**HRIF RFA**

 **Attachment 4 B-I**

**Budget Detail Work Sheet**

**(Year 1)**

**(July 1, 2006 – June 30, 2007)**

|  |
| --- |
| Personnel |
| Position Title and No of each | Salary Rate/Range | FTE % | Annual Cost |  |  |
|  | $ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | $ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | $ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  | **Total Personnel** | $ |  |
|  |  |  |  |  |  |
| **Fringe Benefits** (\_\_ % of applicable Personnel) |  | $ |  |
|  |  |  |
| **Operating Expenses** |
| Expense Description | Cost |  |  |  |
|  | $\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  | $\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  | $\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  | **Total Operating** | $ |  |
|  |  |  |  |
| **Equipment** |
| Equipment Description | # of Units | Unit Cost | Total Cost |  |  |
|  |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | **Total Equipment** | $ |  |
|  |  |  |  |
| **Travel** |  | $ |  |
|  |  |  |
| **Subcontracts** [Include a Subcontractor Budget attachment if more than 2 subcontracts are expected.] |
| Name of Subcontractor:  |
| Personnel | Gen. Exp. | Travel | Subcontracts | Indirect Costs | Total Cost |  |  |
| $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |  |  |  |
| Name of Subcontractor: |
| Personnel | Gen. Exp. | Travel | Subcontracts | Indirect Costs | Total Cost |  |  |
| $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |
| Name of Subcontracted Project (If Subcontractor is unknown): |  |  |  |
|  | $\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |
|  | **Total Subcontracts** | $ |  |
| **Other Costs** |
| Item Description | Cost |  |
|  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **Total Other Costs** | $ |  |
|  |  |  |  |
| **Indirect Costs** (\_\_% of Personnel including benefits) |  | $ |  |
| \*\*Cannot exceed 22%.  | **Total Costs** | **$** |  |

Copy this format or use a similar one and use as many sheets as are necessary.

Page 1 of 1