

**ATTACHMENT 4**

**BUDGET SECTION – FAMILY CAREGIVER SUPPORT PROGRAM  
& KINSHIP CAREGIVER SUPPORT PROGRAM**

**Proposal Budget Section Instructions**  
**Cost Reimbursement**

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**FAMILY CAREGIVER SUPPORT PROGRAM  
& KINSHIP CAREGIVER SUPPORT PROGRAM  
2022-2023 Available Funding**

**(20 points)**

**A. Proposal Amount**

The Estimate of Anticipated Funding of this proposal is \$655,136. Match Requirements Relevant to Proposal Budget are 25% Non-federal match required.

**B. Proposal Budget Section, Page 1**

**1. Proposal Budget:**

Complete **Program Title (FCSP or KCSP)** and **Agency** name. If also proposing for KCSP, complete a separate Proposal Budget Section.

**2. Requested Funds:**

Under Amount, enter the amount you are requesting from the Human Services Department.

**3. Matching Resources:**

Enter the Matching Resources Source and the Amount of the resource to be used in the proposed program. Organizations must show source of the match funds and cannot use other federal funds as match. The match must be provided during the period of time covered by the grant. State if the match is in-kind or if it is a cash match. Program donations cannot be used toward the match.

**4. Proposal Match Percentage Calculation:**

1.	Total Requested Funds (A.)	+	Total Matching Resources (B.)	=	Total Requested Funds Plus Total Matching Resources (C.)
2.	Total Matching Resources (B.)	÷	Total Requested Funds Plus Matching Resources (C.)	=	Proposal Match Percentage

*Be sure that “Proposal Match Percentage” is at least equal to or exceeds the “Required Match Percentage”.*

**5. Other Program Resources:**

Enter Other Revenue Source and Amount to be used in the proposed program **during the Fund Period**. (Include estimated fees, third party reimbursements, program income, donations or in-kind resources in excess of matching requirements.)

**C. Proposed Budget Section, Page 2**

**1. Expenditures:**

In column 1, FUND SOURCE, enter estimated costs of the proposed program by funding Category. Indicate the costs which are necessary to run the proposed program which are to be paid with Requested Funds. The total for column 1 should equal the total indicated on the first page of the budget as Total Funds Requested. Indicate the MATCHING RESOURCES to be applied to the proposed program by category in column 2. The total for column 2 should equal the total indicated on the first page of the budget as Total Matching Resources. Column 3 should indicate all OTHER RESOURCES that will be applied to the proposed program. The total for Column 3 should equal the total indicated on the first page of the budget as Total Other. **Show whole dollars only, no cents.**

**D. Proposal Budget Section, Page 3**

**1. Expenditure Narrative (Requested Fund Expenditures only):**

Provide justification describing each Category supported with Requested Funds under this contract for all estimated costs presented on Page 2.

Be sure to provide basis of cost allocations, justification for increased costs from prior contract periods, if applicable, and explanations for all categories of cost.

**Only categories budgeted in column 1 of page 2 must appear on this page and match the totals to column 1 on page 2. Show whole dollars only, no cents. Separate agency administration costs clearly from program costs.**

When preparing this section for each Category, **describe how the projected costs apply to the grant and how the costs were calculated.** Consider the following as some examples of explanations for the Categories within the Expenditure Narrative:

- **Salaries/Wages** - reference page 4, Salary detail. Provide a brief description of the positions to be funded. If applicable, separate administration and program salaries.
- **Benefits** - Example: FICA costs are estimated based on \_\_\_% of the budgeted salaries, Retirement costs are estimated based on \_\_\_% of the budgeted salaries, Medical was projected using \$\_\_\_ as a base cost per employee times the % of time to be budgeted to the grant. (Use this format for other benefits not shown here).
- **Supplies** - Example: Office supplies based on historical FTE usage. Cost per FTE times FTE's charged to the proposed budget.
- **Professional Services** - Example: \_\_\_\_\_ Services to provide \_\_\_\_\_ at a cost of \$\_\_\_ per hour at \_\_\_\_\_ hours of service for the proposed program.
- **Postage** - Example: Mailings \_\_\_\_\_ to \_\_\_ clients, at a projected cost of \$\_\_\_ per client.
- **Telephone** - Example: Telephone charges for \_\_\_ staff at \_\_\_% of time budgeted to the proposed program multiplied times the estimated cost of telephone charges for the period of funding.
- **Mileage and Fares** - Example: Staff mileage at \$0.\_\_\_ per mile times \_\_\_ miles.
- **Leases/Rentals** - Example: Office space calculated as \_\_\_% of FTE's (Proposed Budget % of total FTE's using office space) times \$\_\_\_, projected lease costs for the period of funding.
- **Utilities** - Example: Utilities calculated \_\_\_% of FTE's (Proposed Budget % of total FTE's using office space) times \$\_\_\_, projected utility cost for the period of funding.
- **Repairs/Maintenance** - Example: Cost of repairs and maintenance of the facility is calculated at \_\_\_% of FTE's (Proposed Budget % of total FTE's using office space) times \$\_\_\_, projected Repairs/Maintenance cost for the period of funding.

