

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. *PERCENT OF BUDGET*

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 on all budget pages.

TAB TWO – BUDGET SUMMARY

Cells highlighted in YELLOW must be completed.

You must select the dropdown on Line One to select the county for each service you are applying for. (Cells D1-K1)

You must select the dropdown on Line FOUR to select each service you are applying for. (Cells D4-K4)

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

Agency name in cell B1: **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 blank yellow highlighted cell and a drop-down arrow menu will appear. Select the county.
5. Column D- Click on word NONE and a drop-down arrow will appear. 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
6. Enter AgeGuide Funds starting in cell D23
 - a. Nutrition providers only enter NSIP in cell D24
7. Enter Local Cash Match (non-federal match) starting in cell D26
8. Enter Program Income starting in cell D27. A Program income estimate is required.

9. Enter projected number of Persons Served starting in cell D33
10. Enter projected number of Units starting in cell D35
11. The total column, column L will auto populate.

All expenses must be listed on the Individual Expense tabs.

The justification is listed on the individual expense tabs.

- The justification must be completed for each expense
- The justification should explain the methodology used for each expense. This should include math.
- Columns B and C should be completed for all expenses.

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 – TELECOMMUNICATION

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 FIFTEEN – LOCAL CASH

1. The Local Cash Match Tab must include all sources of local cash.
2. You must include the source of the donation and the funding amount you will be receiving.
3. The amount of program income entered on the budget page will auto populate in cell B23 on this tab.
4. The Total Local cash amount in cell B21 should match cell B23.
5. The difference in cell B24 must be zero. Please review your information if it is not.

TAB SIXTEEN – PERCENT OF BUDGET

1. The percent of budget tab shows the percentage of AgeGuide funds compared to your total agency budget.
2. You only need to complete the yellow highlighted cell B6 with your Total Agency Budget. This is not just AgeGuide funds, but the budget for your entire organization.
3. The remaining fields will auto populate from the budget tab.

Required match amounts are 15% for IIIB and IIC Services.

Required match amounts are 10% for IIE Services.

****Match amounts are calculated using amounts found on the budget. Line 41 provide your match percentage.**

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