**Logo

Description automatically generatedLogo

Description automatically generated**

**Attachment 5**

Cost Reimbursement Budget Worksheet

# Section I. Program Operating Costs

## A. Personnel Expenses

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position/Title/Description | Qty | Annual Salary | % Time | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Totals | | | |  |  |  |

## B. Personnel Fringe Benefits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## C.1. Staff Travel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## C. 2. Member Travel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## D. Equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## E. Supplies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## F. Contractual and Consultant Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## G.1. Staff Training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## G.2. Member Training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

## H. Other Program Operating Costs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose/ Description | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
| Totals | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Subtotal Section I: | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |

# Section II. Member Costs

## A. Living Allowance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item | # Mbrs | Allowance Rate | # w/o Allowance | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
| Full-time (1700 hrs) |  |  |  |  |  |  |
| Three-quarter-time (1200 hrs) |  |  |  |  |  |  |
| Half-time (900 hrs) |  |  |  |  |  |  |
| Reduced half-time (675 hrs) |  |  |  |  |  |  |
| Quarter-time (450 hrs) |  |  |  |  |  |  |
| Minimum-time (300 hrs) |  |  |  |  |  |  |
| Abbreviated-time (100 hrs) |  |  |  |  |  |  |
| Totals | | | |  |  |  |

## B. Member Support Costs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose | Calculation | Daily Rate | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |  |
| Totals | | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Subtotal Section II: | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |
| **Subtotal Sections I + II:** |  |  |  |

# Section III. Administrative/Indirect Costs

(choose one)

## A. Corporation-fixed Percentage Rate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose | Calculation | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals | |  |  |  |

**OR**

## Federally Approved Indirect Cost Rate Or *De Minimis* Rate of 10% of Modified Total Direct Costs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cost Type | Cost Basis | Calculation | Rate | Rate Claimed | **Total Amount** | **AmeriCorps (CNCS) Share** | **Grantee Share** |
|  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Sections I + II + III: | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Total: Validate this budget  Required Match Percentage: | Total Amount | AmeriCorps (CNCS) Share | Grantee Share |
|  |  |  |

# Source of Funds

|  |  |  |  |
| --- | --- | --- | --- |
| Match Description |  | Match Classification | Match Source (Federal, |
| (Note whether Secured or | Amount | (Cash or In Kind) | State/Local, Private) |
| or Proposed) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |