

WORKING DRAFT - NOT FOR USE
FY 2014 BUDGET EXHIBIT

APPENDIX X: PUBLIC SERVICE or ECONOMIC DEVELOPMENT PROJECTS

AGENCY _____
 PROJECT _____

SALARIES & WAGES (Schedule 2) _____

FRINGE BENEFITS (Schedule 3) _____

TOTAL PERSONNEL \$ _____ 0

SUPPLIES _____

POSTAGE _____

CONSULTANT SERVICES _____

MAINTENANCE/REPAIR _____

PUBLICATIONS/PRINTING _____

TRANSPORTATION _____

RENT _____

EQUIPMENT RENTAL _____

INSURANCE _____

UTILITIES _____

TELEPHONE _____

OTHER EXPENSES (Specify) _____

TOTAL NON-PERSONNEL \$ _____ 0

TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD
 (IC/AO)- Schedule 4 \$ _____

[Limited to 15% of Total CDBG Project Budget]

TOTAL _____ 0

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FY 2014 INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY _____ 0
 PROJECT _____ 0

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD			-

(5) Total CDBG Budget _____ - Percentage _____
 (Must be equal or less than 15%)

1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
 2. List total Agency budget for positon and/or NPE line item.
 3. List PERCENT of total budget to be charged against CDBG funding.
 4. Total indirect cost/administrative overhead to be charged against CDBG funding.
 5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

Pay Schedule (Check One)

Monthly

Biweekly

Twice a Month

**WORKING DRAFT - NOT FOR USE
FY 2014 BUDGET JUSTIFICATION***

AGENCY _____ 0 _____

PROJECT _____ 0 _____

LINE ITEM _____	AMOUNT
Detailed Explanation:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ -

LINE ITEM _____	AMOUNT
Detailed Explanation:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ -

LINE ITEM _____	AMOUNT
Detailed Explanation:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ -

*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.