

Exhibit P: EXPENDITURE PROPOSAL	
Budget for Grant Contracts	
SUMMARY	
Grantee:	Tarrant County
Applicant:	
Contract Number:	HHS000841700005
Agency ID:	24821479
Contract Budget Period:	09/01/2023 - 08/31/2024
PEI Program:	Community Youth Development (CYD)

Cost Categories	Reimbursable
(1A) Personnel - Salaries	\$0.00
(1B) Personnel - Fringe Benefits	\$0.00
(2) Travel	\$0.00
(3) Supplies and Controlled Assets	\$0.00
(4) Capital Equipment (greater than \$5K)	\$0.00
(5) Other Costs	\$0.00
TOTAL	\$0.00

Certified By (Name):	
Title:	

Signature :

Date :

FY 2024 Budget

Applicant:

PEI Program: CYD

Total Budget: **\$0.00**

Contract Budget Period: 9/01/2023 to 08/31/2024

Budget Preparer:

Certifying Approver:

PERSONNEL - SALARIES	CYD Contract Budget	Methodology for Contract Budget Narrative
	-	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
Total	\$ -	

Allocations				
Total Salary	# Employees	% Time Allocated to CYD Contract	Number of months on contract	Direct Service or Admin?
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -	0.00	0%	0	
\$ -				

PERSONNEL - FRINGE	CYD Contract Budget	Methodology for Contract Budget Narrative
Social Security (FICA)	-	
State Unemployment Tax Act (SUTA)	-	
Retirement	-	
Insurance- Medical	-	
Insurance- Dental	-	
Insurance- Vision	-	
Insurance- Worker's Compensation	-	
Insurance- Unemployment	-	
Short-Term Disability	-	
Long-Term Disability	-	
Life Insurance	-	
Other Fringe	-	
Total	\$ -	

TRAVEL	CYD Contract Budget	Methodology for Contract Budget Narrative
Mileage	-	
Airfare	-	
Meals	-	
Lodging	-	
Miscellaneous Transportation	-	
Total	\$ -	

SUPPLIES and CONTROLLED ASSETS	CYD Contract Budget	Methodology for Contract Budget Narrative
	-	

Instructions for Completing Form 2030**Expenditure Proposal for Grants**

These instructions will explain how to submit the Expenditure Proposal.

Form 2030 - Summary Tab

Because this is a Cost Reimbursement grant, Tarrant County is not obligated to pay unauthorized costs or to pay more than the Applicant's allowable and actual incurred costs. These costs must be in compliance with the appropriate regulations. Federally funded grants follow the Uniform Grant Guidelines (UGG) and State funded grants follow the Uniform Grant Management Standards (UGMS).

The 2030 is designed to maintain the original Approved Budget and monthly invoices for the grant. All of the expenditure information in this Summary will be carried forward from the Applicant's Proposed Budget. The only information the Applicant needs to provide on this tab is the Applicant's name, and name and title of the individual who is authorized to certify the expenditure proposal. Please include the date that this budget was certified.

Reimbursable expenses will be charged to Tarrant County in the month that the cost is reflected on the Applicant's general ledger. For example, mileage was reimbursed in October (and hits the Applicant's October general ledger) for September travel- then the expense would be included on the Applicant's October Billing Reimbursement Request.

The Expenditure Proposal is composed of the following six budget categories:

1. Salaries
2. Fringe Benefits
3. Travel
4. Supplies and Controlled Assets
5. Capital Equipment (expense exceeding \$5,000)
6. Other Costs

Proposed Budget Tab

In column C, enter the methodology for the Applicant's Reimbursable budget line items. The Applicant's methodology should provide a level of detail that will allow the Tarrant County staff to approve the amount of funds being requested on a line by line basis. In many instances, it will be more efficient to provide the details and eliminate assumptions.

List the organization's name in C3. Please identify the individual in the Applicant's organization that is preparing and approving this budget.

Once finalized, this tab will be renamed the "Approved" Budget.

The following sections will explain how to provide budget information for the individual Budget Categories:

SALARIES

Only enter amounts or information in non-shaded areas. The shaded cells are protected- because the data is either a formula or carried forward from another cell.

In column A, list the titles for each individual staff person directly working on this grant. Do not list employee names. This includes all staff whose salaries are all or partially reimbursable. Job titles must match job descriptions.

In column E, list the Annual Salary for each individual.

Please propose any pay raises that will occur during the grant term. In the methodology section (Column C), clearly indicate the number of months at one pay rate and the number of months at the increased pay rate. The methodology should calculate to the Annual Salary being listed in Column E.

In column F, list the number of employees working identified position.

In column G, list the amount of percentage of time this individual will be allocated to this grant. For example, list the individual at 100% or 50% or ...

