

Title III Budget Instructions

Note there are sixteen (16) tabs within the budget document. All tabs must be completed before RFP submissions will be accepted for review by AgeGuide.

1. COVER
2. BUDGET
3. PERSONNEL
4. FRINGES
5. TRAVEL
6. EQUIPMENT
7. FOOD COSTS
8. SUPPLIES
9. CONTRACTUAL SERVICES
10. CONSULTANT
11. OCCUPANCY
12. TELECOMMUNICATION
13. TRAINING & EDUCATION
14. MISCELLANEOUS
15. LOCAL CASH
16. JUSTIFICATION

TAB ONE – COVER PAGE

1. Provider Legal Name: enter the legal name of the entity to receive the grant award. This will populate throughout the rest of the budget workbook.
2. Address Line 1: enter the number and street name of the provider.
3. City/State/Zip: enter the City, State, and Zip code of the provider
4. County: enter the County. This will populate throughout the rest of the budget workbook.
5. Primary Phone Number: enter the primary phone number of the provider.
6. Unique Entity ID/SAM: Enter the UEI/SAM for the provider. Effective April 4, 2022, the UEI replaces the DUNS number.
7. Award Contact: Enter the name of the individual authorized to sign the Notice of Grant Award.
8. Award Contact Email: enter the email of the individual authorized to sign the Notice of Grant Award document.

9. Award Contact Phone: enter the phone number of the individual authorized to sign the Notice of Grant Award Document.
10. The agency information on this page will populate through all budget pages.

TAB TWO – BUDGET SUMMARY

Cells highlighted in YELLOW or PINK must be completed.

Areas that turn RED indicate that information does not balance. Please go back and correct those sections.

County name in cell B2: **will populate from COVER tab.**

Agency name in cell B3: **will populate from COVER tab**

1. Column A-List of Expense Categories
2. Column B-Blank
3. Column C- Blank
4. Column D- Click on word NONE and a drop-down arrow menu will appear on the right-hand side of cell D4. Select the Service.
 - a. Cell D2 will auto-populate with correct CFDA Number
 - b. Same process for Columns E, F, G, H, I, J and K
5. Enter AgeGuide Funds starting in cell D23
 - a. Nutrition providers only enter NSIP in cell D24
6. Enter Local Cash Match (non-federal match) starting in cell D26
7. Enter Program Income starting in cell D27. Program income is required.
8. Enter projected number of Persons Served starting in cell D33
9. Enter projected number of Units starting in cell D35
10. The total column, column L will auto populate.

TAB THREE – PERSONNEL SECTION

1. Volunteers (in Kind) should be listed in section highlighted in turquoise on lines 10-16
2. Start listing employees funded in full or in part by the title listed on line 18
3. List employee's entire salary starting in cell B18 (format is preset)
4. List amount of employee's salary charged to each service listed on budget line 4 starting in cell D18
5. List of salary amounts will auto-populate in the Budget Tab

TAB FOUR – FRINGES

1. Volunteers (in Kind) should be listed in section highlighted in turquoise on lines 10-16
2. Start listing employees funded in full or in part by the title and service
3. listed on line 18 (header auto populated from budget page cell D4)

4. List amount of employee's fringe benefits charged to each title and service
5. listed on the budget (be sure to list employees in the same order as listed
6. in the Personnel Tab.)
7. List percentage of salary that is Fringe Benefits.
8. List of Fringe Benefit amounts under appropriate Title and Service Header (amount will auto-populate in the Budget Tab)

TAB FIVE – TRAVEL

1. List any in-Kind on lines 10-16
2. List brief description of travel starting in cell A18
3. List amount charged to each title and service starting in cell D18 (amount will auto-populate in the Budget Tab)

TAB SIX – Equipment (According to the 2CFR, an item is listed as equipment in a federal budget if the amount is \$5,000 or greater. Items with a cost of \$4,999 or less are supplies.)

1. List any in-Kind on lines 10-16
2. List brief description of equipment starting in cell A18
3. List amount charged to each title and service starting in cell D18 (amount will auto-populate in the Budget tab)

TAB SEVEN –FOOD COSTS (NUTRITION PROVIDERS ONLY)

1. List any in-Kind on lines 10-16
2. Only C1 and C2 recipients should complete this tab
3. List name of restaurant (Congregate Meals) or catering service (Home Delivered Meals) starting in cell A18
4. List amount budgeted to restaurant or caterer starting in cell D18 (amount will auto-populate in the Budget Tab)

TAB EIGHT: SUPPLIES (According to the 2CFR, an item is listed as equipment in a federal budget if the amount is \$5,000 or greater. Items with a cost of \$4,999 or less are supplies)

1. List any in-Kind on lines 10-16
2. List brief description of supplies starting in cell A18
3. List amount charged to each title and service starting in cell D18 (amount will auto-populate in the Budget tab)

TAB NINE- CONTRACTUAL SERVICES

1. List any in-Kind on lines 10-16

2. List brief description of contractual services starting in cell A18
3. List amount charged to each title and service starting in cell D18 (amount will auto-populate in the Budget tab)

TAB TEN- CONSULTANT SERVICES

1. List brief description of consultant services starting in cell A18. For example Dietician services.
2. Provide AgeGuide a copy of the annual agreement in the budget justification tab
3. List amount charged to each title and service starting in cell D18 (amount will auto-populate in the Budget Tab)

TAB ELEVEN- OCCUPANCY

1. List any in-Kind on lines 10-16
2. List Brief description of occupancy services starting in cell A18. For example rent or utilities.
3. List amount charged to each title and service starting in cell D18 (amount will auto-populate in the Budget tab)
4. Provide explanation of how the amounts are calculated in the budget justification

TAB TWELVE-TELECOMMUNICATIONS

1. List any in-Kind on lines 10-16
2. List brief description of telecommunication services and why it should be charged to the AgeGuide grant starting in cell A18. For example technology.
3. List amount charged to each title and service starting in cell E18 (amount will auto populate in the Budget Tab)

TAB THIRTEEN- TRAINING & EDUCATION

1. List any In-Kind on lines 10-16
2. List brief description of Training and education services starting in cell A18. For example technology
3. Provide AgeGuide a copy of the annual agreement in the budget justification tab.
4. List amount charged to each title and service starting in cell E18 (amount will auto-populate in the Budget Tab)

TAB FOURTEEN-MISCELLANEOUS

1. List any in-Kind on lines 10-16
2. List brief description of training and education services starting in cell A18. For example Food Safety Classes
3. Provide AgeGuide an explanation of how miscellaneous cost are calculated in budget justification tab
4. List amount charged to each title and service starting in cell D18 (amount will auto-populate in the Budget Tab)

TAB FIFTEEN-LOCAL CASH SECTION

1. List brief description of cash match source starting in cell A8. For example Tax Levy or Township Funds.
2. Provide AgeGuide an explanation of how cash match sources are received in the budget justification tab. For example monthly, quarterly or annually.
3. List amount assigned to each title and service starting in cell B8 (amount will auto-populate in the Budget Tab)
4. This tab should include Local cash/non federal cash only. Do not include in-kind on this tab.

TAB SIXTEEN-JUSTIFICATION SECTION

1. This tab must be completed.
2. In the PERSONNEL section list volunteer positions, number of hours worked, and value of hourly wage.
 - a. Demonstrate how salary amounts are calculated.
3. In the FRINGE section list types of fringe benefits charged to budget.
 - a. Demonstrate how fringe benefits are calculated.
4. In the TRAVEL section describe travel cost (number of miles and costs per mile) and the reason for travel.
5. In the EQUIPMENT section list equipment to be purchased and anticipated purchase dates.
6. In the FOOD section provide annual agreements with catering services including cost per meal.
7. In the CONTRACTUAL SERVICES section provide annual agreement with justification of why these services are charged to the grant.
8. In the CONSULTANT SERVICES section provide annual agreement with justification of why these services are charged to the grant.
9. In the OCCUPANCY section demonstrate how occupancy costs such as utilities are calculated and charged to the grant.
10. In the TELECOMMUNICATION section demonstrate how costs are necessary and charged to the grant.
11. In the TRAINING & EDUCATION section list classes and number of agency staff participating in each session.
 - a. Provide agreement for the training/education.
12. In the MISCELLANEOUS section demonstrate how costs are necessary and how calculated to charge to the budget.

Required match amount are 15% for IIIB and IIIC Services.

Required match amounts are 10% for IIIE Services.

APPLICATIONS THAT DO NOT MEET THE MINIMUM MATCH REQUIREMENT WILL NOT BE CONSIDERED.

Save completed document and upload back into Smart Simple.

AgeGuide Funded Partner Title III/VII Budgets

Budget Checklist

- ___ COVER tab is completed in its entirety, including the UEI (*Cover tab, lines 3-9*)
- ___ Budget is balanced: on the BUDGET tab, the total “EXPENSES” is equal to the total “RESOURCES” and Funding Differences lines shows ZERO (*Budget tab, line 31*)
- ___ Projected units are entered in the budget for each service and meets/exceeds the minimum required units (*Budget tab, line 35*)
- ___ Projected persons are entered in the budget for each service and meets/exceeds the minimum required persons (*Budget tab, line 33*)
- ___ Matching share meets the required percentage for each budgeted service (*Budget tab, line 41*)
 - IIIB: 15% match requirement
 - IIIC: 15% match requirement
 - IIIE: 10% match requirement
- ___ “AgeGuide funds” is entered (*Budget tab, line 23*), and matches the allocation amount (*Budget tab, line 44*).

AgeGuide funds may be equal to or less than the allocation amount.
- ___ “NSIP” funding amount is entered -- Nutrition services only. (*Budget tab, line 24*)
- ___ Local Cash tab is completed, detailing all sources of cash match. (*Budget tab, line 26*)
- ___ Justification tab is completed and describes how charges in the budget were calculated. (*Justification tab, lines 8-110*)
- ___ In-Kind values entered are *third-party* donated items/time *an agency cannot donate staff time or space to itself. Example: Staff time may NOT be donated to the grant, but third-party volunteer time may.
- ___ Program Income is included in the budget. *Older Americans Act programs must offer clients the opportunity to donate (*Budget tab, line 27*)