**ATTACHMENT C**

**Proposed Budget**

**FISCAL YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **WIOA**  **Funded** | **Other**  **Sources of Funding** | **Total Program Funding** |
| I. **Staff Salaries and Fringe Benefits** | |  |  |  |
|  | **Salaries** |  |  |  |
| **Fringe Benefits** | |  |  |  |
| **Total Staff Salaries and F1in2e Benefits** | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **II. Non Personnel** *(attach breakdown)* |  |  |  |
| A Staff Travel-In County |  |  |  |
| B. Staff Travel- Out of County |  |  |  |
| C. Training, Trainings Material and Supplies |  |  |  |
| D. Equipment Purchase |  |  |  |
| E. Equipment Rental/Lease/Maintenance |  |  |  |
| F. Rent |  |  |  |
| G. Utilities |  |  |  |
| H. Outreach |  |  |  |
| I. Office Supplies, Printing and Reproduction |  |  |  |
| J. Insurance/Bonding/(Non *Worker's Comp)* |  |  |  |
| K. Audit Costs |  |  |  |
| L. Indirect Cost |  |  |  |
| M. Other Expenses *(attach breakdown)* |  |  |  |
| **Total Non-Personnel** |  |  |  |
|  |  |  |  |
| **Total Program Costs**  *(Salaries and Fringe Benefits* + *Non Personnel)* |  |  |  |

**STAFF SALARIES AND FRINGE BENEFITS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of Position | Total Annual Salary | WIOA%  of time | WIOA Salary | **WIOA**  Benefits\*\* | Total Salary and Benefits |
|  |  |  |  |  |  |
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| **Totals** |  |  |  |  |  |

\*\*Benefits - breakdown