



11520 Commonwealth Drive, Louisville, KY 40299

Minimum Match %:	15%
------------------	-----

APPLICANT:

NOTE: READ INSTRUCTIONS FULLY. THIS PAGE IS POPULATED FROM the following individual worksheets.

Line-Item Description	Total KIPDA Federal and State Funds	Enter match amount for each line-item applicable from where match will be generated. (Total match should equal minimum 15% of Total Project Budget)	Total Project Budget
Personnel	\$ -		\$ -
Operating Costs (supplies, postage, copying, registrations, facilities, utilities).	\$ -		\$ -
Subcontracts	\$ -		\$ -
Travel - Staff	\$ -		\$ -
Other Costs (include narrative)	\$ -		\$ -
Indirect Costs	\$ -		\$ -
Total Project Budget	\$ -	\$ -	\$ -

Match %	#DIV/0!
---------	---------

Special Instructions:

1. Individual purchases of \$500 or more must receive prior approval - per Cabinet Instructions
2. All mileage must not exceed the State Mileage Rate (this rate may change quarterly)
3. Match and program Income must be accounted for and reported accurately per program. Enter the amount of match anticipated to be generated applicable to the appropriate line-item expense to be supported by the applicant.
4. Accounting system must provide a method to account for staff time and all program charges separately from other programs and costs of the agency .

Match Calculation Example:	
KIPDA Amount Projected	\$ -
Match Percentage (minimum)	15%
Gross Total	\$ -
Minimum Match	\$ -

* Note: Applicants may propose a higher than 15% match.

 Authorized Official's Signature

 Date

By signing and submitting this line-item budget, the authorized official affirms that the information provided is true and correct to the best of his/her knowledge upon submission of the proposal. The applicant understands that its organization is not assured of receiving a specific amount of funding or client service units, as clients will choose a provider. Revenue will be generated based on final negotiated unit prices for each authorized Title III-B Services service. This budget is prepared as supporting information to demonstrate funds needed for projected allowable costs to implement KIPDA Title III-B Services services. Costs related to other programs or services outside of the KIPDA Title III-B Services program are not allowable and shall not be included in this line-item budget or unit pricing.

STAFFING PLAN

Includes Wages and Fringe Benefits separately. Enter Wages only in the Staffing Plan. Fringe Benefits will be calculated near the bottom of the page with a Rate you will enter.

ADMINISTRATIVE STAFF

Staff Person or Position	Number of Positions	Responsibility to Program	Annual Salary/Wages	Weekly Hours Worked	% of Total Time to KIPDA Program	Projected Cost
						\$ -
						\$ -
						\$ -
						\$ -
Total						\$ -

DIRECT SERVICE STAFF - SALARIED

Position	Number of Positions	Responsibility to Program	Average Annual Salary	Hours Worked on Annual basis	% of time to KIPDA Program	Projected Cost
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total						\$ -

DIRECT SERVICE STAFF - HOURLY (PAID STAFF AND VOLUNTEERS IF APPLICABLE)

Staff Person or Position (including volunteers if applicable)	Number of Positions	Responsibility to Program	Hourly Rate of Pay	Weekly Hours to Work on behalf of KIPDA Clients	Number of Weeks to Work in Year	Projected Cost
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total						\$ -

Fringe Benefit Explanation	
Please enter the Average Percent Rate of your Fringe Benefits to Wages Below	
Enter Average Percent: (Rate)	
Amount of Fringe Benefits	\$ -
Please list all Fringe Benefits below and include the Average Percentage Rate Paid by the Employer on behalf of employees.	
List of Benefits Below (Employer Contribution)	Include Avg. Percentage for each Fringe Item Below: Enter Rates in the spaces below
FICA	
Retirement	
Worker's Comp	
Unemployment Insurance	
Disability Insurance	
Health Insurance	
Life Insurance	
Other:	

Total Wages	\$	-
Fringe Benefit Cost	\$	-
Total Personnel Cost	\$	-

OPERATING COSTS

Allowable operating costs include general items for operations such as supplies, copying, postage, maintenance fees, software costs, registration fees for staff, outreach for clients and building or facility costs that are not part of the indirect costs requested.

Operating Cost Item	Itemized List of Expenses and Purpose	Amount (KIPDA and Match Total)
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ -

SUBCONTRACTS

Subcontracts include all intended subcontracts needed to help carry out specific services. KIPDA will not authorize a provider to subcontract out an entire groups of services.

Subcontracts	Define scope and services of Subcontractor	Amount (KIPDA and Match Total)
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ -

TRAVEL COSTS

Complete the table below listing the staff positions needing travel using the KIPDA award of funds, purpose of travel and mileage rate.

Participant Travel		
List the costs directly associated with transporting clients		
Participant Travel Cost Item	Purpose of Travel	Amount (KIPDA and Match Total)
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ -

Staff Travel		
List the staff positions needing travel using the KIPDA award of funds, purpose of travel and mileage rate.		
Staff Positions Needing Travel	Purpose of Travel	Amount (KIPDA and Match Total)
Meetings		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ -

Mileage Rate paid to staff:

Are staff paid for driving time?

