

Exhibit B Attachment I-II – Budget – Sample

Exhibit B Attachment I or II etc.

Budget

(Year X) [Retain if multiple budgets are present]

(XX/XX/XX through XX/XX/XX) [Retain if multiple budgets are present]

Personnel [Itemize all expenses]

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost	
XX	X	\$XXX,XXX - \$XXX,XXX	X %	\$	XX
XX	X	\$XXX,XXX - \$XXX,XXX	X %	\$	XX
XX	X	\$XXX,XXX - \$XXX,XXX	X %	\$	XX
XX	X	\$XXX,XXX - \$XXX,XXX	X %	\$	XX
				Total Salary	\$ XX
				Fringe Benefits (X%)	\$ XX
				Total Personnel	\$ XX

Operating Expenses [Itemize all expenses including minor equipment with a Unit cost under \$5,000]

XX	\$XX	
XX	\$XX	
XX	\$XX	
	\$XX	
	Total Operating Expenses	\$ XX

Equipment [Itemize equipment expenses i.e., items with a Unit cost of \$5,000 or more]

XX	\$XX	
	Total Equipment Expenses	\$ XX

Travel (At CalHR reimbursement rates) **Total Travel** \$ XX

Subcontracts [Itemize all subcontracts. A subcontractor budget should be included for all subcontractors and must be included for each subcontractor whose total costs under a contract will equal \$50,000 or more. If a subcontractor budget is required and cannot be supplied, an explanation must accompany the STD 215. DGS can require additional budget detail for any and all subcontractors and other line items]

XX	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
	\$ XX	\$ XX	\$XX	\$ XX	\$ XX	\$ XX
XX – Contractor TBD						\$ XX
					Total Subcontracts	\$ XX

Other Costs [Itemize each expense]

XX	\$ XX	
XX	\$ XX	
XX	\$ XX	
	Total Other Costs	\$ XX

Indirect Costs (the lower of 20% of Total Personnel Salary excluding Fringe Benefits or indirect costs computed based on the organization's approved federal indirect cost rate or methodology) **Indirect Costs** \$ XX

Annual Budget Total \$ XX

Note: The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.