- **Printing** - Example: Cost of printing \_\_\_ copies of \_\_\_\_\_ at \_\_\_ per copy.
- **Dues/Subscriptions** - Example: Cost of Dues for \_\_\_\_\_ at \$\_\_\_\_.
- **Registration/Tuition** - Example: Cost of Registration to provide training for \_\_\_\_\_ at a cost of \$\_\_\_\_ per employee for \_\_\_ employees.
- **Machinery/Equipment** - Example: Cost to purchase \_\_\_\_\_ at \$\_\_\_\_ per unit.
- **Admin/Indirect** - Example: Total Program cost times the Cost Allocation Rate of \_\_\_% which has been reviewed and approved a Certified Public Accounting Agency.

## E. Proposal Budget Section, Page 4

### 1. Detail Salaries/Wages (Fund Expenditures only):

Identify each Position to be supported by requested funding revenues under this proposal. Indicate the percentage of each position time projected to be charged to the Requested Funds, enter the **Total Monthly Salary/Wage (include all funds used to pay for the position)**. Calculate the Monthly Charge To Fund Source by multiplying the % Of Time To Fund Source by the Total Monthly Salary/Wage.

The Total Charge To Fund Source is calculated by multiplying the number of months of the Fund Period (12 months) times the Monthly Charge To Fund Source. If Administration Charges are separate from Program Charges, show them separately on this form. Total all Salary/Wages. **Show whole dollars only, no cents.** Total Salary/Wages charged To Fund Source must balance to Salaries/Wages entries for Fund Expenditures on Pages 2 and 3.

***Snohomish County Human Services Department***  
**Proposal Budget Section**

PROGRAM TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

REQUESTED FUNDS:

REVENUE SOURCE	FUND PERIOD	AMOUNT
_____	07/01/2022 – 06/30/2023	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL FUNDS REQUESTED:		<b>(A.)</b> _____

MATCHING RESOURCES (Identify):

MATCHING RESOURCES SOURCE	FUND PERIOD	AMOUNT
_____	07/01/2022 – 06/30/2023	_____
_____	_____	_____
_____	_____	_____
TOTAL MATCHING RESOURCES:		<b>(B.)</b> _____
TOTAL REQUESTED FUNDS PLUS TOTAL MATCHING RESOURCES <b>(A.+B.):</b>		<b>(C.)</b> _____

REQUIRED MATCH PERCENTAGE:	25%	PROPOSAL MATCH PERCENTAGE	%
	_____	<b>(B.÷C.):</b>	_____

OTHER PROGRAM RESOURCES (Identify - NO ACRONYMS):

SOURCE	FUND PERIOD	AMOUNT
_____	07/01/2022 – 06/30/2023	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER RESOURCES:		_____

**Snohomish County Human Services Department  
Proposed Budget Section**

**Expenditures**

	(column 1)	(column 2)	(column 3)
CATEGORY	FUND SOURCE	MATCHING RESOURCES	OTHER RESOURCES
Salaries/Wages			
Benefits			
Supplies/Minor Equipment			
Prof. Services			
Postage			
Telephone			
Mileage/Fares			
Meals			
Lodging			
Advertising			
Leases/Rentals			
Insurance			
Utilities			
Repairs/Maintenance			
Client Flex Funds			
Client Rent			
Printing			
Dues/Subscriptions			
Registration/Tuition			
Machinery/Equipment			
Administration			
Indirect			
Occupancy			
Miscellaneous			
Miscellaneous Construction			
Acquisition			
Relocation			
<b>TOTAL</b>			

**Snohomish County Human Services Department  
Proposal Budget Section**

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**Expenditure Narrative  
(Fund Expenditures Only)**

<b>AMOUNT</b>	<b>CATEGORY</b>	<b>NARRATIVE</b> (Provide justification describing each category supported with funds awarded under this contract.)

**Snohomish County Human Services Department  
Proposal Budget Section**

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**Detail Salaries/Wages  
(Fund Expenditures Only)**

POSITION	% OF TIME TO FUND SOURCE	TOTAL MONTHLY SALARY/WAGE	MONTHLY CHARGE TO FUND SOURCE	# OF MONTHS	TOTAL CHARGE TO FUND SOURCE

**TOTAL** \_\_\_\_\_