COMPLETING EXCEL BUDGET TEMPLATES FOR GRANT APPLICATIONS



Hogg Foundation *for* Mental Health

ADVANCING RECOVERY AND WELLNESS IN TEXAS

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GENERAL INSTRUCTIONS

- The template includes several budget categories which are separated by tabs including Personnel, Contractors and Consultants, Meetings and Events, Travel, Materials and Supplies, etc.
- Please review the General Instructions tab for directions on how to input requested funding amounts for each budget category.
- Please note that some categories or line items may not be applicable to the funding opportunity for which you are applying. Complete the categories relevant to your project.
- Please enter the legal applicant name in Cell B5 of the General Instructions tab on this worksheet.

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|-------|---|----------------|-----|---------|----------|------|--------|------------|-------|-------|------------|-------|---------|---|
| | General Instructions for Completing Proposed Budget Forms with Narrative | | | | | | | | | | | | | |
| 1 | Please type legal name of applicant in box below (B5) | | | | | | | | | | | | | |
| 5 | Name Here | | | | | | | | | | | | | |
| 6 | Budget Summary: Do not input information on this sheet. Cells will auto-populate according to information on subsequent sheets. | | | | | | | | | | | | | |
| | Personnel: Identify each employee that will work on the project and provide a brief justification for each position. If the position is to be filled by an existing staff person, include the person's name and attach a resume to the proposal. If the position requires the hiring of a new employee, input "TBD" in the "name" cell and attach a job description to the proposal. If the project includes more than one organization, include personnel costs related to the grant for each partner entity. | | | | | | | | | | | | | |
| 7 | For each year of the grant period, indicate each employee's percentage of full-time equivalent (FTE), each employee's annual salary, the percentage of time that each employee will dedicate to grant objectives and each employee's fringe percentage. All other cells will self-populate. | < | | Buc | lget | t Ca | tego | ory li | nstru | uctic | ons | | | |
| | Contractors and Consultants: List each contractor and consultant. Provide a brief description of the services they will provide. | | | | | | | | | | | | | |
| 00 | For each year of the grant period, indicate the method used to calculate contractor or consultant payment (lump sum, hourly, weekly, monthly, etc.), indicate the number of units each contractor or consultant is expected to work (number of hours, number of weeks, number of months, number of tasks, etc.) and indicate the rate of payment for each contractor or consultant (hourly rate, weekly rate, monthly rate, per task rate, etc.) | | | | | | | | | | | | | |
| 9 | Meetings and Events: List and provide a brief description of each meeting and event related to the grant objectives. Indicate the costs for each meeting or event, including space rental, equipment rental, consumer, youth and family support stipends, and food, if applicable. | | | | | | | | | | | | | |
| 10 | Overnight Travel: Provide a brief description of the purpose of the proposed overnight travel and how it relates to the grant objectives. Indicate the city and state of the final destination. Indicate the total number of days and total number of traveling employees. For each overnight trip, provide a brief justification of expenses in each travel expense category. | | | Bu | dge | t Ca | ateg | ory 1 | Гabs | | | | | |
| | Non-Overnight Travel: Provide a brief description of non-overnight travel, indicating the anticipated mileage, reimbursement rate and other costs. This is commonly referred to as local travel | | | | | 4 | ሃ | | | | | | | |
| Ready | | rtings and Eve | nts | Overniç | ght Trav | el | Non-Ov | vernight 1 | ravel | Mate | rials Supp | plies | Overhea | d |

BUDGET SUMMARY

• This sheet auto-populates based on the information entered on each budget category tab. This sheet is locked and the applicant will not be able to enter anything on this sheet. Please add your budget information in each budget category tab located at the bottom of the workbook.

| Cut | Arial Narrow - 10 | • A A == * • = * | /rap Text | Accounting | · • | Currency 2 | Normal 2 P | ercent 2 | Normal | Bad | 🖛 💌 🗊 🦉 | ∑ AutoSur ↓ Fill - | ^m [™] ^A Z ▼ |
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| A | в | L C | | U | E | | | G | н | | - | | , |
| | | | | | | BUDGET SUMN | IARY | | | | | | |
| | | | | | This workshe | et will auto populate | | | | | | | |
| | | Name of Applicant: | | | - | <u>0</u> | | | | | | | |
| | | Term Amount: | | | S | 310,407 | | | | | | | |
| | | | | | | | | | | | | | |
| _ | | Budget Categories Grant Period | 1 | | | Budget Categories G | rant Period 2 | | | Budget Categorie | s Grant Period 3 | | |
| | Personnel | | | | Personnel | | | | Personnel | | | | |
| | | Name Hore: TBD | | | | Name Here: TBD | | | | Name Hore: TBD | | | ľ |
| | 5 | \$ | 60,000.00 | | 5 | \$ | | | 5 | \$ | 60,000 | 200 | |
| | 1 | \$ | 14,400.00 | \$ · | f | \$ | 14,400.00 | \$ 74,400.0 | 0 <i>f</i> | \$ | | 0.00 \$ | 74,400.00 |
| | 5 | Name Here: Jane Doe S | 5 150 00 | | 5 | Name Here: Jane Doe S | 5,150.00 | | | Name Here: Jane Do S | 5,15/ | | |
| - | s 1 | 5 | 1,236.00 | \$ 6,386.00 | | s | 1,236.00 | | 5 | 5 | | 6.00 \$ | 6,386.00 |
| _ | | Name Here: John Smith | 1,200.00 | • 0,000.00 | | Name Here: John Smi | | 0 0,000.0 | , , | Name Here: John Sn | | | 0,000.00 |
| | 5 | s | 7,320.00 | | 5 | s | 7,320.00 | | 5 | s | 7,32 | | |
| | 1 | S | 1,756.80 | \$ 9,076.80 | f | S | 1,756.80 | \$ 9,076.8 | 0 <i>f</i> | s | 1,75/ | 6.80 \$ | 9,076.80 |
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| | | Name: | | | | Name: | | | | Name: | | | |
| | 5 | \$ \$ | | | 5 4 | 5 5 | | S · | 5 | 5 5 | | | |
| | ' | | | | · · · | * | | | <u> </u> | | | | |
| | | Total Personnel | | \$ 89,862.80 | | Total Personnel | | \$ 89,862.80 | 1 | Total Personne | 1 | <u>5</u> 8 | 9,862.80 |
| | Contractors | | | | Contractors | | | | Contractors | | | | |
| | | Name Here | | s - | | Name Here | | s - | | Name Here | | \$ | |
| | | Name Here | | s - | | Name Here | | | | Name Here | | \$ | |
| | | Name Here | | s . | | Name Here | | | | Name Here | | s | |
| | | | | | | | | | | | | - | |
| | | Name Here | | s - | | Name Here | | \$ - | | Name Here | | \$ | - |
| | | Name Here Total Contractors | | s - s - | Total Contractor | Name Here | | \$ - \$ - | Total Contract | Name Here | | \$ S | |
| | | rotal contractors | | <u>• </u> | | | | <u> </u> | | | | <u> </u> | |
| | Meetings and Events | Laurah Bartu | | \$ 300.00 | Meetings and Ever | nte | | \$ 300.00 | Meetings and Ev | ents | | S | 200.00 |
| | | Launch Party Mental Health Week Event(s) | | | Launch Party Mental Health We | ok Event(s) | | | Launch Party Mental Health V | Vook Event/s) | | s | 300.00 |
| | | Unwind Before the Grind | | | Unwind Before the | | | | Unwind Before t | | | S | 700.00 |
| | | Career Day Retreat | | \$ 300.00 | Career Day Retre | at | | S 300.00 | Career Day Rel | reat | | s | 300.00 |
| | | Indiana seliciti da | | * 000.00. | and a second sec | | | P 000.00 | ديسية فتستعط | <i>.</i> | | 0 | |

PERSONNEL

Complete the following items on this sheet in sequence:

1. Identify each employee that will work on the project. If the person is an existing staff member, include the person's name, job title and credentials, and upload his or her resume. If the person will be a new hire, then input "TBD" and provide a job description in your uploaded application materials.

| Name of Applicant: | [|
|--|-------------|
| | 1 |
| Employee Name or TBD - Functional Title | i i j |
| Jane Smith, LCSW | Γ |
| Principal Investigator, Lecturer | |
| | |

2. Provide justification for each position.



3. The foundation requests that applicants use full-time equivalent (FTE) to calculate salaries. A FTE is the hours worked by one employee on a full-time basis, typically considered 40 hours per week. To calculate salaries, enter each employee's full-time equivalent (FTE) for each grant period. A 40-hour employee should be shown as 1.00, 30 hours as 0.75 and 20 hours as 0.50. Then enter the calculated full-time annual salary, percentage of time that will be spent on the grant objectives, and fringe percentage.

| | | 1 | , | | | | | |
|---|-----------------------|--------|--------|-----------------------|--------------|-----------------------|----|-----------|
| | FTE (ex. 1.0, .5,.75) | | 1.00 | FTE (ex. 1.0, .5,.75) | 0.75 | FTE (ex. 1.0, .5,.75) | | 0.50 |
| | Total Annual Salary | \$ 41, | 600.96 | Total Annual Salary | \$ 43,276.24 | Total Annual Salary | \$ | 45,007.29 |
| | % of Time on Grant | | | % of time on Grant | | % of time on Grant | | |
| | Objectives | | 100% | Objectives | 100% | Objectives | | 100% |
| The Certified Peer Specialist will implen | pent | | | | | | | |
| the training program full-time over year | Total Salary | \$ 41. | 600.96 | Total Salary | \$ 32,457,18 | Total Salary | \$ | 22,503.65 |
| more employees are trained in grant year | Requested | φ 41, | 000.30 | Requested | ψ 52,457.10 | Requested | Ψ | 22,000.00 |
| and 3 the Certified Peer Specialist will re | Eringe Percentage | | 28% | Fringe Percentage | 28% | Fringe Percentage | | 28% |
| the number of hours spent on the train | | | 2070 | | 2070 | | | 2070 |
| program implementation. | Total Fringe | | | Total Fringe | | Total Fringe | | |
| | Requested | \$ | 11,648 | Requested | \$9,088 | Requested | | \$6,301 |
| | Total Compensation | | 1 | Total | | Total | | |
| | Requested for | | | Compensation | | Compensation | | |
| | Project | | | Requested for | | Requested for | | |
| | | ¢ | 53,249 | Project | \$41,545 | Project | | \$28,805 |
| | | φ | 55,245 | | \$41,545 | | | Ψ20,000 |

FTE example with multiple employees in one position: You have three employees in the same position and they work 30 hours, 20 hours and 10 hours per week – totaling 60 hours. Assuming a full-time employee works 40 hours per week, your full-time equivalent calculation would be 60 hours divided by 40 hours, or 1.5 FTE.

| | FTE (ex. 1.0, .5,.75) | 1.50 | FTE (ex. 1.0, .5,.75) | 1.50 | FTE (ex. 1.0, .5,.75) | 1.50 |
|--|----------------------------------|--------------|----------------------------------|--------------|----------------------------------|--------------|
| | Total Annual Salary | \$ 44,502.96 | Total Annual Salary | \$ 45,792.04 | Total Annual Salary | \$ 47,107.88 |
| Varith Thereau Francement - Over the | % of Time on Grant Objectives | 100% | % of time on Grant Objectives | 100% | % of time on Grant Objectives | 100% |
| Youth Therapy Engagement - Over the course of the grant 3 part-time therapists will | Total Salary Requested | \$ 66,754.44 | Total Salary Requested | \$ 68,688.06 | Total Salary Requested | \$ 70,661.82 |
| lead the engagement program at four middle schools for a total of 60 hours each week. | Fringe Percentage | 28% | Fringe Percentage | 28% | Fringe Percentage | 28% |
| | Total Fringe | | Total Fringe | | Total Fringe | |
| | Requested | \$18,691 | Requested | \$19,233 | Requested | \$19,785 |
| | Total Compensation | | Total | | Total | |
| | Requested for | | Compensation | | Compensation | |
| | Project | | Requested for | | Requested for | |
| | | \$85,446 | Project | \$87,921 | Project | \$90,447 |

Please note applicants can make adjustments based on employee schedules as long as the justification and salary request match. Please see the example below for three part-time Graduate Assistants.

| | GP1 7/1/2017-6/ | - | | GP: 7/1/2018-6/ | - | | P3 6/30/2020 |
|---|----------------------------------|----------|-------|----------------------------------|--------------|----------------------------------|-----------------|
| Justification | | | | | | | |
| | | | | | | | |
| | FTE (ex. 1.0, .5,.75) | | 3.00 | FTE (ex. 1.0, .5,.75) | 3.00 | FTE (ex. 1.0, .5,.75) | 3.00 |
| | Total Annual Salary | \$ 8,00 | 0.001 | Total Annual Salary | \$ 8,000.00 | Total Annual Salary | \$ 8,000.00 |
| Total Graduate Assistant stipend is proposed at \$24,000 per year. This figure includes semester stipend and tuition remission. | % of Time on Grant Objectives | 1 | | % of time on Grant Objectives | 100% | % of time on Grant Objectives | 100% |
| Graduate Assistants will provide direct mental and behavioral health services to | Total Salary Requested | \$ 24,00 | 0 001 | Total Salary Requested | \$ 24,000.00 | Total Salary Requested | \$ 24,000.00 |
| students at Austin Elementary campus. GA time will be 100% spent on grant objectives. | Fringe Percentage | | 0% | Fringe Percentage | 0% | Fringe Percentage | 0% |
| Expenses estimated at \$4,000 per semester X 2 semesters X 3 students per year. | Total Fringe Requested | | | Total Fringe Requested | \$0 | Total Fringe Requested | \$0 |
| | Total Compensation | | | Total Compensation | | Total Compensation | |
| | Requested for Project | \$24 | | Requested for Project | \$24,000 | Requested for Project | \$24,000 |

• All other cells will auto-populate.

CONTRACTORS AND CONSULTANTS

• For each grant period, list all contractors or consultants and include a brief description of their services. Indicate the method of payment, how often the person will be paid (units), and the rate of payment. Please note that only the first \$50,000 of contractor expenses will be included in subtotal used to calculate overhead.

Lump Sum Example

| CONTRACTOR or CONSULTANT NAME (Agency, Individual or TBD) | DESCRIPTION OF SERVICES (Scope of Work) | GP1 7/1/2017-6/30/2018 | | GP2 7/1/2018-6/30/2019 | | | GP3 9-6/30/2020 |
|---|---|--|-------------|---|-------------|---|--------------------|
| TBD | Translation service expeneses are estimated to be a flat rate of \$2,500 per year. This figure includes | nours, weeks, | Lump Sum | Method of Payment (Hourly,Weekly, Monthly, Lump Sum) UNITS (# of months, hours) | Lump Sum | Method of Payment (Hourly,Week ly, Monthly, Lump Sum) UNITS (# of months, | Lump Sum |
| | translation of intake forms and handouts into Spanish for trainings. | months, etc.) RATE OF PAYMENT (i.e., Hourly Rate, Unit Rate, Lump Sum Amount) | \$ 2,500.00 | Unit Rate, Lump Sum Amount) | \$ 2,500.00 | hours) RATE OF PAYMENT (i.e., Hourly Rate, Unit Rate, Lump Sum Amount) | \$ 2,500.00 |
| | | Total | \$ 2,500.00 | Total | \$ 2,500.00 | Total | \$ 2,500.00 |

Hourly Example

| CONTRACTOR or CONSULTANT NAME (Agency, Individual or TBD) | DESCRIPTION OF SERVICES (Scope of Work) | GP1 | | GP2 | | GP | 13 | GP4 | | |
|---|--|---|-------------|---|-------------|--|-------------|---|----|----------|
| | Jill Smith's rate is calculated at 308 hours (260 + 48) per year. Ms. Smith is a Certified Peer Specialist and an experienced educator in the mental healthcare community. As a consultant to the program, MsJ Smith's time will include | Method of Payment (Hourly,Weekly, Monthly, Lump Sum) | Hourly | Method of Payment (Hourly,Weekly, Monthly, Lump Sum) | Hourly | Method of Payment (Hourly,Weekly, Monthly, Lump Sum) | Hourly | Method of Payment (Hourly,Weekly, Monthly, Lump Sum) | | Hourly |
| Jill Smith | advising the program directors and staff on the dissemination/training protocol (approximately 5 hours) per week x 52 weeks for a total of 260 hours). She will also accompany the team on site visits to participating organizations to facilitate the work of the coordinating center to ensure the continuity of the recovery | UNITS (# of hours, weeks, months, etc.) | 308 | UNITS (# of months, hours) | 308 | UNITS (# of months, hours) | 308 | UNITS (# of months, hours) | | 308 |
| | | RATE OF PAYMENT (i.e., Hourly Rate, Unit Rate, Lump Sum Amount) | \$ 28.43 | RATE OF PAYMENT (i.e., Hourly Rate, Unit Rate, Lump Sum Amount) | \$ 28.43 | Rate, Lump Sum Amount) | \$ 28.43 | RATE OF PAYMENT (i.e., Hourly Rate, Unit Rate, Lump Sum Amount) | \$ | 28.43 |
| | | Total | \$ 8,756.00 | Total | \$ 8,756.00 | Total | \$ 8,756.00 | Total | \$ | 8,756.00 |

