

Annual Contractor Budget Packet

Fiscal Year 2023

FINAL FY23 - 70L (v1.2-082022)

INSTRUCTIONS

General Guidance

The purpose of this sheet is to provide you with sufficient guidance to complete your Annual Contractor Budget Packet. Our intent is to explain how to use the template primarily by example.

Overview

The Excel template has the following seven worksheets that need to be filled out by the contractor for every contract

General Information: Used to capture a number of basic facts about the programs and their budget. Some of the information entered in the General Information sheet drives what needs to be entered in the following sheets. Therefore, **the General Information worksheet should always be populated first.**

Access to Services: Used to capture how the program is accessed.

Budget Detail: Used to capture detailed line items that collectively make up the total budget.

Non-JOHS Funding Sources Detail: Used to capture the overall cost budgeted to accomplish the targeted program outcomes, including costs that will be covered by other funding sources (cash or in-kind).

Staffing: Used to capture the personnel budgeted for the contract, including roles as they relate to the programs.

Indirect Cost: Used to capture the indirect cost rate being charged on the contract.

Budget Summary: Used to summarize the budget in rollup tables that are automatically calculated from the budget detail entered in the corresponding tabs. The Contractor's authorized Signer will review and sign this sheet prior to returning to JOHS. Additionally, the Budget Summary is used by JOHS Program and Fiscal staff to approve and create the Purchase Order.

Cells where data is entered are formatted in color:

<i>Enter information/data into light yellow cells</i>
<i>Tan cells will be populated by JOHS.</i>
<i>Light Blue cells will be populated by JOHS Finance</i>

* Indicates required field or section to populate document used for Purchase Order (PO)

Some cells may have drop-downs or other validations that prevent entering incorrect data. **Please do not enter information into white or gray cells.**

If you use your own internal tools for budgeting, you can copy and paste information into the Budget Packet template. However, please be aware that there is a risk of corrupting the template if this is not done properly.

Important: Use **Paste Values** whenever transferring data from an external source into the template to ensure that you copy your information into the template without problems. If you don't use the Paste Values function, your information and/or the template can become

General Information

[Go to the General Info tab](#)

Information in the General Information tab should always be entered prior to populating the other sheets.

***Important:** Much of the information in the General Information worksheet is also part of other proposal documents. Therefore, please ensure that it is consistent across documents when the package is submitted.*

Contractors will complete the light yellow cells located at the beginning of the General Information tab. Once you have answered the questions on the General Information tab, contractors should complete the **Access to Services, Budget Details, Staffing, Non-JOHS Funding Sources Detail, Indirect Cost, and Budget Summary tabs described below.**

Access to Services

[Go to the Access to Services tab](#)

Provide a general description of the program/services delivery system, including what services are available, where those are located, and how clients/participants access those services.

Indirect Cost

[Go to the Indirect Cost tab](#)

The approved indirect rate. Please use this rate when completing the budget packet.

Budget Detail

[Go to the Budget Detail tab](#)

The Budget Details worksheet represents a bottom-up build of the project's budget.

The Budget Detail worksheet covers four different expense categories for each line and asks for a coherent set of information across all categories:

- **Personnel**
- **Direct Materials & Services**
- **Indirect**
- **Other**

It is important to provide sufficient detail on expenditures to better understand the significant cost drivers for each line. The information entered in this sheet should justify the overall cost as well as the proposed cost per activity, service delivered, and/or product. Complete the following columns for each expense category for each of the line items:

- **Description and Justification:** Provide a description and for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.
- **Requested Amount:** Enter the requested amount of JOHS funds.
- **Non-JOHS Funded Costs:** Enter the amount of costs in which the contractor voluntarily shares in the costs of the program.

Staffing

[Go to the Staffing tab](#)

Enter the number of full-time equivalents (FTE) that will fill the positions and their roles for each line. Note that this may not equal the number of personnel serving in this position. For example, if you will hire 5 individuals to serve as Program Delivery Technicians and each will work half time, please enter 2.50 as the number of FTEs.

Staffing Example

**Annual Contractor Budget Packet
Fiscal Year 2021**

FINAL FY21-40L (v1.032020)

STAFFING PLAN AND SALARY RANGES

ABC Housing Services, Inc.

