

# PEE DEE REGIONAL COUNCIL OF GOVERNMENTS WORKFORCE INNOVATION & OPPORTUNITY ACT GRANT BUDGET SUMMARY

Grantee Name:  
Activity Designation:

Grant Number:

MOD Number: \_\_\_\_\_

I. ADMINISTRATION		PERCENT	TOTAL
a. Salaries & Fringe Benefits			
b. Operating Expenses			
c. Indirect Cost			
d. Sub Tier Administration			
e. Administration Costs Sub-Total			
<b>2. NON-ADMINISTRATION</b>			
a. Salaries & Fringe Benefits			
b. Operating Expenses			
c. Indirect Cost			
d. Supportive Services			
e. Instructional Training			
f. Work Experience/OJT			
g. Total Non-Administration Costs		#DIV/0!	0
<b>3. TOTAL Grant COST (1+2)</b>		#DIV/0!	0

PROGRAM STAFF AND VENDOR IDENTIFICATION SUMMARY

MOD

OFFEROR'S NAME:

I. List All Staff Positions Requested to Be Funded.

NAME	TITLE

# PEE DEE REGIONAL COUNCIL OF GOVERNMENTS WORKFORCE INNOVATION AND OPPORTUNITY ACT

Grantee Name/ Grant #: \_\_\_\_\_ Modification Number: \_\_\_\_\_

## STAFF AND INDIRECT COST Salaries, Fringe Benefits & Indirect Cost

1. Staff Salaries: Position Titles	Gross Salary Per Pay Period	% of Time	# of Pay Periods	TOTAL AMOUNT	ADMINISTRATION		NON-ADMINISTRATION	
					%	AMOUNT	%	AMOUNT
<b>TOTAL SALARIES</b>								
<b>2. Fringe Benefits</b>				Base				
FICA		X						
Workman's Comp.		X						
Health Ins.		X						
Ret/Pension		X						
Unemployment Ins.		X						
<b>TOTAL FRINGE BENEFITS:</b>								
<b>3. Indirect Cost:</b>								
Indirect cost must be based on a rate approved by an appropriate federal agency. A copy of the approved indirect rate must be submitted prior to reimbursement.								
<b>TOTAL COST (1+2+3)</b>								

# PEE DEE REGIONAL COUNCIL OF GOVERNMENTS WORKFORCE INNOVATION AND OPPORTUNITY ACT

Grantee Name: \_\_\_\_\_ MOD#: \_\_\_\_\_

Grant Number: \_\_\_\_\_

## OPERATING EXPENSES

OPERATING EXPENSES	Cost Per Month	No. of Mos.	TOTAL AMOUNT	Administration		Non-Administration	
				%	Amount	%	Amount
A. Communications							
B. Consumable Supplies							
C. Rent _____ Sq. Ft. of Space							
D. Staff Travel .56 per mile.							
1. Local Area _178_ Mi./Mo							
2. Outside Area _____ No Trips/Cost							
3. Staff Development (\$500)							
E. Maintenance/Repair * (e.g.: Building Repairs, Copy Machines, PCs)							
F. Other Operating Expenses * (e.g. Utilities, Janitorial, Etc.)							
G. Non-Instructional Expendable Equipment *							
H. Non-Instructional Non-Expendable Equipment *							
<b>TOTAL OPERATING EXPENSES</b>							

\* Please specify items where requested by attaching an additional page to the budget itemizing costs under each line item.

PEE DEE REGIONAL COUNCIL OF GOVERNMENTS  
WORKFORCE INNOVATION AND OPPORTUNITY ACT

Grantee Name:

**Training Activities Cost**

MOD:

**I. Classroom Training**

Position	X	Salary	X	% of Time WIA	X	#Hours/ Weeks/ Months	=	Totals
								<u>\$0</u>

**FRINGE BENEFITS**

							=	<u>\$0</u>
FICA	X	\$0					=	\$0
Worker's Comp	X	\$0					=	\$0
Health Insurance							=	\$0
Retirement	X	\$0					=	\$0
Unemployment Ins.	X	\$0					=	\$0
Other (Specify)	X						=	
					<b>TOTAL</b>			<b>\$0</b>

**II. Instructional Training**

Number of Participants

A. Occupational Skills Training (Tuition, Books, Supplies, Equipment)

B. Other (leadership development, employability skills, mentoring, financial literacy education, entrepreneurial skills training, etc.)

**TOTAL**      \$0

**III. Supportive Services**

A. Transportation

B. Child Care

C. Incentive Payments

	No. of Participants	Total Cost	No. of Payments
<b>TOTAL</b>		\$	-

D. Other (Please List)      \$      -

**TOTAL COST**      \$0

**TOTAL COST**      \$0

**PEE DEE REGIONAL COUNCIL OF GOVERNMENTS**  
**WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**Training Activities Cost 2**

Grantee Name:

MOD:

**I. OJT**

Number of Participants

<b>Number of slots</b>	<b>x</b>	<b>Average Wages</b>	<b>X</b>	<b>% of Wages</b>	<b>X</b>	<b>Hours Per Week</b>	<b>=</b>	<b>TOTAL</b>
_____	x	_____	X		X		=	_____ \$0

**III. Work Experience** (Summer employment, school-year employment, pre-apprenticeship, internships, job shadowing)

**Wages**

		<b>Hours</b>	<b>x</b>	<b>Hourly Rate</b>	<b>x</b>	<b>Participants</b>	<b>=</b>	<b>TOTAL</b>
		_____	x	_____	x	_____	=	_____ \$0
<b>Worker's Comp</b>			<b>x</b>	<b>Total Wage</b>			<b>=</b>	<b>0.00</b>
		_____	x	_____ \$0			=	_____ 0.00
<b>FICA</b>			<b>x</b>	<b>Total Wage</b>			<b>=</b>	<b>0.00</b>
		_____	x	_____ \$0			=	_____ 0.00
						<b>TOTAL</b>		<b>\$0</b>

<b>Position</b>	<b>Salary</b>		<b>% of Time WIA</b>	<b>#Hours/Weeks/Months</b>	<b>Totals</b>
Case Manager	0.00	X	0%	X 0	\$0
		X			\$0
<b>TOTAL</b>					<b>\$0</b>

**FRINGE BENEFITS**

<b>FICA</b>	X	\$0	=	\$0
<b>Worker's Comp</b>	X	\$0	=	\$0
<b>Health Insurance</b>			=	\$0
<b>Retirement</b>	X	\$0	=	\$0
<b>Unemployment Ins.</b>	X	\$0	=	\$ -
<b>Other (Specify)</b>	0	X	=	\$0
<b>TOTAL</b>				<b>\$0</b>