**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) = | | | |