



Ohio Children's Trust Fund
 Family & Children First Council/Local Advisory Board
 Program Budget Template
 State Fiscal Year 2013

Name of Organization		County
Director/President	Email	Phone
Contact Person	Email	Phone
Total Amount Requested	Funding Period Start Date	Funding Period End Date
Service to be Provided:		
This form is to be completed by FCFCs/LABs that provide direct services. Please list expenditures for each budget category.		
1. Personnel Services		
<ul style="list-style-type: none"> - A breakdown of salaries for each of the people whose time is spent working directly with the program should be listed here; include fulltime and part-time staff, consultants and trainers. - Fulltime equivalency (FTE) may be defined according to the agency's policy (i.e. 37-40 hours) - Indicate the formula used to determine payroll related expenses (use percentages currently used by the agency) 		
Explanation:	Total Amount Requested:	
2. Program Materials and Supplies		
<ul style="list-style-type: none"> - Includes curriculums, brochures, training materials, books, videotapes, educational toys which are <i>directly related</i> to carrying out the program or delivering the service. - Travel expenses for program participants can be included in this category. 		
Explanation:	Total Amount Requested:	
3. Travel		
<ul style="list-style-type: none"> - Travel must be relevant to the service being proposed. - The state of Ohio mileage rates can be found at www.obm.ohio.gov. 		
Explanation:	Total Amount Requested:	
4. Other		
- Provide details of any necessary expenditure not captured by the above categories.		
Explanation:	Total Amount Requested:	

Budget Summary	
Please list the total amount requested from each category above.	
1. Personnel Services	
2. Program Materials and Supplies	
3. Travel	
4. Other	
Total Program Budget	