Instructions for Budget Form Completion

COMPLETING THE FORM:
Page 1
1. General Information: Fill in all information for Section 1-7. Section 8 (Budget) will be automatically filled from information entered on the pages that follow. Verify amounts.

Page 2
1. Personnel: list each person and budgeted pay amount
2. Fringe: total the fringe for all budgeted personnel on **this page** and list amounts
3. Subtotals automatically calculated. Verify amount.

Page 3
1. Program Materials: list each item and budgeted amount
2. Incentives: list each incentive category and budgeted amount
3. Other: list each item category and budgeted amount
Totals calculate automatically. Verify amounts.

Budget Narrative

Use the Budget Narrative tab to further break out costs in the budget. Please show how the costs were calculated.

Instructions for Budget Revision Completion

Make sure to use the same spreadsheet as your original approved budget.

Page 1
1. In Section 5, enter the date of the budget revision and the reason for the revision.

Page 2-3
1. Enter the new amounts in the Budget Revision column.

Budget Cover Page

Children's Trust OF SOUTH CAROLINA

Contract #: _____   Approval Date: _____

		Begin:	End:
1. Organization Name: _____	**2. Budget Period:**		

3. Program/Model: _____

4. Program Summary: _____

5. Type of Budget (Enter Date on Line)

_____ a. Initial

b. Continuation

_____ c. Budget Revision

Reason for Revision:

_____
_____
_____

7. Name and Address of Implementing Agency:

Email: _____
(Area) Phone #: _____
Program Contact: _____
Fed ID #: _____   UEI #: _____
Finance Contact: _____

AFTER COMPLETING THE SECTIONS ABOVE, COMPLETE PAGES 2-3

8. BUDGET: **DATA FROM PAGES 2-3 WILL AUTOMATICALLY POPULATE HERE**

a. BUDGET CATEGORIES

	REQUEST AMOUNT	BUDGET REVISION	*MATCH	TOTAL
Personnel	$0.00	$0.00	$0.00	$0.00
Program Materials	$0.00	$0.00	$0.00	$0.00
Incentives	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00
TOTAL:	$0.00	$0.00	$0.00	$0.00

*If required by grant

CATEGORIES			REQUEST AMOUNT	BUDGET REVISION	MATCH	TOTAL
		0				
I. PERSONNEL AND FRINGE						
Personnel (name and title)	Wages/Rate	% Time to contract				
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
Subtotal Salaries:			0.00	0.00	0.00	0.00
B. FRINGE BENEFITS (for all budgeted personnel listed)						
Social Security						0.00
Retirement						0.00
Worker's Compensation						0.00
Unemployment Compensation						0.00
Health Insurance						0.00
Dental Insurance						0.00
Life Insurance						0.00
Long-Term Disability						0.00
Other						0.00
Subtotal Fringe:			0.00	0.00	0.00	0.00
TOTAL SALARIES & FRINGE:			0.00	0.00	0.00	0.00

BUDGET DETAILS					Page 3
0					
CATEGORIES		REQUEST AMOUNT	BUDGET REVISION	MATCH	TOTAL
II. PROGRAM MATERIALS: (Itemize with brief description)					
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL PROGRAM MATERIALS:		**0.00**	**0.00**	**0.00**	**0.00**
III. INCENTIVES: (Itemize with brief description)					
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL INCENTIVES:		**0.00**	**0.00**	**0.00**	**0.00**
IV. OTHER: (Itemize with brief description)					
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL OTHER:		**0.00**	**0.00**	**0.00**	**0.00**
GRAND TOTAL		**0.00**	**0.00**	**0.00**	**0.00**

Budget Narrative

Use the text boxes below to further break out items in the budget and show how costs were calculated.

SALARIES & FRINGE:

PROGRAM MATERIALS:

INCENTIVES:

OTHER: