2017-18 CORE GRANT APPLICATION TOTAL \underline{AGENCY} BUDGET

If Agency is the same as Progam, 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 N	Name Here	
	FY 15-16	FY 16-17	FY 17-18	% INCREASE
	FYE		FYE	CURRENT VS. NEXT FY BUDGET
DEVENUE O	A ACTUAL	B TOTAL	C PROPOSED	D (col. C-col. B)/col. B
REVENUES		PROJECTED ACTUAL		
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 6 United Way-Indian River County			0	
7 Other Counties Funding (other than above)			0	
B Department of Children & Families			0	
9 Other State of Florida Grant Funds			0	
O Other Federal Grant Funds			0	
Grants for funding Capital Expenditures			0	
2 Contributions-Cash			0	
3 Legacies & Bequests			0	
4 Membership Dues			0	
5 Program Fees			0	
6 Fund Raising Events-Net			0	
7 Funds from Other Sources (Specify if > 10% of total)			0	
8 Sales to Public-Net			0	
Investment Income			0	
Miscellaneous			0	
Reserve Funds Used for Operating			0	
2 In-Kind Donations (must be from audit or 990 and			0	
support expenditures as included below)			0	
3 TOTAL		0	0	
EVDENDITUDEO.				
EXPENDITURES				
4 Salaries			0	
5 Employment Benefits			0	
6 Payroll Taxes			0	
7 Administrative Costs			0	
8 Advertising			0	
9 Audit Expense 0 Books/Educational Materials				
1 Equipment:Rental & Maintenance			0	
2 Food & Nutrition			0	
Insurance			0	
4 Occupancy (Building & Grounds)			0	
5 Office Supplies			0	
6 Postage/Shipping			0	
7 Printing & Publications			0	
8 Specific Assistance to Individuals			0	
9 Subscription/Dues/Memberships			0	
0 Telephone			0	
Travel/Conferences/Training			0	
2 Travel-Daily			0	
3 Utilities			0	
4 Other/Miscellaneous			0	
5 Professional Fees (Legal, Consulting)			0	
6 TOTAL OPERATING EXPENDITURES	(0	0	
7 Equipment Purchases:Capital Expense			0	
8 TOTAL	(0	0	
REVENUES OVER/(UNDER) EXPENDITURES		0	0	

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2017-18 CORE GRANT APPLICATION TOTAL *PROGRAM* BUDGET

AGENCY NAME:		Agency N	ame Here	
PROGRAM NAME:	Program Name Here			
	FY 15-16 FYE	FY 16-17 FYE	FY 17-18 FYE	% INCREASE CURRENT VS. NEXT FY BUDGE
REVENUES	A ACTUAL	B TOTAL PROJECTED ACTUAL	C PROPOSED BUDGETED	D (col. C-col. B)/col.
Children Services Advisory Committee-Indian River			0	
Children's Services Council-St. Lucie			0	
Children's Services Council-Martin			0	
United Way-St. Lucie County			0	
United Way-Martin County			0	
United Way-Indian River County			0	
Other Counties Funding (other than above)			0	
Department of Children & Families			0	
Other State of Florida Grant Funds			0	
Other Federal Grant Funds			0	
Grants for funding Capital Expenditures			0	
Contributions-Cash			0	
Legacies & Bequests			0	
Membership Dues			0	
Program Fees			0	
Fund Raising Events-Net			0	
Funds from Other Sources (Specify if > 10% of total)			0	
Sales to Public-Net			0	
nvestment Income			0	
Miscellaneous			0	
Reserve Funds Used for Operating			0	
n-Kind Donations (must be from audit or 990 and			0	
support expenditures as included below)				
TOTAL		0 0	0	
EXPENDITURES				
Salaries			0	
Employment Benefits			0	
Payroll Taxes			0	
Administrative Costs			0	
Advertising			0	
Audit Expense			0	
Books/Educational Materials			0	
Equipment:Rental & Maintenance			0	
Food & Nutrition			0	
Insurance			0	
Occupancy (Building & Grounds)			0	
Office Supplies			0	
Postage/Shipping			0	
Printing & Publications			0	
Specific Assistance to Individuals			0	
Subscription/Dues/Memberships			0	
Telephone			0	
Travel/Conferences/Training			0	
Travel-Daily			0	
Utilities			0	
Other/Miscellaneous			0	
Professional Fees (Legal, Consulting)			0	
TOTAL OPERATING EXPENDITURES		0	0	
Equipment Purchases:Capital Expense			0	
TOTAL EXPENDITURES		0 0	0	

2017-18 CORE GRANT APPLICATION FUNDER SPECIFIC BUDGET PROGRAM EXPENSES

AGENCY NAME:	Agency Name	Here	
PROGRAM NAME:	Program Name	Here	
	Α	В	С
	FY 17-18	FY 17-18	% OF
	TOTAL	FUNDER	TOTAL VS.
	PROGRAM	SPECIFIC	FUNDER REQUEST
	BUDGET	BUDGET	(col. B/col. A)
EXPENDITURES			
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 TOTAL OPERATING EXPENDITURES	0	0	#DIV/0!
47 Equipment Purchases:Capital Expense	0	0	#DIV/0!
48 TOTAL EXPENDITURES	0	0	#DIV/0!

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

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

<u>IMPORTANT:</u> 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: PROGRAM NAME:

Agency Name Here 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	В
	REVENUES	Proposed Program Budget	Funder Specific Budget
1	Children Services Advisory Committee-Indian River		
	Children's Services Council-St. Lucie		
_	Children's Services Council-Martin		
•	United Way-St. Lucie County		
	United Way-Martin County		
	United Way-Indian River County		
	Other Counties Funding (other than above)		
	Department of Children & Families		
	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		
	Miscellaneous		
	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 Proposed Program Budget	B 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 Florida Unemployment - # projected employees x \$7,000 x		
26	RT-6 rate		

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

he budget for your I Funder Specific

C Total Agency Budget

0

C
Total Agency
Budget
0

Type the Organization and Program Name

IV % of Gross Annual Salary Requested(C/A)
7.14%
#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: Agency Name Here PROGRAM NAME: Program Name Here

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

27	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		
а							
b							
С							
d							
е							
f							
	Line Item TOTAL		0	0			

28	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	
а						
b						
С						
d						
	Line Item TOTAL		0	0		

29	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		AGENCY AMOUNT	
а						
b						
	Line Item TOTAL		0	0		

30	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	AGENCY AMOUNT	
а						
b						
С						
d						
е						
f						
	Line Item TOTAL		0	0		

31	31 EXPENDITURE LINE ITEM: EQUIPMENT:RENTAL & MAINTENANCE					
	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	
а						
b						
С						
d						
е						
f						
	Line Item TOTAL		0	0		

32	32 EXPENDITURE LINE ITEM: FOOD & NUTRITION							
	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			
а								
b								
С								
d								
е								
f								
	Line Item TOTAL		0	0				

33	B EXPENDITURE LINE ITEM: INSURANCE						
	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	AGENCY AMOUNT		
а							
b							
С							
d							
	Line Item TOTAL		0	0			

34	EXPENDITURE LINE ITEM: OCCUPANCY (BUILDINGS & GROUNDS)						
	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		
а							
b							
С							
d							
Ф							
f							
	Line Item TOTAL		0	0			

35	35 EXPENDITURE LINE ITEM: OFFICE SUPPLIES							
	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			
а								
b								
С								
d								
е								
f								
	Line Item TOTAL		0	0				

36	36 EXPENDITURE LINE ITEM: POSTAGE/SHIPPING							
	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			
а								
b								
С								
d								
	Line Item TOTAL		0	0				

37	EXPENDITURE LINE ITEM: PRINTING & PUBLICATIONS						
	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	AGENCY AMOUNT		
а							
b							
С							
d							
	Line Item TOTAL		0	0			