07/01/2020 to 06/30/2021

Taylor Smith

03/26/2020

Instructions: Enter the number of full-time equivalents (FTE) that will fill the positions and their roles for each line. Note that this may not equal the number of personnel serving in this position. For example, if you will hire 5 individuals to serve as Program Delivery Technicians and each will work half time, please enter 2.50 as the number of FTEs.

PERSONNEL							FTE BY LINE			
Position/Job Title	Job Category	Role (Yes or No)		Annual Salary Range		FTE Total	Youth Mobile Housing Team	New Housing Services	Employment Services	
		Supvrl Mgmt	Client Svc	Low	High		LINE 1	LINE 2	LINE 3	
Program Delivery Tech	Intake	No	Yes	\$ 23,000	\$ 28,000	5.00	0.00	3.50	1.50	
Housing Specialist	Case Mgmt	No	Yes	\$ 35,000	\$ 45,000	5.00	4.00	1.00	0.00	
Supervisor	Supervision	Yes	No	\$ 48,000	\$ 56,000	1.20	0.50	0.50	0.20	
Data Specialist	Data entry	No	No	\$ 26,000	\$ 30,000	1.50	0.00	1.50	0.00	
						0.00				

Non-JOHS Funding Sources [Go to the Non-JOHS Funding Sources Detail tab](#)

The Non-JOHS Funding Sources Detail tab is designed to help understand the full cost of a program, and how it will be shared among various funding partners (if any besides the JOHS) and funding streams.

List by source the type of funds, job category use and method of computation, the applicable lines/programs for each source. Enter these under Cash Resources table and/or In-Kind Contributions table, as appropriate.

- **Cash resources** are defined as expenditures for which payments are made directly out of your organization's bank account.
- **In-kind contributions** whose payments are not made out of the contractor's bank account, e.g. personnel/volunteer time.

In many cases, we recognize that these may be estimates or may assume that other funders are located during the contract period.

Budget Summary [Go to the Budget Summary Tab](#)

Review the information and amounts in the Budget Summary populated from the General Information and the Budget Detail tabs. At the bottom of the Summary, select the items from the checklist the tabs that have been completed and the additional documents that will be submitted with the Budget Packet.

As a final step, this page must be signed by the contractor and submitted with the completed Budget Packet Excel document and any additional documents from the checklist to the JOHS Program Staff.

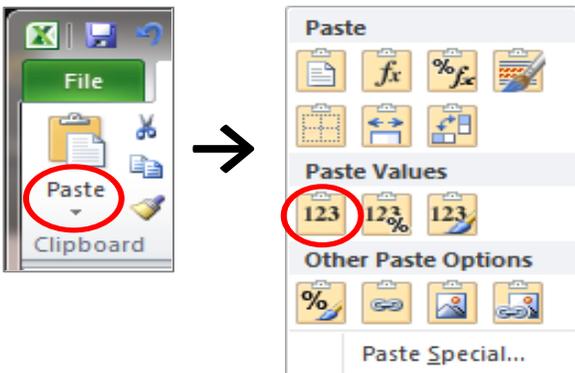
[Go to the Budget Checklist](#)

Packet structure created by Carrie Young, carrie.young@multco.us

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of

Creation

Paste as Values



General Information Example

*Prepared by: Taylor Smith

*Date Submitted: 3/26/2020

1) Enter Supplier Information

*Contractor: ABC Housing Services, Inc.

*Street Address: 12345 NW Maple Street, Suite 123

*City, State ZIP: Portland OR 97555

*Contact Name: Kai Jones

*Contact Email: email@domain.com

*Contact Phone: (503) 555-1212

Budget Detail Example

Note: The below examples are intended to assist contractors in preparing their budgets. The

Annual Contractor Budget Packet

Fiscal Year 2021

FINAL FY21- 40L (v1.032020)

BUDGET DETAIL BY LINE

12345 - ABC Housing Services, Inc.

07/01/2020 to 06/30/2021

Taylor Smith

03/26/2020

Line Item Budget Detail

Instructions: Enter budget details for each expenditure by line below. Show computations and provide other information that supports the amount requested.