In column H, list the number of months each individual will work on this grant during the fiscal year.

In column I, indicate whether the staff is in a direct service or administrative role by using the drop down arrow.

In column B, this total will represent the Reimbursable funds needed to work on this grant during the fiscal year.

The Total Salaries in B21 will be carried forward to the Form 2030 Summary tab (cell B15).

FRINGE

If all staff are not included in the calculations, specify to whom the benefits applies to or does not apply to (whichever is clearer).

The following definitions and formulas may be helpful:

Social Security is the Federal Insurance Contributions Act (FICA) and is the total of the FICA rate (7.65%) x the participating staffs' salaries.

Texas Unemployment Compensation Act (TUCA) is the total of the rate assigned by TWC (4.34% of the first \$9,000 per employee) x the participating staffs' salaries.

Retirement is the rate (dependent on the type of plan) x the participating staffs' salaries.

Health Insurance costs are also dependent on the (various) plans' benefits x the participating staffs' salaries.

Worker's Compensation is purchased through private insurance firms that determine the appropriate employment classification and rates.

In column B, enter the amounts requested for Reimbursable expenses for each individual type of benefit.
In column C, enter the formula for calculating the Reimbursable expenses for each individual type of benefit.
The Total Fringe (cell B36) will be carried forward to the Form 2030 Summary tab (cell B16).

TRAVEL

The following definitions and formulas may be helpful:
Meals, Lodging, Mileage Reimbursements and Transportation costs must be budgeted on a cost-incurred basis (follow the grant terms and conditions). The Applicant should use historical costs for calculations when available. The Applicant should specify the methodology in column C.
Receipts documenting the expense must be maintained to substantiate the reimbursement.
Items normally included in the methodology column would be positions authorized to travel, number of miles/units and mileage rate, and the travel purpose (client visit, training class, conference...)
Miscellaneous transportation costs include car rentals, fuel, taxi, toll road charges, parking fees...
In column B, enter the amounts requested for Reimbursable travel expenses.
Please ensure that the methodology (column C) will provide an adequate explanation for the budgeted expenses.
The Total Travel (cell B44) will be carried forward to the Form 2030 Summary tab (cell B17).

SUPPLIES and CONTROLLED ASSETS

In column A, the Applicant can create budgets for various supply needs. Each supply type requires a separate line item.
<i>Controlled Assets are items of real or personal property with an estimated life of greater than one year, but an acquisition cost of less than \$5000. These items are considered high risk and have a high potential for loss; therefore, controlled assets must be maintained in the Applicant's inventory system and tagged accordingly based on specific acquisition costs. Applicants should review the Comptroller's State Property Accounting User Manual for the most current information regarding controlled assets.</i>
In column B, enter the amounts requested for Reimbursable Supply expenses.
Please ensure that the methodology (column C) will provide an adequate explanation for the budgeted expenses.
For example, Office Supplies methodology could state "\$75 (based on last year's expenditures) x 10 FTEs = \$75.
For example, Controlled Asset- Camera methodology could state (2) Cannon Digital Rebel Xti cameras x \$800 = \$1600.
For example, Controlled Asset- Computers- could include the purchase of laptops, tablets, iPads, desktops...
The Total Supplies (cell B57) will be carried forward to the Form 2030 tab (cell B18).

CAPITAL EQUIPMENT

In column A, list any equipment that meets or exceeds the capitalization threshold (\$5,000).
<i>The tangible personal property must have a useful life of more than one year. The equipment purchased with DFPS funds must be tagged by the Applicant and must be inventoried on an annual basis (at minimum).</i>
<i>Non-capitalized equipment will be budgeted in the "Supplies and Controlled Assets" budget category.</i>
<i>Leased equipment will be budgeted in the "Other Costs" budget category.</i>
In column B, enter the amounts requested for Reimbursable Capital Equipment expenses.
Please ensure that the methodology (column C) will provide an adequate explanation for the budgeted expenses.
The Total Equipment (cell B63) will be carried forward to the Form 2030 Summary tab (cell B19).

OTHER COSTS

<i>Items listed in the "Other" budget category include items that do not fit under any other cost categories. These items could include cell phone expenses, internet charges, space rental, leased items, professional dues, conference registration fee, accounting software annual maintenance fees, software for new computers...</i>
In column A, the Applicant can create budgets for various allowable expense that does not fit in any of the previous budget categories. Each expense type requires a separate line item.
In column B, enter the amounts requested for Reimbursable Other Costs expenses.
Please ensure that the methodology (column C) will provide an adequate explanation for the budgeted expenses.
The Total Other Costs (cell B76) will be carried forward to the Form 2030 Summary tab (cell B20).

TOTAL FY24 Budget (B79) will be carried forward to the Form 2030 Summary tab (cell B21)