assistance to Individuals	0	0	#DIV/0!
39	Subscription/Dues/Memberships	0	0	#DIV/0!
40	Telephone	0	0	#DIV/0!
41	Travel/Conferences/Training	0	0	#DIV/0!
42	Travel-Daily	0	0	#DIV/0!
43	Utilities	0	0	#DIV/0!
44	Other/Miscellaneous	0	0	#DIV/0!
45	Professional Fees (Legal, Consulting)	0	0	#DIV/0!
46	<b>TOTAL OPERATING EXPENDITURES</b>	0	0	#DIV/0!
47	Equipment Purchases:Capital Expense	0	0	#DIV/0!
48	<b>TOTAL EXPENDITURES</b>	0	0	#DIV/0!

## 2017-18 CORE GRANT APPLICATION BUDGET NARRATIVE WORKSHEET - PART ONE

Revenues: Line 1 - 20 & Salaries/Fringes: Lines 21 - 26

**IMPORTANT:** The Budget Narrative should provide details to justify the amount requested in each line item of the program. From this worksheet, your figures will be linked to the Total Agency Budget, Total Program Budget and Budget.

**AGENCY:** \_\_\_\_\_ Agency Name Here  
**PROGRAM NAME:** \_\_\_\_\_ Program Name Here

**CAUTION:** Do not enter any figures where a cell is colored in dark blue - Formulas and/or links are in place.

	A	B
REVENUES	Proposed Program Budget	Funder Specific Budget
1 Children Services Advisory Committee-Indian River		
2 Children's Services Council-St. Lucie		
3 Children's Services Council-Martin		
4 United Way-St. Lucie County		
5 United Way-Martin County		
6 United Way-Indian River County		
7 Other Counties Funding (other than above)		
8 Department of Children & Families		
9 Other State of Florida Grant Funds		
10 Other Federal Grant Funds		
11 Grants for funding Capital Expenditures		
12 Contributions-Cash		
13 Legacies & Bequests		
14 Membership Dues		
15 Program Fees		
16 Fund Raising Events-Net		
17 Funds from Other Sources (Specify if > 10% of total)		
18 Sales to Public-Net		
19 Investment Income		
20 Miscellaneous		
21 Reserve Funds Used for Operating		
22 In-Kind Donations (must be from audit or 990 and support expenditures as included below)		
23 TOTAL REVENUES	0	0

EXPENDITURES	A	B
	Proposed Program Budget	Funder Specific Budget
24 Salaries - (must complete chart on next page)	0	0
26 FICA - Total salaries x 0.0765		
25 Retirement - Annual pension for qualified staff		
25 Life/Health - Medical/Dental/Short-term Disab.		
26 Workers Compensation - # employees x rate		
26 Florida Unemployment - # projected employees x \$7,000 x RT-6 rate		

Type the Organization and Program Name

<b>SALARIES</b> <i>Position Title / Total Hrs/wk</i>	<b>POSITION LISTING</b>	<b>I</b> <i>Gross Annual Salary (Agency)</i>	<b>II</b> <i>Portion of Salary on Proposed Program</i>	<b>III</b> <i>Funder Specific Budget</i>
<i>Example: Executive Director / 40 hrs</i>		<i>70,000.00</i>	<i>10,000.00</i>	<i>5,000.00</i>
Remaining positions throughout the agency				
<b>Total Salaries</b>		<b>0</b>	<b>0</b>	<b>0</b>



Type the Organization and Program Name

<i><b>IV % of Gross Annual Salary Requested(C/A)</b></i>
7.14%
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!

## 2017-18 CORE GRANT APPLICATION BUDGET NARRATIVE WORKSHEET - PART TWO

General Expenditures: Lines 27- 47

**IMPORTANT:** The Budget Narrative should provide details to justify the amount requested in each line item of the budget for your program. From this worksheet, your figures will be linked to the Total Agency Budget and Total Program Budget.

**AGENCY NAME:**  
**PROGRAM NAME:**

Agency Name Here  
Program Name Here

**CAUTION:** Do not enter any figures where a cell is colored in dark blue--Formulas & links are in place.

27 EXPENDITURE LINE ITEM: ADMINISTRATIVE COSTS					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

28 EXPENDITURE LINE ITEM: ADVERTISING					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

29 EXPENDITURE LINE ITEM: AUDIT					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
	Line Item TOTAL		0	0	

30 EXPENDITURE LINE ITEM: BOOKS/EDUCATIONAL MATERIALS					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	



<b>31 EXPENDITURE LINE ITEM: EQUIPMENT:RENTAL &amp; MAINTENANCE</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

<b>32 EXPENDITURE LINE ITEM: FOOD &amp; NUTRITION</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

<b>33 EXPENDITURE LINE ITEM: INSURANCE</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>34 EXPENDITURE LINE ITEM: OCCUPANCY (BUILDINGS &amp; GROUNDS)</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

<b>35 EXPENDITURE LINE ITEM: OFFICE SUPPLIES</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

<b>36 EXPENDITURE LINE ITEM: POSTAGE/SHIPPING</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>37 EXPENDITURE LINE ITEM: PRINTING &amp; PUBLICATIONS</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>38 EXPENDITURE LINE ITEM: SPECIFIC ASSISTANCE TO INDIVIDUALS</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

<b>39 EXPENDITURE LINE ITEM: SUBSCRIPTION/DUES/MEMBERSHIPS</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

<b>40 EXPENDITURE LINE ITEM: TELEPHONE</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>41 EXPENDITURE LINE ITEM: TRAVEL/CONFERENCES/TRAINING</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>42 EXPENDITURE LINE ITEM: TRAVEL-DAILY</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>43 EXPENDITURE LINE ITEM: UTILITIES</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>44 EXPENDITURE LINE ITEM: OTHER/MISCELLANEOUS</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
e					
f					
	Line Item TOTAL		0	0	

<b>45 EXPENDITURE LINE ITEM: PROFESSIONAL FEES (LEGAL, CONSULTING)</b>					
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT	Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT	Col. 5 - TOTAL AGENCY AMOUNT
a					
b					
c					
d					
	Line Item TOTAL		0	0	

<b>47 EXPENDITURE LINE ITEM: EQUIPMENT PURCHASES: CAPITAL EXPENSES</b>					
	<b>Col. 1 - Description of Expense for the Program Budget</b>	<b>Col. 2 - Calculation Narrative for the Program Budget</b>	<b>Col. 3 - TOTAL PROGRAM AMOUNT</b>	<b>Col. 4 - TOTAL FUNDER SPECIFIC AMOUNT</b>	<b>Col. 5 - TOTAL AGENCY AMOUNT</b>
a					
b					
c					
d					
e					
f					
g					
h					
	<b>Line Item TOTAL</b>		<b>0</b>	<b>0</b>	