LINE 1

Youth Mobile Housing Team

County GF

Case Management

M10 JOHS RR CGF

\$ 450,000

PERSONNEL	Description and Justification	Requested Amount	Non-JOHS Funded Costs	Line Total
1. Salaries & Wages	Mobile Housing Team Specialist 4.00 FTE at \$17.50/hour * 35 hrs/week * 52 weeks. Specialists provide housing placement, skills training, case mgmt, crisis supports. The agency cost includes a 0.50 FTE of the Housing Services Program Manger's FTE to support this program.	\$ 157,948	\$ 6,722	\$ 164,670
2. Overtime				\$ -
3. Fringe	Fringe calculated at 32.6% of base salary (7.65% FICA; 24.95 health and retirement)	\$ 51,491	\$ 2,200	\$ 53,691
4. Volunteers				\$ -
SUBTOTAL PERSONNEL		\$ 209,439	\$ 8,922	\$ 218,361
DIRECT MATERIALS & SERVICES (M&S)	Description and Justification	Requested Amount	Non-JOHS Funded Costs	Line Total
5. Professional Services	Translation services	\$ 600		\$ 600
6. Printing	Registration forms, handouts, workshop information, etc. Estimated based on historic data at \$30/mo	\$ 360		\$ 360
7. Utilities	Percentage allocation of utilities (gas, electric, and water bill), used by the program. Estimated based on historic data at	\$ 300		\$ 300
8. Telephone	Cell phone and data plan for FTE that provide direct services and in the field for service coordination. Allocation to FTE. Allocated at \$35/Specialist * 4 Specialists.	\$ 140	\$ -	\$ 140

9. Equipment Rental	Copier to print program materials. Fixed cost, prorated amount based on rental rate and allocated for 4.50 FTE	\$ 110		\$ 110
10. Facilities (Building Space)	Fixed Cost, site location to provide services and carry out program activities. Cost prorated at space occupied by program 4.50	\$ 3,600	\$ 2,200	\$ 5,800
11. Repairs	Variable Cost, building maintenance and repairs based on historical data and prorated for 4.50 FTE	\$ 2,900	\$ 1,700	\$ 4,600
12. Postage	Mailings, information, notifications to clients. Estimated at a cost of \$20/month, based on historical data.	\$ 240		\$ 240
13. Supplies	Supplies for Specialist to utilize with clients during case management (paper, pens, folders, etc.) Estimated based on historic data at \$500/specialist * 4 specialists	\$ 2,000	\$ 50	\$ 2,050
14. Education & Training	Staff development costs used to pay registration or attendance fees for staff to attend workshops or trainings aimed to build capacity for the program. Required trainings to provide AE, trauma informed care, etc. Estimated based on historic data at \$42/mo	\$ 504	\$ 200	\$ 704
15. Mileage	Local mileage program to attend quarterly leadership meetings and meet clients in the field. Estimated based on historic data. Mileage at \$.575/mile; Program Manager: 4 trips @ 10 miles; Program Specialist: 36 trips	\$ 230		\$ 230
16. Insurance	Fixed Cost, prorated amount per FTE	\$ 500		\$ 500
17. Dues & Subscriptions				\$ -
SUBTOTAL DIRECT M&S		\$ 11,484	\$ 4,150	\$ 15,634
INDIRECT	Description and Justification	Requested Amount	Non-JOHS Funded Costs	Line Total
19. Indirect	Federally recognized rate of 13.7%			\$ -
SUBTOTAL INDIRECT		\$ -	\$ -	\$ -
OTHER	Description and Justification	Requested Amount	Non-JOHS Funded Costs	Line Total
20. Client Assistance	Rent Asst \$175,000, Utilities \$25,000, Bus tickets \$500	\$ 200,500		\$ 200,500
21. Capital Expenditures	List equipment and purpose (usually items over \$3,000 per unit).			\$ -
22. Sub Awards > \$25k	List organization(s) and activities to be performed on behalf of the contractors			\$ -
SUBTOTAL OTHER		\$ 200,500	\$ -	\$ 200,500
LINE TOTAL		\$ 421,423	\$ 13,072	\$ 434,495

Budget Summary Example

Annual Contractor Budget Packet

FINAL FY21-40L (v1.032020)

ABC Housing Services, Inc.

07/01/2020 to 06/30/2021

JOHS STAFF:

Once the information and documents have been reviewed for the contractor, print this page, sign and date in the space provided, and submit to Finance Team for PO creation.

Fiscal Year 2021

BUDGET SUMMARY

JOHS PROGRAM APPROVAL FOR PO CREATION

All required information and documents have been received and reviewed.