MEETINGS AND EVENTS

• List and provide a brief description of each meeting and event related to the grant objectives. Include all the costs as applicable for each meeting including space and equipment rental, speaker expenses, supplies and food. Please note that materials and supplies included in this section should be specifically for the meeting or event.

| Meeting or Event | Description | | P1 6/30/2018 | | 6P2 -6/30/2019 | GF 7/1/2019-1 | - |
|--------------------------------------|---|---------------|-----------------|---------------|-------------------|------------------|-----------|
| | | Space Rental | \$0 | Space Rental | \$0 | Space Rental | \$0 |
| ISD Campus and Community Trainings - | Supply expenses are estimated to be \$5,400 per year - \$5,040 + | Equipment | ¢0. | Equipment | | Equipment | |
| 18 annually | \$360. This figure includes general office supplies (folders for client | Rental | \$ 0 | Rental | | Rental | |
| | information, paper for copies) @ \$40 per month X 9 months | Speaker | 60 | Speaker | 6 0 | Speaker | 60 |
| | (Total - \$360). Also included are marketing expenses and | Expenses | \$0 | Expenses | 50 | Expenses | 50 |
| | training supplies for activities (such as self-stick wall pads for | Materials and | | Materials and | | Materials and | |
| | writing group answers to activities, fidgets, group activity games, | Supplies | \$5,400 | Supplies | \$5,400 | Supplies | \$5,400 |
| | craft supplies, handouts) at an average \$280 per meeting X 18 meetings per school year (Total \$5,040). | Food | \$0 | Food | \$0 | Food | \$0 |
| | noosingo por ocnool your (rotal oo,oro). | Other | \$0 | Other | \$0 | Other | \$0 |
| | | Total | \$5,400 | Total | \$5,400 | Total | \$5,400 |

| Meeting or Event | Description | _ | P1 6/30/2018 | - | 6/30/2019 | GP3 7/1/2019-6/30/2020 | |
|---|--|---------------------------|-----------------|---------------------------|-----------|---------------------------|-------|
| | Front Observice Operations will reach and fail and reaches | Space Rental | \$150 | Space Rental | \$150 | Space Rental | \$150 |
| Faculty Steering Committee Long Planning Meeting | Faculty Steering Committee will meet each fall and spring semester for a long meeting to plan, brainstorm, and leave with | Equipment Rental | \$/5 | Rental | \$/5 | Equipment Rental | \$75 |
| | tangible outcomes. Each meeting will have a distinct task and each will last approximately 4 hours, and expenses include: Space Rental: \$150 room fee | Speaker Expenses | \$0 | Speaker Expenses | \$0 | Speaker Expenses | \$0 |
| | Equipment Rental: \$75 LCD projector Speaker Expenses: \$0 | Materials and Supplies | \$70 | Materials and Supplies | \$70 | Materials and Supplies | \$70 |
| | Materials: 10 people x \$7 per person (planning workbook) | Food | \$150 | Food | \$150 | Food | \$150 |
| | Food: 10 people x \$15 per person for lunch | Other | \$0 | Other | \$0 | Other | \$0 |
| | | Total | \$445 | Total | \$445 | Total | \$445 |

- The Hogg Foundation uses the State of Texas maximum allowable reimbursement rates for travel planning. Please see the Texas Comptroller <u>website</u> for current reimbursement rates.
- All travel requests should include the following items:
 - Purpose of the travel, including the name of the conference or event and goal of attending
 - Destination location
 - Number of days and employees attending
 - Justification of expense with breakout of expenses

Overnight Travel Example

| | | | | GP 7/1/2017-6 | - |
|--|------------------------------------|-----------------------------|--|--|--|
| Purpose of Travel | Destination Location City/State | Number of Days-Employees | Justification (i.e. Airfare = \$400 flights X 3 employees, Lodging = \$120 Hotel X 3 employees X 5 nights) | Travel | Costs |
| Annual Conference - Center for School Mental Health. The conference offers participants numerous opportunities to advance knowledge and skills related to school mental health practice, research, training, and policy. | Washington, DC | 3/2 | Airfare = \$560 x 2 employees Lodging = \$290 hotel x 2 employees x 3 nights Meals = \$45 per day x 2 employees x 3 days Rental car, parking, and gas = \$220 (shown in other costs) Registration fee - \$525 x 2 employees (shown in other costs) | Mileage Airfare Meals Lodging Other Costs Total | \$0 \$1,120 \$270 \$1,740 \$1,270 \$4,400 |

In-State, Overnight Travel Example

| | | | | GF 7/1/2017-6 | - |
|---|------------------------------------|-----------------------------|---|--|--|
| Purpose of Travel | Destination Location City/State | Number of Days-Employees | Justification (i.e. Airfare = \$400 flights X 3 employees, Lodging = \$120 Hotel X employees X 5 nights) | 3 Travel (| Costs |
| Certified Peer Specialist Continuing EducationTraining | Austin, TX | 2/1 | Mileage from Houston to training site approximately 170 miles round trip = 340 miles x \$0.51 reimbursement = \$17 Overnight Lodging - \$130 per night Meals - \$41 per day Parking at hotel - \$10 | Mileage Airfare Meals Lodging Other Costs Total | \$173 \$0 \$41 \$130 \$10 \$354 |

NON-OVERNIGHT TRAVEL

• Provide a brief description of non-overnight travel. Indicate the anticipated mileage, reimbursement rate and other costs. This is referred to as local or day travel. Please note that meal and lodging costs will not be reimbursed for non-overnight travel.

| Non-Overnight Local or Day Travel | GP1 7/1/2017-6/30/2018 | | | | | |
|---|---------------------------|--------------------|----------------------------------|-----------------|--|--------------------|
| Description of Non-Overnight Travel | | Number of Miles | Mileage Reimbursement Rate | Mileage Cost | Other Costs (i.e. parking, rental car, tolls) | Total (a) + (b) |
| Local travel to 9 schools for the School Grief Project consisting of a total of four 90-minute per week for 8 weeks | | 3600 | \$0.510 | \$1,836 | \$0 | \$1,836 |
| | | 0 | \$0.000 | \$0 | \$0 | \$0 |
| | | 0 | \$0.000 | \$0 | \$0 | \$0 |
| | | 0 | \$0.000 | \$0 | \$0 | \$0 |
| | | 0 | \$0.000 | \$0 | \$0 | \$0 |
| | | 0 | \$0.000 | \$0 | \$0 | \$0 |
| | | | | \$0 | | \$0 |
| | | | | Total | Non-Overnight Travel GP1 | \$1,836 |

• Justify the purpose and cost of materials and supplies that are necessary for the project, such as postage, office supplies, photocopying and communications materials (brochures, promotional items, etc.).

| | GP1 7/1/2017-6/30/2018 | | | |
|---|--|--------------------|-------------------------|--------------|
| Description of Item | Purpose & Justification | Number of Units | Cost Per Unit | Total |
| Faculty guidebook | Will be a visual, hard copy to pass out to faculty about how to incorporate well-being into their classrooms | 3500 | \$ 1.80 | \$6,300 |
| Promotional items | To help advertise the Initiative on campus | 2000 | \$ 1.00 | \$2,000 |
| Laptop computer for WBLE Coordinator | Technology needs | 1 | \$2,000.00 | \$2,000 |
| Misc office supplies | Office supplies such as paper, pens, folders, etc. | 1 | \$ 300.00 | \$300 |
| | | Total Mater | ials and Supplies GP | \$10,600 |
| | | | GP | \$10,600 |
| | GP2 | | | |
| | 7/1/2018-6/30/2019 | | | |
| Description of Item | Purpose & Justification | Number of Units | Cost Per Unit | Total |
| Postcard promotional | A short postcard that sums up the Initiative in order to quickly "pitch" to faculty and departments | 1000 | \$ 0.30 | \$300 |
| Misc office supplies | Office supplies such as paper, pens, folders, etc. | 1 | \$ 300.00 | \$300 |
| | | | \$ - | \$0 |
| | | Total Mator | ials and Supplies | \$0 \$600 |
| | | Total Mater | GP | |
| | | | | \$600 |
| | | | | |
| | GP3 7/1/2019-6/30/2020 | | | |
| Description of Item | Purpose & Justification | Number of Units | Cost Per Unit | Total |
| Acknowledgement Plaque | A small plaque to acknowledge faculty members for their close involvement with the Initiative | 10 | \$ 40.00 | \$400 |
| Misc office supplies | Office supplies such as paper, pens, folders, etc. | 1 | \$ 300.00 | \$300 |
| | | | \$ - | \$0 |
| | | Total Martin | S - | \$0 \$700 |
| | | i otal Mater | ials and Supplies GP | |
| | | | | \$700 |

OVERHEAD

• No entry is necessary in this section. The budget worksheet will auto-populate the overhead field. Overhead will be calculated at 10 percent of the total budget for each grant period. Please note that only the first \$50,000 of contractor expenses will be included in the total used to calculate overhead.

| Overhead Budget Categor | y Detail | Form | |
|---|-----------|----------------------|-------------------|
| THIS SHEET SELF-POPULATES- NO Name of Applicant: | ENTRY NEC | ESSARY | |
| | | | |
| GP1 | | | |
| Subtotal | Cont | ractors | Modified Subtotal |
| \$ 52,234.00 | \$11, | 500.00 | \$ 52,234.00 |
| | RATE | OVERHEAD SUBTOTAL | |
| Overhead will be calculated based on a percentage of the total award. Only the first \$50,000 of contractor expenses will be included in the subtotal used to calculate overhead. | 10% | \$ | 5,223 |

SPECIAL NOTE FOR MAC AND NUMBERS USERS

The Hogg Foundation requires budgets be submitted in Excel format. Follow this additional step if you use the Numbers application instead of Microsoft Excel:

• Save the Numbers file on your Mac by selecting Excel format from the file menu. Once you save it in Excel format, you can upload the document to your application.

SUBMITTING YOUR BUDGET IN FLUXX

- Upload your budget to the required Application Documents section.
- Press the blue "+" to the right of the Documents heading to add your Excel file.

| Regg Frommeliation for Microsoft Headbh | Application Documentation | | |
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| rganization 0 | Additional Proposal Requirements | | |
| n one | The following is a list of required documents that must be add | led to the Documents section below. | |
| A control of the second se | Required Document | Instructions | Required Format |
| | Project Timeline | Timeline template; complete and upload | Excel |
| | Project Budget | Budget template; complete and upload | Excel |
| | Project Staff resume(s) and/or position description(s) | Upload | PDF |
| | Letter of Approval to Submit Proposal | Organization or university completes; applicant uploads | POF |
| | Board Roster (/ applicable) | Board Roster template; complete and upload | POF |
| A119.00 | Letters of Support from Partner Organizations (if applicable) | Partner completes; applicant uploads | POF |
| | Additional requirements (if applicable) | Upload | POF |
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| | | your documents. | |
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| to Core | Fiscal Documents | | |
| et Records | | | |
| | Applicants must submit the following fiscal documents to ass the Fiscal Documents Folder below. (The foundation may req | ist the foundation in assessing the organization's fiscal soundness. uest additional fiscal documents when reviewing proposals.) | They must be uploaded in |
| | | | |

• Click "Add files" to upload your budget to the dialogue box and choose "Proposed Budget" from the dropdown menu. Click "Start Upload".



Once your budget is uploaded you can save or submit your application. Please note each document must be
properly identified from the drop-down menu as the required document type while uploading. You will not
be able to submit your application if the required documents are not properly identified.