

WELCOME

Year 2 CFCI Care Grant Funding Opportunities Budget Form Webinar

August 2, 2023 – 12:00PM PST

<https://jcod.lacounty.gov/>

amityfdn.org/tpa



LOS ANGELES COUNTY
**JUSTICE
CARE AND
OPPORTUNITIES**
DEPARTMENT



Amity
Foundation
when people gather with good intent

Housekeeping

RECORDING DISCLOSURE:

This instructional webinar is being recorded and will be posted for viewing at www.amityfdn.org/tpa

TO JOIN BY TELEPHONE:

Dial [669-900-9128](tel:669-900-9128);
Toll Free 833-548-0276

Meeting ID:

957 9047 3783

Passcode:

090925

QUESTIONS:

1. We will read questions aloud from the chat after the slide presentation
2. Use the “Chat” feature to type in your question
3. “Send” your chat questions to “Everyone” (as others may have the same question)
4. Team members will respond to questions IN the chat

If you are connected by telephone, press *9 to raise your hand during a question checkpoint and we will ask you to unmute yourself so your question may be answered.

If we cannot answer your question in full during the webinar, or you do not wish to ask publicly, please contact us through email at TPAgrants@amityfdn.org

Team Introductions

- Wendy Thompson
- Rebecca Gray
- Sandra Kleinschmidt

The Budget Form Is Locked

- There are rows, columns, and cells that cannot be accessed, altered, or edited.
- Please **do not** make changes to the Budget Form.
- Please **do not** re-build the Budget Form.
- If there is something that you cannot fit onto the current Budget Form, such as more Personnel, use the cells in Column F to explain. A cell can contain up to 32,767 characters.

Each Budget Year Must Be Equal!

- **YEAR 1, YEAR 2, and YEAR 3 amounts must be EQUAL.** You must spend the SAME AMOUNT OF FUNDING in each year. If your Year 1 total is \$50,000, then Years 2 and 3 must ALSO total \$50,000 each.
- You do **NOT** have to fund the same personnel or non-personnel line items in all three years; you may fund different people and things each year as needed, **as long as the Year 1, Year 2, and Year 3 amounts are the same.**

		\$ -	
2 Subtotal Nonpersonnel		\$ -	
0%		\$ -	
		#DIV/0!	
Year 2 Total Project Budget:		\$ -	EQUAL Years
0			
n			

Sample Budget Year 1: Personnel (Salaries)

Name of Organization:		Sample Organization			
Program Area:		Program Area 11: Job Readiness, Training, and Placement for Adults			
Total Amount for Entirety of Project (YEARS 1, 2, and 3):		\$ 402,271.38			
NOTE: The Total Project Budget for EACH YEAR must be identical. You may not ask for different amounts in any year of the project.					
YEAR 1 Personnel (salaries / pay)					
Position Title	Hourly Wage	# Hours a Week Worked on Project	# Weeks a Year Worked on Project	Total Wages	Why is this staff person required for your program / project? What will they do?
<i>Example - Position has an hourly wage of \$18.00 / hour and will work 25 hours a week for 40 weeks on the proposed project.</i> Administrative Coordinator	\$ 18.00	12	40	\$ 8,640.00	Coordinates all strategic plan meetings, arranges travel and secures transportation, creates and provides agendas and all materials.
					NOTE: The minimum hourly wage is \$16.90 in unincorporated Los Angeles County, and \$16.78 in the City of Los Angeles. Minimum wage is required.
Program Director	25	40	52	\$ 52,000.00	Needed to run entire program
Employment Navigator	20	40	52	\$ 41,600.00	Training for interview, resumes, applications etc.
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
FRINGE BENEFITS Minimum 7.65% with employees. Maximum of 30% of staff salary - this includes medical insurance, workers comp, and employer-paid taxes including social security paid in addition to salary per employee. Input your Fringe Benefits percentage in the next cell (B17) -->	7.65%			\$ 7,160.40	Medicare and Social Security Employer required contribution
Year 1 Subtotal Personnel				\$ 100,760.40	

Sample Budget Year 1: Non-Personnel (Direct Operating Expenses)

YEAR 1 Non-personnel (services & supplies)					
	Monthly Cost	# Months (12 max - Year 1)		Total Services & Supplies	Why is this item needed for your program / project? What will it do?
Rent	\$ 300.00	12.00		\$ 3,600.00	Space to conduct training
Office Supplies (pens, clips, paper, etc.)	\$ 50.00	12.00		\$ 600.00	Pens, paper, toner, etc.
Communications (cell phones, etc.)	\$ 120.00	12.00		\$ 1,440.00	2 cell phones for staff
Equipment (computer/printer)	\$ 3,000.00	1.00		\$ 3,000.00	1 time purchase of 2 computer sets
Staff Training	\$ 200.00	12.00		\$ 2,400.00	Training for staff
Mileage				\$ -	
Supplies for Clients (different from Office Supplies)	\$ 50.00	12.00		\$ 600.00	Materials needed by clients
Insurance Costs	\$ 200.00	12.00		\$ 2,400.00	Increased insurance cost for grant
Subcontractors/Consultants				\$ -	
Client Stipends/Internships				\$ -	
Transportation	\$ 50.00	12.00		\$ 600.00	Bus Tokens for clients to interviews
Utilities	\$ 100.00	12.00		\$ 1,200.00	Cost of Electric, gas, water and garbage
Other Costs - list the item and the cost below:					
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Year 1 Subtotal Nonpersonnel				\$ 15,840.00	
Year 1 Project Management Costs Maximum 15%		15.00%		\$ 17,490.06	
Year 1 Total Project Budget:				\$ 134,090.46	

Sample Budget Year 2: Personnel (Salaries)

NOTE: The Total Project Budget for EACH YEAR must be identical. You may not ask for different amounts in any year of the project.

Name of Organization:	Sample Organization
Program Area:	Program Area 11: Job Readiness, Training, and Placement for Adults

YEAR 2 Personnel (salaries / pay)

Position Title	Hourly Wage	# Hours a Week	Weeks a Year Worked on Project	Total Wages	Why is this staff person required for your program / project? What will they do?
Program Director	\$ 25.00	40.00	52.00	\$ 52,000.00	Needed to run entire program
Employment Navigator	\$ 20.00	40.00	52.00	\$ 41,600.00	Training for interview, resumes, applications etc.
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
FRINGE BENEFITS Minimum of 7.65% if employees listed. Maximum of 30% of staff salary - this includes medical insurance, workers comp, and employer-paid taxes including social security paid in addition to salary per employee. Input your Fringe Benefits percentage in the next cell (B61) -->	7.65%			\$ 7,160.40	Medicare and Social Security
Year 2 Subtotal Personnel				\$ 100,760.40	

Sample Budget Year 2: Non-Personnel (Direct Operating Expenses)

YEAR 2 Non-personnel (services & supplies)					
	Monthly Cost	# Months (12 max - Year 2)		Total Services & Supplies	Why is this item needed for your program / project? What will it do?
Rent	\$ 300.00	12.00		\$ 3,600.00	Space to conduct training
Office Supplies (pens, clips, paper, etc.)	\$ 50.00	12.00		\$ 600.00	Pens, paper, toner, etc.
Communications (cell phones, etc.)	\$ 120.00	12.00		\$ 1,440.00	2 cell phones for staff
Equipment (computer/printer)	\$ -	1.00		\$ -	
Staff Training	\$ 300.00	12.00		\$ 3,600.00	Additional training
Mileage				\$ -	
Supplies for Clients (different from Office Supplies)	\$ 100.00	12.00		\$ 1,200.00	Materials needed by clients
Insurance Costs	\$ 250.00	12.00		\$ 3,000.00	Increased insurance cost for grant
Subcontractors/Consultants				\$ -	
Client Stipends/Internships				\$ -	
Transportation	\$ 100.00	12.00		\$ 1,200.00	Bus Tokens for clients to interviews
Utilities	\$ 100.00	12.00		\$ 1,200.00	Cost of Electric, gas, water and garbage
Other Costs - list the item and the cost below:					
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Year 2 Subtotal Nonpersonnel				\$ 15,840.00	
Year 2 Project Management Costs Maximum 15%		15.00%		\$ 17,490.06	
Year 2 Total Project Budget:				\$ 134,090.46	EQUAL Years

Sample Budget Year 3: Personnel (Salaries)

Name of Organization:		Sample Organization			
Program Area:		Program Area 11: Job Readiness, Training, and Placement for Adults			
NOTE: The Total Project Budget for EACH YEAR must be identical. You may not ask for different amounts in any year of the project.					
YEAR 3 Personnel (salaries / pay)					
Position Title	Hourly Wage	# Hours a Week	Weeks a Year Worked on Project	Total Wages	Why is this staff person required for your program / project? What will they do?
Program Director	\$ 25.00	40.00	52.00	\$ 52,000.00	Needed to run entire program
Employment Navigator	\$ 20.00	40.00	52.00	\$ 41,600.00	Training for interview, resumes, applications etc.
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
FRINGE BENEFITS Minimum of 7.65% if employees are listed. Maximum of 30% of staff salary - this includes medical insurance, workers comp, and employer-paid taxes including social security paid in addition to salary per employee. Input your Fringe Benefits percentage in the next cell (B61) -->	7.65%			\$ 7,160.40	
Year 3 Subtotal Personnel				\$ 100,760.40	