OTHER COST

Other costs are all other projected costs not included in the budget narrative sheets which are request to support. Define the other cost, explain the purpose and include quantity and that will be covered with funds in order to determine if the public funds can be expended for costs that are not part of operations such as interpreter costs, special program purchases, e

Note: Purchases of \$500 or more require approval by KIPD

Other Costs (Define Below)	Itemized List of Expenses and Purpose
Total	

S

are necessary to provide services and oversight for which KIPDA funds unit pricing for such costs. As is reasonably possible, define the costs for this purpose. (Examples would include program or service related etc.)

As we must seek approval from DAIL

% Charge to Program	Amount (KIPDA and Match Total)
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

INDIRECT COSTS

Define below all of the costs and projected amount for those items that are paid as an indirect cost.

RATE: Please Enter Rate.

BASE: In this cell, please describe the methodology used to calculate your Indirect Cost Rate. Type over current contents.
Example: Percentage of Direct Salaries and Fringe Benefits

Note: To request funds to support indirect costs, applicants must include the rate above, list the projected costs to be covered through KIPDA Title III-B Services Services, and describe the methodology used to arrive at the indirect cost rate. Include as an attachment, the indirect cost allocation plan and/or approval or certification of the plan and methodology.

Total Request \$

Personnel Positions: (These would include personnel costs covered by indirect such as Executive Director, Receptionist, Finance Director, etc.)	Projected Amount Applicable to the KIPDA-funded services
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Totals	\$ -

Buildings and Facilities:	Projected Amount to KIPDA Services
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Totals	\$ -

Vehicles and Equipment	Projected Amount to KIPDA Services
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Totals	\$ -

Legal/ Professional Services	Projected Amount
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Totals	\$ -

Other - Not Listed Above	Projected Amount
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Totals	\$ -

Totals	\$	-
--------	----	---

TITLE III-B SUPPORTIVE SERVICES - BACKUP WORKSHEET AND UNIT PRICING SHEET

Cost Category	Unduplicated Clients	Units	Average Unit Cost	Avg Cost Per Unduplicated Client	Amount Budgeted
Advocacy	0	0.00	#DIV/0!	#DIV/0!	\$ -
Assessment (Access)	0	0.00	#DIV/0!	#DIV/0!	\$ -
Case Management (Access)	0	0.00	#DIV/0!	#DIV/0!	\$ -
Counseling	0	0.00	#DIV/0!	#DIV/0!	\$ -
Employment Services	0	0.00	#DIV/0!	#DIV/0!	\$ -
I & A (Access)	0	0.00	#DIV/0!	#DIV/0!	\$ -
In-Home Services	0	0.00	#DIV/0!	#DIV/0!	\$ -
Legal Assistance (Legal)	0	0.00	#DIV/0!	#DIV/0!	\$ -
Outreach (Access)	0	0.00	#DIV/0!	#DIV/0!	\$ -
Public Education	0	0.00	#DIV/0!	#DIV/0!	\$ -
Respite	0	0.00	#DIV/0!	#DIV/0!	\$ -
Telephone Reassurance	0	0.00	#DIV/0!	#DIV/0!	\$ -
Senior Center Services	0	0.00	#DIV/0!	#DIV/0!	\$ -
Transportation (Access)	0	0.00	#DIV/0!	#DIV/0!	\$ -
Total		0.00	#DIV/0!	#DIV/0!	\$ -

IN-HOME SERVICES

Cost Category	Unduplicated Clients	Units	Average Unit Cost	Avg Cost Per Unduplicated	Amount Budgeted
Friendly Visiting	0	0.00	#DIV/0!	#DIV/0!	\$ -
Homemaker/Home Management	0	0.00	#DIV/0!	#DIV/0!	\$ -
Personal Care	0	0.00	#DIV/0!	#DIV/0!	\$ -

SENIOR CENTER SERVICES

Cost Category	Unduplicated Clients	Units	Average Unit Cost	Avg Cost Per Unduplicated	Amount Budgeted
Education			#DIV/0!	#DIV/0!	\$ -
Health Promotion			#DIV/0!	#DIV/0!	\$ -
Recreation			#DIV/0!	#DIV/0!	\$ -

Note: The following planning document will assist KIPDA in determining the capacity or projected number of persons a provider would anticipate serving during a fiscal year. KIPDA does not assign a specific number of clients or funds to a provider as the program is client choice. The client chooses his/her own service provider based on information and review of the provider. The amount budgeted is a projected amount and KIPDA would note that amounts, number of clients and service units could vary. This planning document or backup form would not become a part of the contract, but used for planning and projections. The total budget amount should match the total projected budget for the amount of KIPDA funds included in the budget and match. A final unit price will be determined by KIPDA based on information presented in the budget, historical spending and client utilization of services and reasonableness of presented budget and unit price.

Unduplicated is defined as the number of clients projected to be served at least one time. A client may receive more than one service and is recorded as a client for that service but is count only 1 time for the total unduplicated client count. Enter total projected clients that could be served by the Bidding Agency.