Program Signature:

Date Approved:

Avery Johnson

PRINT DATE

4/8/2020

CONTRACTOR ID

12345

TOTAL AMOUNT

\$ 5,421,423

PURCHASE ORDER

LINE #	LINE DESCRIPTION	FUNDING SOURCE	SPEND CATEGORY	COST OBJECT	TOTAL REQUESTED	TOTAL NON-JOHS FUNDED	TOTAL COST
1	Youth Mobile Housing Team	County GF	Case Management	M10 JOHS RR CGF	\$ 421,423	\$ 13,072	\$ 434,495
2	New Housing Services				\$ 5,000,000	\$ 3,000,000	\$ 8,000,000
3	Employment Services				\$ -	\$ -	\$ -
3 LINES TOTALS					\$ 5,421,423	\$ 3,013,072	\$ 8,434,495

*Required Budget Packet Checklist

Budget Tabs

- General Information
- Access
- Budget Detail
- Staffing
- Non-JOHS Funding Sources Detail
- Indirect Cost



***Authorized Signature**

12345 - ABC Housing Services, Inc.

I certify that I am an authorized representative of the above organization. I understand that any line item change requires Joint Office of Homeless Services (JOHS) Program approval. JOHS may require a revised budget to be submitted if any line item changes more than 10%. I understand that all actual costs reported are subject to audit and that all expenditures must be program related and allowable according to the applicable cost principles and funding regulations.

Authorized Signature:

Date:

Print Name:

**Annual Contractor Budget Package
Fiscal Year 2023**

FINAL FY23 - 70L (v1.2-082022)

PROGRAM ACCESS

07/01/2022 to 06/30/2023

Please describe how clients/p

Contract Description

[Redacted]

Other

cket

participants access each of the lines/programs below

Access Description

Annual Contractor Budget Packet

Fiscal Year 2023

FINAL FY23 - 701 (v1 7-082022)

INDIRECT COST

07/01/2022 to 06/30/2023

Annual Contractor Budget Packet Fiscal Year 2023

FINAL FY23 - 70L (v1.2-082022)

BUDGET DETAIL BY LINE

07/01/2022 to 06/30/2023

Line Item Budget Detail

PERSONNEL	Description and Justification	Requested Amount	Non-JOHS Funded Costs
1. Salaries & Wages			
2. Overtime			
3. Fringe			
4. Volunteers			
SUBTOTAL PERSONNEL		\$ -	\$ -
DIRECT MATERIALS & SERVICES (M&S)	Description and Justification	Requested Amount	Non-JOHS Funded Costs
5. Professional Services			
6. Printing			
7. Utilities			
8. Telephone			
9. Equipment Rental			
10. Facilities (Building Space)			
11. Repairs			
12. Postage			
13. Supplies			
14. Education & Training			
15. Mileage			
16. Insurance			
17. Dues & Subscriptions			
18. Sub Awards < \$25k			
SUBTOTAL DIRECT M&S		\$ -	\$ -
SUBTOTAL DIRECT COSTS		\$ -	\$ -
INDIRECT	Description and Justification	Requested Amount	Non-JOHS Funded Costs
19. Indirect			
SUBTOTAL INDIRECT		\$ -	\$ -
OTHER	Description and Justification	Requested Amount	Non-JOHS Funded Costs
20. Client Assistance			
21. Capital Expenditures			
22. Sub Awards > \$25k			