38	8 EXPENDITURE LINE ITEM: SPECIFIC ASSISTANCE TO INDIVIDUALS						
	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		
а							
b							
С							
d							
е							
f							
	Line Item TOTAL		0	0			

39	EXPENDITURE LINE ITEM: SUBSCRIPTION/DUES/MEMBERSHIPS						
	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		
а							
b							
С							
d							
е							
f							
	Line Item TOTAL		0	0			

40	EXPENDITURE LINE ITEM: TELEPHONE						
	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	AGENCY AMOUNT		
а							
b							
С							
d							
	Line Item TOTAL		0	0			

41	EXPENDITURE LINE ITEM: TRAVEL/CONFERENCES/TRAINING						
	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		
а							
b							
С							
d							
	Line Item TOTAL		0	0			

42	2 EXPENDITURE LINE ITEM: TRAVEL-DAILY						
	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	AGENCY AMOUNT		
а							
b							
С							
d							
	Line Item TOTAL		0	0			

43	EXPENDITURE LINE ITEM: UTILITIES						
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT				
а							
b							
С							
d							
	Line Item TOTAL		0	0			

44	44 EXPENDITURE LINE ITEM: OTHER/MISCELLANEOUS				
	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
а					
b					
С					
d					
е					
f					
	Line Item TOTAL		0	0	

45	EXPENDITURE LINE ITEM: PROFESSIONAL FEES (LEGAL, CONSULTING)				
	Col. 1 - Description of Expense for the Program Budget	Col. 2 - Calculation Narrative for the Program Budget	Col. 3 - TOTAL PROGRAM AMOUNT		Col. 5 - TOTAL AGENCY AMOUNT
а					
b					
С					
d					
	Line Item TOTAL		0	0	

47	EXPENDITURE LINE ITEM: EQUIPMENT PURCHASES: CAPITAL EXPENSES				
	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
а					
b					
С					
d					
е					
f					
g					
h					
	Line Item TOTAL		0	0	

2017-18 CORE GRANT APPLICATION EXPLANATION FOR VARIANCES OF 15% OR MORE TOTAL PROGRAM BUDGET

AGENCY NAME: PROGRAM NAME:

Agency Name Here Program Name Here

LINE ITEM	EXPLANATION FOR VARIANCE
Children Services Advisory Committee-Indian River	
Children's Services Council-St. Lucie	
Children's Services Council-Martin	
United Way-St. Lucie County	
United Way-Martin County	
United Way-Indian River County	
Other Counties Funding (other than above)	
Department of Children & Families	
Other State of Florida Grant Funds	
Other Federal Grant Funds	
Grants for funding Capital Expenditures	
Contributions-Cash	
Legacies & Bequests	
Membership Dues	
Program Fees	
Fund Raising Events-Net	
Funds from Other Sources (Specify if > 10% of total)	
Sales to Public-Net	
Investment Income	
Miscellaneous	
Reserve Funds Used for Operating	
In-Kind Donations (must be from audit or 990 and	
<u>Salaries</u>	
Employment Benefits	
Payroll Taxes	
Administrative Costs	
Advertising	
Audit Expense	
Books/Educational Materials	
Equipment:Rental & Maintenance	
Food & Nutrition	
Insurance	
Occupancy (Building & Grounds)	
Office Supplies	
Postage/Shipping	
Printing & Publications	
Specific Assistance to Individuals	
Subscription/Dues/Memberships	
Telephone	
Travel/Conferences/Training	
<u>Travel-Daily</u>	
<u>Utilities</u>	
Other/Miscellaneous	
Professional Fees (Legal, Consulting)	
Equipment Purchases:Capital Expense	
<u>- </u>	

2017-18 CORE GRANT APPLICATION EXPLANATION FOR VARIANCES OF 15% OR MORE FUNDER SPECIFIC BUDGET

AGENCY/PROGRAM NAME:

LINE ITEM	EXPLANATION FOR VARIANCE
#DIV/0!	
3/ #DNV/0!	B-5