

ATTACHMENT B (RFP 1023-16 VLN)

Project Budget

Prime Organization:

Project Title:

Instructions:
 Expenses incurred prior to grant awards are not eligible for funding. Insert additional rows as needed. Please round to the nearest dollar, except for the fully burdened hourly rate, which can be entered as dollars and cents. Where applicable, make entries in yellow boxes. Neither a cash match or or expenses provided in-kind are not required to receive grant but they will be looked on favorably in proposal evaluation.

Definitions:
% Cash Match: the percentage, if any, that would be the responsibility of the grant recipient
Total Cash Match: the calculated amount of the cash match, based on the cash match percentage, which is the portion of the line item Total that would be the responsibility of the grant recipient
Fully burdened hourly rate: hourly rate, including fringe benefits, but excluding overhead and profit, which will be used to calculate the reimbursement amount for individuals that comprise project personnel
In-kind amount: the dollar value of goods, commodities or services relevant to line item provided that would be the responsibility of the Prime Organization
Prime Organization: The organization/business that would be responsible for the project and whose representative would sign the grant contract
Other Project Team Members (Subcontractors): Organizations/businesses that are formally part of the proposing team, led by the Prime Organization
Other Contractual: Entities that the Prime Organization or Other Project Team Members would contract with to carry out parts of the project
Amount to be paid by grant funds: amount expected to reimbursed to the Prime Organization by King County
NA: not applicable

Part I.									
						% Cash Match, if any	Total Cash Match, if any	In-kind amount, if any	Total Project
PERSONNEL FOR PRIME ORGANIZATION									
Name	Job title	Employer	Fully burdened hourly rate	Number of hours on project	Total				
					\$0		\$0	NA	\$0
					\$0		\$0	NA	\$0

					\$0		\$0	NA	\$0
PERSONNEL FOR OTHER PROJECT TEAM MEMBERS (SUBCONTRACTORS)									
Name	Job title	Employer	Fully burdened hourly rate	Number of hours on project	Total				
					\$0		\$0	NA	\$0
					\$0		\$0	NA	\$0
					\$0		\$0	NA	\$0
			All Personnel Subtotals				\$0		\$0

EQUIPMENT AND OTHER CAPITAL PURCHASES									
Description									
<p>IMPORTANT: This grant will not pay equipment or other capital purchases, other than software specifically designed to reduce commercially generated food waste. List here these types of expenses that are required to carry out the project. These expenses would be the responsibility of the Prime Organization. In any, list in the in-kind column.</p>								In-kind amount, if any	Total Project
					NA	NA			\$0
					NA	NA			\$0
					NA	NA			\$0
			Equipment and Other Capital Purchases Subtotals					\$0	\$0

SUPPLIES									
Description					Amount to be paid with grant funds			In-kind amount, if any	Total Project
						NA	NA		\$0
						NA	NA		\$0
						NA	NA		\$0
						NA	NA		\$0

			Supplies Subtotals	\$0			\$0	\$0
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OTHER (travel/mileage at \$.54/mile, printing/duplication, etc.)							
Description			Amount to be paid with grant funds			In-kind amount, if any	Total Project
				NA	NA		\$0
				NA	NA		\$0
				NA	NA		\$0
				NA	NA		\$0
			Other Subtotals	\$0		\$0	\$0

Total In-kind Amount **\$0**

Total Part I. **\$0**

Part II.

OTHER CONTRACTUAL							
Name of firm or other entity	Address and Website	Description of services	Number of staff on this project	Number of hours on this project	Amount to be paid with grant funds	In-kind amount, if any	Total amount of contract
							\$0
							\$0
							\$0
							\$0

Total Part II. **\$0**

Total Budget (Part I. + Part II.) **\$0**

Budget Narrative: Please add any notes to help explain the information presented on the worksheet above.