Sample Budget Year 3: Non-Personnel (Direct Operating Expenses)

YEAR 3 Non-personnel (services & supplies)					
	Monthly Cost	# Months (12 max - Year 3)		Total Services & Supplies	Why is this item needed for your program / project? What will it do?
Rent	\$ 300.00	12.00		\$ 3,600.00	Space to conduct training
Office Supplies (pens, clips, paper, etc.)	\$ 50.00	12.00		\$ 600.00	Pens, paper, toner, etc.
Communications (cell phones, etc.)	\$ 120.00	12.00		\$ 1,440.00	2 cell phones for staff
Equipment (computer/printer)	\$ -			\$ -	
Staff Training	\$ 300.00	12.00		\$ 3,600.00	Additional training
Mileage	\$ -	0.00		\$ -	
Supplies for Clients (different from Office Supplies)	\$ 100.00	12.00		\$ 1,200.00	Materials needed by clients
Insurance Costs	\$ 250.00	12.00		\$ 3,000.00	Increased insurance cost for grant
Subcontractors/Consultants	\$ -	0.00		\$ -	
Client Stipends/Internships	\$ -	0.00		\$ -	
Transportation	\$ 100.00	12.00		\$ 1,200.00	Bus Tokens for clients to interviews
Utilities	\$ 100.00	12.00		\$ 1,200.00	Cost of Electric, gas, water and garbage
Other Costs - list the item and the cost below:					
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Year 3 Subtotal Nonpersonnel				\$ 15,840.00	
Year 3 Project Management Costs Maximum 15%		15.00%		\$ 17,490.06	
Year 3 Total Project Budget:				\$ 134,090.46	EQUAL Years
Grand Total Project Budget Years 1 + 2 + 3:				\$ 402,271.38	

A yellow cell is flagged - staff is paid less than required minimum wage (\$16.90/hr), or working more than a 40-hour week

A red cell should be corrected before submission - too many weeks or months in a year, or less than the minimum Grand Total amount you may apply for (\$150,000.00)

Final budget subject to contract approval. Payments will not be disbursed until after final contract execution.

3-Year Total Budget (Section 4)

Name of Organization:		Sample Organization			
Program Area:		Program Area 11: Job Readiness, Training, and Placement for Adults			
Total Amount for Entirety of Project (YEARS 1, 2, and 3):		\$ 402,271.38			
NOTE: The Total Project Budget for EACH YEAR must be identical. You may not ask for different amounts in any year of the project.					
Total for all years 1-3 Personnel (salaries / pay)					
Position Title	Hourly Wage	# Hours a Week	Weeks a Year Worked on Project	Total Wages	Why is this staff person required for your program / project? What will they do?
Program Director				\$ 156,000.00	Needed to run entire program
Employment Navigator				\$ 124,800.00	Training for interview, resumes, applicati
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
FRINGE BENEFITS Maximum of 30% of staff salary - this includes medical insurance, workers comp, and employer-paid taxes including social security paid in addition to salary per employee. Input your Fringe Benefits percentage in the next cell (B61) -->				\$ 21,481.20	
Years 1- 3 Subtotal Personnel				\$ 302,281.20	
Total for all Years 1 - 3 Non-personnel (services & supplies)					
	Monthly Cost	# Months (12 max - Year 3)		Total Services & Supplies	Why is this item needed for your program / project? What will it do?
Rent				\$ 10,800.00	Space to conduct training
Office Supplies (pens, clips, paper, etc.)				\$ 1,800.00	Pens, paper, toner, etc.
Communications (cell phones, etc.)				\$ 4,320.00	2 cell phones for staff
Equipment (computer/printer)				\$ 3,000.00	
Staff Training				\$ 9,600.00	Additional training
Mileage				\$ -	
Supplies for Clients (different from Office Supplies)				\$ 3,000.00	Materials needed by clients
Insurance Costs				\$ 8,400.00	Increased insurance cost for grant
Subcontractors/Consultants				\$ -	
Client Stipends/Internships				\$ -	
Transportation				\$ 3,000.00	Bus Tokens for clients to interviews
Utilities				\$ 3,600.00	Cost of Electric, gas, water and garbage
Other Costs - list the item and the cost below:				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Years 1 - 3 Subtotal Nonpersonnel				\$ 47,520.00	
Years 1 - 3 Project Management Costs Maximum 15%				\$ 52,470.18	
Years 1 - 3 Total Project Budget:				\$ 402,271.38	
Grand Total Project Budget Years 1 + 2 + 3:				\$ 402,271.38	

About Fringe Benefits

- Rows 17, 60, and 102 are for listing the Fringe Benefits costs for your staff for each year. Fringe Benefits include insurance costs, sick pay, tax such as Worker's Compensation, and other costs that you have to pay in addition to staff wages if you are an employer.
- Fringe Benefits costs cannot equal more than 30% of the staff's salary.
- If you are uncertain about the percentage amount you pay in Fringe Benefits, we recommend inputting a minimum of 9% in cells B17, B60, B102.
- You are not required to use the Fringe Benefits line, but it can help you more accurately account for the true cost of staff to the organization.

About Project Management Costs

- Rows 42, 85, and 127, Project Management Costs: Enter any number up to 15% in Cells B42, B85, and B127.
- Alternatively, you could enter a dollar total in Cells E42, E85, and E127. The cell underneath will turn red if you have gone over the 15% cap on Project Management Costs. **FIX RED CELLS!**
- Make sure the amount is under 15% and the red fill has cleared before you submit your Budget Form.
- You are not required to allocate any amount to Project Management Costs. This line item is intended to help you cover the administrative costs or other costs associated with managing this project.
- Should you be awarded, you will be able to adjust this amount during contracting. 15% is the most you can allocate to Project Management Costs, but you can eliminate this line item entirely or allocate a percentage under 15%.

Instructions (Tab 2)

Instructions

Please read the "Unall. Costs" tab before you build your budget to understand what costs are unallowed for your proposed project.

The Budget Form is divided into Years 1, 2, and 3. Year 1 expenses are at the top; please scroll down to enter Year 2 and Year 3 expenses. Formulas in the locked cells will automatically total all years to give you the "Total Amount for Entirety of Project" in **cell B4**. You will be asked for this amount in **Section 3, Question 1 of the application**.

YEAR 1, YEAR 2, and YEAR 3 amounts must be EQUAL. You must spend the SAME AMOUNT OF FUNDING in each year. If your Year 1 total is \$50,000, then Years 2 and 3 must ALSO total \$50,000 each. You do **NOT** have to fund the same personnel or non-personnel line items in all three years; you may fund different people and things each year as needed, **as long as the Year 1, Year 2, and Year 3 amounts are the same.**

Program Area (cell B2)

Select the Program Area that you are applying for from the drop-down menu.

Unallowed Costs (Tab 3)

You may not use Year 2 CFCI Care Grant funds through this funding opportunity to pay for the following:

Advertising - you cannot use these funds for commercials, print ads, or marketing materials designed to raise the profile of your organization. (You may print flyers or other information about your program for distribution)

Alcohol

Capital costs and expenditures for acquiring and/or improving land and/or buildings (may not be applicable to some program areas)

Debt - you cannot use these funds to pay back bad debts or losses from uncollectible accounts, collection costs, nor related legal costs

Gambling (including lottery tickets)

Goods or services for personal use of the organization's employees

Housing for the organization's employees

Lobbying

Losses on other awards

Organization costs - brokers' fees, fees to promoters, incorporation fees, management consultants, attorneys related to the establishment of the organization

Supplanting - you cannot use these funds to replace or as a substitute for funds already being used to supply services. You may use funds to expand those same services, but not to replace the funding you already receive.

Other items as defined by the United States Office of Management and Budget and Los Angeles County

Amendments / Moving Budget Amounts

- If you are awarded, you will be allowed to move money between line items. This budget is NOT SET IN STONE.
- There is an amendment process, but most of the changes you will need to make to your budget will not require it. Exceptions: Significant changes to milestones or other deliverables.
- You CANNOT move money to line items between years; for instance, taking non-personnel cash from Year 1 and putting it into Year 3. You must spend an equal amount in EACH YEAR.
- You are allowed to reallocate between Personnel and Non-personnel expenses.

Questions and Answers

- **Are all Marketing and Advertising costs unallowed?** Commercials, print ads or marketing materials designed to raise the profile of your organization are not allowable.
- **Can rent be charged back to the grant when the property is owned by the organization?** Owned property cannot be rented back to the grant. Mortgage payments are not allowable costs.
- **What documents are required in terms of tracking the use of funds?** Timesheets, payroll distribution reports, receipts, invoices, cancelled checks or other proof of payment, etc.
- Workers Compensation Insurance is required even with only 1 qualifying employee.

Questions and Answers (Continued)

- Amity will provide a payment schedule. Payments will be disbursed quarterly within 45 days after progress reports and receipts have been received by Amity.
- Rent of office space directly associated with the grant is reimbursable by the grant. The project, organization, and offices must be located in LA County.
- **Other questions** (will be read from the chat, unless you cannot access the chat. Press *9 to raise your hand on a mobile phone):

Questions and Answers

Thank you for your time!

If you have questions about the Budget Form, please put them in the chat for Amity team members.

Email us at TPAGrants@amityfdn.org if we cannot answer your question in full during the webinar.

The Questions & Answers can be found at: www.amityfdn.org/tpa-q/a



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