**Annual Contractor Budget Packet
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BUDGET DETAIL BY LINE

07/01/2022 to 06/30/2023

Line Item Budget Detail

PERSONNEL	Line Total	Description and Justification	Requested Amount
1. Salaries & Wages	\$ -		
2. Overtime	\$ -		
3. Fringe	\$ -		
4. Volunteers	\$ -		
SUBTOTAL PERSONNEL	\$ -		\$ -
DIRECT MATERIALS & SERVICES (M&S)	Line Total	Description and Justification	Requested Amount
5. Professional Services	\$ -		
6. Printing	\$ -		
7. Utilities	\$ -		
8. Telephone	\$ -		
9. Equipment Rental	\$ -		
10. Facilities (Building Space)	\$ -		
11. Repairs	\$ -		
12. Postage	\$ -		
13. Supplies	\$ -		
14. Education & Training	\$ -		
15. Mileage	\$ -		
16. Insurance	\$ -		
17. Dues & Subscriptions	\$ -		
18. Sub Awards < \$25k	\$ -		
SUBTOTAL DIRECT M&S	\$ -		\$ -
SUBTOTAL DIRECT COSTS	\$ -		\$ -
INDIRECT	Line Total	Description and Justification	Requested Amount
19. Indirect	\$ -		
SUBTOTAL INDIRECT	\$ -		\$ -
OTHER	Line Total	Description and Justification	Requested Amount
20. Client Assistance	\$ -		
21. Capital Expenditures	\$ -		
22. Sub Awards > \$25k	\$ -		

**Annual Contractor Budget Packet
Fiscal Year 2023**

FINAL FY23 - 70L (v1.2-082022)

BUDGET DETAIL BY LINE

07/01/2022 to 06/30/2023

Line Item Budget Detail

PERSONNEL	Non-JOHS Funded Costs	Line Total	Description and Justification
1. Salaries & Wages		\$ -	
2. Overtime		\$ -	
3. Fringe		\$ -	
4. Volunteers		\$ -	
SUBTOTAL PERSONNEL	\$ -	\$ -	
DIRECT MATERIALS & SERVICES (M&S)	Non-JOHS Funded Costs	Line Total	Description and Justification
5. Professional Services		\$ -	
6. Printing		\$ -	
7. Utilities		\$ -	
8. Telephone		\$ -	
9. Equipment Rental		\$ -	
10. Facilities (Building Space)		\$ -	
11. Repairs		\$ -	
12. Postage		\$ -	
13. Supplies		\$ -	
14. Education & Training		\$ -	
15. Mileage		\$ -	
16. Insurance		\$ -	
17. Dues & Subscriptions		\$ -	
18. Sub Awards < \$25k		\$ -	
SUBTOTAL DIRECT M&S	\$ -	\$ -	
SUBTOTAL DIRECT COSTS	\$ -	\$ -	
INDIRECT	Non-JOHS Funded Costs	Line Total	Description and Justification
19. Indirect		\$ -	
SUBTOTAL INDIRECT	\$ -	\$ -	
OTHER	Non-JOHS Funded Costs	Line Total	Description and Justification
20. Client Assistance		\$ -	
21. Capital Expenditures		\$ -	
22. Sub Awards > \$25k		\$ -	

**Annual Contractor Budget Packet
Fiscal Year 2023**

FINAL FY23 - 70L (v1.2-082022)

BUDGET DETAIL BY LINE

07/01/2022 to 06/30/2023

Line Item Budget Detail

PERSONNEL	Requested Amount	Non-JOHS Funded Costs	Line Total
1. Salaries & Wages			\$ -
2. Overtime			\$ -
3. Fringe			\$ -
4. Volunteers			\$ -
SUBTOTAL PERSONNEL	\$ -	\$ -	\$ -
DIRECT MATERIALS & SERVICES (M&S)	Requested Amount	Non-JOHS Funded Costs	Line Total
5. Professional Services			\$ -
6. Printing			\$ -
7. Utilities			\$ -
8. Telephone			\$ -
9. Equipment Rental			\$ -
10. Facilities (Building Space)			\$ -
11. Repairs			\$ -
12. Postage			\$ -
13. Supplies			\$ -
14. Education & Training			\$ -
15. Mileage			\$ -
16. Insurance			\$ -
17. Dues & Subscriptions			\$ -
18. Sub Awards < \$25k			\$ -
SUBTOTAL DIRECT M&S	\$ -	\$ -	\$ -
SUBTOTAL DIRECT COSTS	\$ -	\$ -	\$ -
INDIRECT	Requested Amount	Non-JOHS Funded Costs	LineTotal
19. Indirect			\$ -
SUBTOTAL INDIRECT	\$ -	\$ -	\$ -
OTHER	Requested Amount	Non-JOHS Funded Costs	Line Total
20. Client Assistance			\$ -
21. Capital Expenditures			\$ -
22. Sub Awards > \$25k			\$ -

