



## Ohio Children's Trust Fund

### Vendor Program Budget Template

### State Fiscal Year 2013

<b>Name of Organization</b>		<b>County</b>	
<b>Director/President</b>		<b>Email</b>	<b>Phone</b>
<b>Contact Person</b>		<b>Email</b>	<b>Phone</b>
<b>Total Amount Requested</b>		<b>Funding Period Start Date</b>	<b>Funding Period End Date</b>
<b>Service to be Provided:</b>			
<b>Expenditures Description-Please list expenditures for each budget category.</b>			
<b>1. Personnel Services</b>			
<ul style="list-style-type: none"> <li>- 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.</li> <li>- Fulltime equivalency (FTE) may be defined according to the agency's policy (i.e. 37-40 hours)</li> <li>- Indicate the formula used to determine payroll related expenses (use percentages currently used by the agency)</li> </ul>			
Explanation:			Total Amount Requested:
<b>2. Program Materials and Supplies</b>			
<ul style="list-style-type: none"> <li>- Includes curriculums, brochures, training materials, books, videotapes, educational toys which are <i>directly related</i> to carrying out the program or delivering the service.</li> <li>- Travel expenses for program participants can be included in this category.</li> </ul>			
Explanation:			Total Amount Requested:
<b>3. Travel</b>			
<ul style="list-style-type: none"> <li>- Travel must be relevant to the service being proposed.</li> <li>- The state of Ohio mileage rates can be found at <a href="http://www.obm.ohio.gov">www.obm.ohio.gov</a> .</li> </ul>			
Explanation:			Total Amount Requested:
<b>4. Other</b>			
- Provide details of any necessary expenditures not captured by the above categories.			
Explanation:			Total Amount Requested:

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