**Program Name:**      

**Fiscal Year:**       **Corresponding Grant Number:**

**Instructions:**

The information provided in this form should explain the reason for *each* requested budget item and provide the calculation basis for its cost. All requested items must be justified and related to the CASA Program, whereby they directly benefit child victims of abuse and neglect.

Please describe in detail how grant funds will be allocated and spent in each applicable category. Provide the calculation basis for each requested budget item and provide a total amount of costs for each category. Include explanations for the use of federal, state, cash match, and in-kind match funds. If necessary, include further explanation of how the requested costs were determined.

Verify that the amount of funding requested in each category corresponds to the amounts entered on the Itemized Budget form.

**Allowable and Unallowable Costs:**

Budget requests for federal VOCA funds must be allowable under federal guidelines and must be **reasonable, appropriate, and justified.** *VOCA funds must be allocated to direct services for child victims of crime.* A description of costs allowable and unallowable under VOCA can be found at the following links:

**Allowable Costs:** <https://www.gpo.gov/fdsys/pkg/FR-2016-07-08/pdf/2016-16085.pdf>.

**Unallowable Costs:** <https://www.gpo.gov/fdsys/pkg/FR-2016-07-08/pdf/2016-16085.pdf>.

1. **Personnel (Please complete one table for each employee)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| 1. **Employee** | | | | | | | | | | | | | | | **Total Salary Requested** |
| **Name** | | **Position Title** | | **Total Annual Salary** | | **Hours Devoted per Week** | | **DCJS Funds** | | | | **Applicant Match** | | |
| **Federal** | | **State** | | **Cash** | | **In-Kind** |
|  | |  | | $ | |  | | $ | | $ | | $ | | $ | $ |
|  | | | | | | | | | | | | | | | |
| **b. Employee Fringe Benefits** | | | | | | | | | | | | | | | **Total Fringe Benefits** |
| **FICA** | **Retirement** | | **Group Life** | | **Health Insurance** | | **Workers’ Comp** | | **Unemployment** | | **Disability** | | **Other (Describe)** | |
| $ | $ | | $ | | $ | | $ | | $ | | $ | | $ | | $ |
|  | | | | | | | | | | | | | | | |
| **Please describe the purpose of this position and how it benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | | | | | | | | |
| **Please describe in detail how the portion of this position funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | | | | | | | | |

1. **Personnel (continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| 1. **Employee** | | | | | | | | | | | | | | | **Total Salary Requested** |
| **Name** | | **Position Title** | | **Total Annual Salary** | | **Hours Devoted per Week** | | **DCJS Funds** | | | | **Applicant Match** | | |
| **Federal** | | **State** | | **Cash** | | **In-Kind** |
|  | |  | | $ | |  | | $ | | $ | | $ | | $ | $ |
|  | | | | | | | | | | | | | | | |
| **b. Employee Fringe Benefits** | | | | | | | | | | | | | | | **Total Fringe Benefits** |
| **FICA** | **Retirement** | | **Group Life** | | **Health Insurance** | | **Workers’ Comp** | | **Unemployment** | | **Disability** | | **Other (Describe)** | |
| $ | $ | | $ | | $ | | $ | | $ | | $ | | $ | | $ |
|  | | | | | | | | | | | | | | | |
| **Please describe the purpose of this position and how it benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | | | | | | | | |
| **Please describe in detail how the portion of this position funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | | | | | | | | |

1. **Personnel (continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| 1. **Employee** | | | | | | | | | | | | | | | **Total Salary Requested** |
| **Name** | | **Position Title** | | **Total Annual Salary** | | **Hours Devoted per Week** | | **DCJS Funds** | | | | **Applicant Match** | | |
| **Federal** | | **State** | | **Cash** | | **In-Kind** |
|  | |  | | $ | |  | | $ | | $ | | $ | | $ | $ |
|  | | | | | | | | | | | | | | | |
| **b. Employee Fringe Benefits** | | | | | | | | | | | | | | | **Total Fringe Benefits** |
| **FICA** | **Retirement** | | **Group Life** | | **Health Insurance** | | **Workers’ Comp** | | **Unemployment** | | **Disability** | | **Other (Describe)** | |
| $ | $ | | $ | | $ | | $ | | $ | | $ | | $ | | $ |
|  | | | | | | | | | | | | | | | |
| **Please describe the purpose of this position and how it benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | | | | | | | | |
| **Please describe in detail how the portion of this position funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | | | | | | | | |

1. **Personnel (continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| 1. **Employee** | | | | | | | | | | | | | | | **Total Salary Requested** |
| **Name** | | **Position Title** | | **Total Annual Salary** | | **Hours Devoted per Week** | | **DCJS Funds** | | | | **Applicant Match** | | |
| **Federal** | | **State** | | **Cash** | | **In-Kind** |
|  | |  | | $ | |  | | $ | | $ | | $ | | $ | $ |
|  | | | | | | | | | | | | | | | |
| **b. Employee Fringe Benefits** | | | | | | | | | | | | | | | **Total Fringe Benefits** |
| **FICA** | **Retirement** | | **Group Life** | | **Health Insurance** | | **Workers’ Comp** | | **Unemployment** | | **Disability** | | **Other (Describe)** | |
| $ | $ | | $ | | $ | | $ | | $ | | $ | | $ | | $ |
|  | | | | | | | | | | | | | | | |
| **Please describe the purpose of this position and how it benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | | | | | | | | |
| **Please describe in detail how the portion of this position funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | | | | | | | | |

1. **Personnel (continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| 1. **Employee** | | | | | | | | | | | | | | | **Total Salary Requested** |
| **Name** | | **Position Title** | | **Total Annual Salary** | | **Hours Devoted per Week** | | **DCJS Funds** | | | | **Applicant Match** | | |
| **Federal** | | **State** | | **Cash** | | **In-Kind** |
|  | |  | | $ | |  | | $ | | $ | | $ | | $ | $ |
|  | | | | | | | | | | | | | | | |
| **b. Employee Fringe Benefits** | | | | | | | | | | | | | | | **Total Fringe Benefits** |
| **FICA** | **Retirement** | | **Group Life** | | **Health Insurance** | | **Workers’ Comp** | | **Unemployment** | | **Disability** | | **Other (Describe)** | |
| $ | $ | | $ | | $ | | $ | | $ | | $ | | $ | | $ |
|  | | | | | | | | | | | | | | | |
| **Please describe the purpose of this position and how it benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | | | | | | | | |
| **Please describe in detail how the portion of this position funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | | | | | | | | |

**- Please copy and add additional tables as needed -**

1. **Consultants** **(Applicant must consult with DCJS prior to making a request in this budget category.)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| 1. **Individual Consultants** | | | | | | | | | **Total Funds Requested** |
| **Name** | **Type** | | | **Hours Devoted per Week** | **DCJS Funds** | | **Applicant Match** | |
| **Federal** | **State** | **Cash** | **In-Kind** |
|  |  | | |  | $ | $ | $ | **N/A** | $ |
|  |  | | |  | $ | $ | $ | $ |
|  |  | | |  | $ | $ | $ | $ |
|  | | | | | | | | | |
| **b. Organizations and Associations** | | | | | | | | | **Total Funds Requested** |
| **Type** | **Fee** | | **Time Devoted** | | **DCJS Funds** | | **Applicant Match** | |
| **Federal** | **Cash** | **Cash** | **In-Kind** |
|  | $ | |  | | $ | $ | $ | **N/A** | $ |
|  | $ | |  | | $ | $ | $ | $ |
|  | $ | |  | | $ | $ | $ | $ |
|  | | | | | | | | | |
| **c. Consultants’ Subsistence and Travel** | | | | | | | | | **Total Funds Requested** |
| **Number of Days** | | **Rate per Day** | | | **DCJS Funds** | | **Applicant Match** | |
| **Federal** | **Cash** | **Cash** | **In-Kind** |
|  | | $ | | | $ | $ | $ | **N/A** | $ |
|  | | $ | | | $ | $ | $ | $ |
|  | | $ | | | $ | $ | $ | $ |
|  | | | | | | | | | |
| **Please describe the purpose of the requested consultants, organizations, associations, and or consultant travel, and describe how they directly benefit child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | | |
| **Please describe in detail how the portion of costs for consultants, organizations, associations, and or consultant travel funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | | |

1. **Travel and Subsistence for Project Personnel**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |  |
| 1. **Local Mileage** | | | | | | | | | | | | | | | | **Total Funds Requested** |
| **Number of Miles** | | **Mileage Rate** | | | **Total Local Mileage** | | **DCJS Funds** | | | | | **Applicant Match** | | | |
| **Federal** | | | **State** | | **Cash** | | **In-Kind** | |
|  | **x** | |  | | $ |  | $ | | | $ | | $ | | **N/A** | | $ |
| **Does local mileage support attendance at conferences and trainings?**  **Yes**  **No** | | | | | | | | | | | | | | | | |
| **If yes, please list the conferences and trainings:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **b. Non-Local Mileage** | | | | | | | | | | | | | | | | **Total Funds Requested** |
| **Number of Miles** | | **Mileage Rate** | | | **Total Non-Local Mileage** | | **DCJS Funds** | | | | | **Applicant Match** | | | |
| **Federal** | | | | **State** | **Cash** | | **In-Kind** | |
|  | **x** | |  | | $ |  | $ | | | | $ | $ | | **N/A** | | $ |
| **Does non-local mileage support attendance at conferences and trainings?  Yes  No** | | | | | | | | | | | | | | | | |
| **If yes, please list the conferences and trainings:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | |
| **c. Project Personnel Subsistence and Travel** | | | | | | | | | | | | | | | **Total Funds Requested** | |
| **Number of Days** | | **Rate per Day** | | **Total Subsistence and Travel** | | | | **DCJS Funds** | | | | **Applicant Match** | | |
| **Federal** | **Cash** | | | **Cash** | | **In-Kind** |
| **Lodging:** | **x** | |  | $ | |  | | $ | | $ | | | $ | **N/A** | $ | |
| **Meals:** | **x** | |  | $ | |  | | $ | | $ | | | $ | $ | |
| **Does subsistence and travel support attendance at conferences and trainings?  Yes  No** | | | | | | | | | | | | | | | | |
| **If yes, please list the conferences and trainings:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **d. Project Personnel Air or Other Fares** | | | | | | | | | | | | | | | **Total Funds Requested** | |
| **Number of trips** | | **Rate** | | **Total Airfare or Other Fares** | | | | **DCJS Funds** | | | | **Applicant Match** | | |
| **Federal** | **Cash** | | | **Cash** | | **In-Kind** |
| **Air Fare:** | **x** | |  | $ | |  | | $ | | $ | | $ | | **N/A** | $ | |
| **Other:** | **x** | |  | $ | |  | | $ | | $ | | $ | | $ | |
| **Does air fare or other fares support attendance at conferences and trainings?  Yes  No** | | | | | | | | | | | | | | | | |
| **If yes, please list the conferences and trainings:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Please describe the purpose of the local mileage, non-local mileage, subsistence and travel costs, and any air fare or other fares requested for project personnel, and describe how they directly benefit child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | | | | | | | | | |
| **Please describe in detail how the portion of costs for local mileage, non-local mileage, subsistence and travel, and any air fare or other fares funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | | | | | | | | | |

1. **Equipment**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **Total Funds Requested** |
| **Type** | **Quantity** | **Unit Price** | **(P)urchase or (R)ental** | **DCJS Funds** | | **Applicant Match** | |
| **Federal** | **State** | **Cash** | **In-Kind** |
|  |  | $ |  | $ | $ | $ | **N/A** | $ |
|  |  | $ |  | $ | $ | $ | $ |
|  |  | $ |  | $ | $ | $ | $ |
|  |  | $ |  | $ | $ | $ | $ |
|  |  | $ |  | $ | $ | $ | $ |
|  |  | $ |  | $ | $ | $ | $ |
|  | | | | | | | | |
| **Please describe the purpose of the requested equipment and how it directly benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | | |
| **Please describe in detail how the portion of equipment costs funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | | |

1. **Supplies and Other Expenses**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Total Funds Requested** |
| **Type** | **Quantity** | **Unit Price or Monthly Cost** | **DCJS Funds** | | **Applicant Match** | |
| **Federal** | **State** | **Cash** | **In-Kind** |
|  |  | $ | $ | $ | $ | **N/A** | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  | | | | | | | |
| **Please describe the purpose of the requested supplies and other expenses and how they directly benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | |
| **Please describe in detail how the portion of costs for supplies and other expenses funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect?:** | | | | | | | |

1. **Indirect Costs**

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. Most costs can and should be assigned to a project, thereby reducing indirect costs. Indirect costs can include a portion of the cost of operating and maintaining facilities, depreciation, and administrative salaries. In order to request grant funds for indirect costs, applicants must have an approved rate from a cognizant federal agency.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Total Funds Requested** |
| **Type** | **Quantity** | **Price** | **DCJS Funds** | | **Applicant Match** | |
| **Federal** | **State** | **Cash** | **In-Kind** |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  | | | | | | | |
| **Please describe the purpose of the indirect costs requested and how they directly benefits child victims of abuse and neglect. Be sure to include in the explanation how the costs are justified, reasonable, and appropriate:** | | | | | | | |
| **Please describe in detail how the portion of indirect costs funded by DCJS Federal (VOCA) funds (if any) will *directly* benefit child victims of abuse and neglect:** | | | | | | | |

1. **Cash Funds**

The U.S. Department of Justice (DOJ) 2017 Grants Financial Guide describes supplantation as follows: "Federal funds must be used to supplement existing state and local funds for program activities and must not supplant (replace) those funds that have been appropriated for the same purpose." <https://ojp.gov/financialguide/doj/pdfs/DOJ_FinancialGuide.pdf>

**Please specify all funds supporting this project.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Total Funds** |
| **Source** | **Amount** | **Federal** | **State** | **Other** | **Applicant Match** | |
| **Cash** | **In-Kind** |
|  | $ | **N/A** | **N/A** | **N/A** | $ | **N/A** | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | | | | | | | |
| **Please describe all funds supporting this grant. Be sure to describe whether the expenses requested in this grant will supplement, and will not duplicate, other existing and anticipated funding sources and amounts that your agency receives.** | | | | | | | |