

**Intensive Case Services for Noncompliant Families Baseline Budget Form**

District Name: \_\_\_\_\_

\_\_\_\_ Local Department of Social Services      \_\_\_\_ Provider Agency: \_\_\_\_\_

<b>Budget Categories</b>			
Staff Salaries			
Staff Title	Annual Salary	Percentage of Time Spent On Project	Estimated Cost to Project
A1.			
A2.			
A3.			
A4.			
A5.			
A6.			
A7.			
A8.			
A9.			
A10.			
<b>A11.</b> Total Estimated Staff Salaries Chargeable To This Project (Lines A1 through A10.)			
<b>B.</b> Staff Fringe Benefits Rate Against A11	Total Staff Salaries (line A11)	Fringe Rate: _____%	
<b>C.</b> Contracted Services*			
<b>D.</b> Staff Travel			
<b>E.</b> Equipment			
<b>F.</b> Space/Utilities			
<b>G.</b> Other Operating Expenses			
<b>H.</b> A-87 Costs (costs allocated to A-87 will result in a federal and local share)			
<b>Total (A - H)</b>			

\* If the LDSS plans to subcontract with a local provider agency, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

**Budget Narrative** – please provide a brief narrative for categories A through G. Use additional pages as needed.