# Guidance on Preparation of the Grantee Budget

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| **1. Summary Budget -** Do not enter any information on this sheet. The cells are linked to the Detailed Budget and should automatically populate. |
| **2. Detailed Budget.** The total and subtotal columns include formulas that will automatically populate and should not require change. (Enter information into the Rate and Quantity Columns. Information must also be entered into the 2 cost share columns.) |
| ***I. Personnel/Salaries* -** Include here the names and titles of all employees and consultants who will be working to implement the grant activity. If a full time employee will only be contributing a percentage of his/her salary then include that percentage in the Quantity column and include the full monthly salary in the Rate Column. |
| ***II. Fringe Benefits*** - Include here all benefits and allowances provided to full time employees. Benefits and allowances may not be provided to short-term employees. Generally, this includes health insurance, social security and any other allowances provided to the employee. You may add sub categories if they are not currently listed. If you are only charging a percentage of an employee's time to the budget then the same percentage of Benefits and Allowances may be charged. |
| ***III. Travel* -** Include all travel related charges with the exception of the purchase of gasoline for program cars. Note destination in the budget. For example, Meals and Incidental charges to X Municipality. |
| ***IV. Equipment* -** Include here non-expendable equipment. This could include IT equipment, desks, bookshelves or other items. Please list items. |
| ***V.******Supplies*** *– Include here all tangible personal property other than Equipment. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by IESC for financial statement purposes or $5,000, regardless of the length of its useful life.* |
| ***VI. Other Costs*** |
| **A. General Operations Expenses -** You may include here general operations expenses necessary to keep an office open and running. Add sub categories as you think necessary. |
| **B. Activity Expenses -** Include here expenses specific to a programmatic activity. For example, all expenses related to hosting a workshop, or collecting surveys. Please include the name of the activity. |
| **3. Error and Spell Checking -** The budget currently includes check columns that cross check totals. If the budget adds vertically then the check column adds horizontally and vice versa. Please do not delete these cells as the person reviewing the budget will want to see them. Please make sure you spell check your budget. |
| **Do not hesitate to contact the Workforce and Higher Access to Markets (WHAM) Activity if you have any questions or concerns regarding how to complete the budget.** |