**Annual Contractor Budget Packet
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FINAL FY23 - 70L (v1.2-082022)

BUDGET DETAIL BY LINE

07/01/2022 to 06/30/2023

Line Item Budget Detail

PERSONNEL	Description and Justification	Requested Amount	Non-JOHS Funded Costs
1. Salaries & Wages			
2. Overtime			
3. Fringe			
4. Volunteers			
SUBTOTAL PERSONNEL		\$ -	\$ -
DIRECT MATERIALS & SERVICES (M&S)	Description and Justification	Requested Amount	Non-JOHS Funded Costs
5. Professional Services			
6. Printing			
7. Utilities			
8. Telephone			
9. Equipment Rental			
10. Facilities (Building Space)			
11. Repairs			
12. Postage			
13. Supplies			
14. Education & Training			
15. Mileage			
16. Insurance			
17. Dues & Subscriptions			
18. Sub Awards < \$25k			
SUBTOTAL DIRECT M&S		\$ -	\$ -
SUBTOTAL DIRECT COSTS		\$ -	\$ -
INDIRECT	Description and Justification	Requested Amount	Non-JOHS Funded Costs
19. Indirect			
SUBTOTAL INDIRECT		\$ -	\$ -
OTHER	Description and Justification	Requested Amount	Non-JOHS Funded Costs
20. Client Assistance			
21. Capital Expenditures			
22. Sub Awards > \$25k			

**Annual Contractor Budget Packet
Fiscal Year 2023**

FINAL FY23 - 70L (v1.2-082022)

BUDGET DETAIL BY LINE

07/01/2022 to 06/30/2023

Line Item Budget Detail

PERSONNEL	LineTotal	Description and Justification	Requested Amount
1. Salaries & Wages	\$ -		
2. Overtime	\$ -		
3. Fringe	\$ -		
4. Volunteers	\$ -		
SUBTOTAL PERSONNEL	\$ -		\$ -
DIRECT MATERIALS & SERVICES (M&S)	Line Total	Description and Justification	Requested Amount
5. Professional Services	\$ -		
6. Printing	\$ -		
7. Utilities	\$ -		
8. Telephone	\$ -		
9. Equipment Rental	\$ -		
10. Facilities (Building Space)	\$ -		
11. Repairs	\$ -		
12. Postage	\$ -		
13. Supplies	\$ -		
14. Education & Training	\$ -		
15. Mileage	\$ -		
16. Insurance	\$ -		
17. Dues & Subscriptions	\$ -		
18. Sub Awards < \$25k	\$ -		
SUBTOTAL DIRECT M&S	\$ -		\$ -
SUBTOTAL DIRECT COSTS	\$ -		\$ -
INDIRECT	LineTotal	Description and Justification	Requested Amount
19. Indirect	\$ -		
SUBTOTAL INDIRECT	\$ -		\$ -
OTHER	Line Total	Description and Justification	Requested Amount
20. Client Assistance	\$ -		
21. Capital Expenditures	\$ -		
22. Sub Awards > \$25k	\$ -		

Annual Contractor Budget Packet

FINAL FY23 - 70L (v1.2-082022)

Fiscal Year 2023

BUDGET SUMMARY

07/01/2022 to 06/30/2023

JOHS PROGRAM APPROVAL	
<i>All required information and documents have been received and reviewed.</i>	
Program Signature: _____	Date Approved: _____

CONTRACT

PRINT DATE
9/30/2022

CONTRACTOR ID

TOTAL AMOUNT
\$ -

PURCHASE ORDER

LINE #	LINE DESCRIPTION	FUNDING SOURCE	SPEND CATEGORY	COST OBJECT	TOTAL	TOTAL NON-JOHS		
					REQUESTED	FUNDED	TOTAL COST	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
					\$ -	\$ -	\$ -	
LINES					TOTALS	\$ -	\$ -	\$ -

***Required Budget Packet Checklist**

Budget Tabs

- [General Information](#)
- [Access to Services](#)
- [Budget Detail](#)
- [Staffing](#)
- [Non-JOHS Funding Sources Detail](#)
- [Indirect Cost](#)

***Authorized Signature**

I certify that I am an authorized representative of the above organization. I understand that any line item change requires Joint Office of Homeless Services (JOHS) Program approval. JOHS may require a revised budget to be submitted if any line item changes more than 10%. I understand that all actual costs reported are subject to audit and that all expenditures must be program related and allowable according to the applicable cost principles and funding regulations.

Authorized Signature:

Print Name:

Date: