**Program Name:**

**Budget Category Summary / Additional Information:**

***PERSONNEL BUDGET CATEGORY***

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary *(grant-funded plus non-grant-funded)*: | Number of Grant-Funded Hours *(hours per year)*: | Grant-Funded Full-Time Equivalent (“FTE”) *(divide grant-funded hours by 2080)*: | **Total Grant-Funded Salary Amount:** |
| $       |       |       | $       |
| Description of position: |
|       |
| Justification for position: |
|       |
| Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include percentages or rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |

|  |
| --- |
| **Name of Employee**:  |
| Position is: [ ]  **Full Time** (2080 hours per year) *or* [ ]  **Part Time** - Total hours per year:      |
| Total Annual Salary (grant-funded plus non-grant-funded): | Number of Grant-Funded Hours (hours per year): | Grant-Funded Full-Time Equivalent (“FTE”) (divide grant-funded hours by 2080): | **Total Salary Amount Requested from Grant:** |
| $       |       |       | $       |
| Description of position: |
|       |
| Justification for position: |
|       |
| Employee Fringe Benefits Total = $       |
| Description of Fringe Benefits *(include percentages or rates for each)*: |
| FICA =       Retirement =       Group Life =       Health Insurance =      Workers’ Comp =       Unemployment =       Disability =      Other (describe) =       |