Scaling Dyadic Care Grant Program
Grantee Budget Template

To complete this budget template, review the Eligible and Ineligible Expenditures (Part 2.3 of the Request for Application) for guidance, and provide responses in the tables below with as much accurate detail as possible.

Applicant Information

Provider or Entity Name	
Email	
Phone	
County or Tribal Nation	
Required Funding Tier	

Section B – Personnel Costs - Support Staff

Position Title	Role in Program	FTE	Annual Rate	FY 26-27	FY 27-28	FY 28-29	Amount
							$
							$
							$
							$
							$
							$
							$
							$
Subtotal				$	$	$	$
Benefits & Taxes	Percentage			$	$	$	$
Total				$	$	$	$

Section C – Personnel Costs - Direct Service Staff

Position Title	Role in Program	FTE	Annual Rate	FY 26-27	FY 27-28	FY 28-29	Amount
							$
							$
							$
							$
							$
							$
							$
							$
Subtotal				$	$	$	$
Benefits & Taxes	Percentage			$	$	$	$
Total				$	$	$	$

Section D - Services & Supplies

Expense Category	Please Provide a Detailed Description and Associated Cost Breakdown for Each Category	FY 26-27	FY 27-28	FY 28-29	Amount
Equipment & Supplies					$
Outreach & Communications					$
Planning Costs					$
Program Operations					$
Participant Materials					$
Technology & Data Infrastructure					$
Training & Technical Assistance					$

Expense Category	Please Provide a Detailed Description and Associated Cost Breakdown for Each Category	FY 26-27	FY 27-28	FY 28-29	Amount
Travel (if applicable)					
					$
					$
					$
Subtotal					$
Subcontractors					
					$
					$
					$
					$
Subtotal		$	$	$	$
Total		$	$	$	$

Section E - Indirect Costs

Expense Category	Please identify the organization's indirect cost methodology (e.g., federally negotiated indirect cost rate agreement [NICRA], de minimis rate, or other methodology subject to approval)	Indirect Cost Rate %	FY 26-27	FY 27-28	FY 28-29	Amount
Indirect Costs						
Total						
Total Costs						