Sample Budget Justification

For sample purposes only. Please utilize Appendix 7, *Budget Justification Instructions for Funding Opportunities* for detailed instructions when creating your budget.

Budget Section	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
A. Personnel Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
B. Fringe Benefits @ XX% -XX%	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
C. Operating Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
D. Equipment Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
E. Travel/Per Diem and Training	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
F. Subcontracts and Consultants	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
G. Other Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
H. Indirect Expenses @ XX% - XX%	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Expenses	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**

A. Personnel Costs	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total Budget
Title: Project Director **Salary Calculation:** **Duties Description:** The Project Director (PD) provides direct administration, supervision, and leadership to the tobacco education program. The PD supervises program staff, completes progress reports, and coordinates the activities of the project. The PD acts as the program contact person for administrative and fiscal matters. The PD approves budgets, invoices, and staff changes. The PD conducts day-to-day planning, development, and implementation of the Scope of Work _____ [identify activities in the Scope of Work to support duties]. ___% of the PD's time is spent overseeing evaluation activities that are equal to _____ (#) hours per week [number of hours required are in the procurement].	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Community Engagement Coordinator **Salary Calculation:** **Description:** Under the supervision of the Project Director, the Community Engagement Coordinator (CEC) works with and seeks to broaden community engagement in tobacco control efforts. The CEC is responsible scheduling meetings, arranging meeting logistics, working with community members on agenda development, taking meeting minutes, seeking regular consultation of statewide partners to increase training and coordination of community efforts, and tracking	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

the activities in which community members were engaged. The CEC maintains a rapid response method in order to disseminate information to all community members in a timely manner.						
Title: Evaluator (*The applicant may budget this required position in Subcontracts and Consultants*) **Salary Calculation:** **Description:** Under the direction of the Project Director (PD), the Evaluator provides services for planning evaluation activities, evaluation study design, _____ [identify activities in the Scope of Work to support duties], and outcome evaluation. The Evaluator analyzes and evaluates new program objectives. The Evaluator assists with and reviews case studies, other evaluation data collection, and reporting.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Personnel Costs:	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**

B. Fringe Benefits	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total Budget**
At approximately XX% - XX% **of Total Personnel Costs, Fringe Benefits includes the following:** At approximately __% - __% of Personnel Costs, Fringe Benefits include the following: FICA –Social Security and Medicare 07.65%; premiums for State Unemployment Insurance (SUI) __%-__%; State Disability Insurance (SDI) __%; Employee Health, Dental and Vision __%-__%; Workers' Compensation Insurance premiums __%-__%; Employee Retirement Benefits __%-__%; Other Benefit Compensation match __%-__%. [Complete range and percentages as appropriate.]	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

C. Operating Expenses	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total Budget**
Title: CTCP Communications Network (PARTNERS) **Description:** Includes monthly administrative charges (IT Support) and estimated hours of usage of personal computer (network) support and Internet connection to Partners and OTIS. Internet fees average # FTE x $_____ per month x # months = $_____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Space Rent/Lease **Description:** Space will be utilized by budgeted staff in support of the approved Scope of Work for the Agreement period. # budgeted FTE x 150 sq. ft. [maximum is 150 sq. ft. per person] x $___ cost per sq. ft. x # months = $___. Common space includes use of conference rooms, break room(s), restrooms, and storage. # sq. ft. [provide range] x $ cost per sq. ft. x # months = $___.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Title: Office Supplies **Description:** Includes all general office supplies to maintain the tobacco control education program such as pens, pencils, paperclips, paper, binders, notepads, easel pads, mailing labels, markers, highlighters, tape, glue, file folders, laser and color cartridges, CD's, toner, etc. Costs vary month- to-month but on the average are budgeted at approximately $_____ - $_____ per month x # months = $_____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Postage **Description:** Includes expenses for postage costs (Fed Ex, UPS, USPS), mail service for project mailings such as daily correspondence, ____ [fill in invoices if your procurement type is CG: General, SW, or cost reports if your procurement type is LLA], several mass mailings of educational information and materials, and dissemination of evaluation findings. Costs vary month to month but average $____ - $_____ per month x # months = $_____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Communications **Description:** Includes costs for telephone(s), fax, cell phones service for staff, and computer network lines for budgeted staff at # FTE x $___ - $____ [provide range if applicable] x # months = $_____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Duplicating **Description:** In-house duplicating of project correspondence, evaluation reports, ____ [fill in "invoices" if your procurement type is CG: General, SW, or "cost reports" if your procurement type is LLA], mass mailings, educational materials, and other materials in support of Scope of Work activity(ies) _____ [insert appropriate activity numbers from SOW]. $____ - $___ per month x # months = $_____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Printing **Description:** Includes expenses for outside vendor printing of high quality materials developed in approved Scope of Work activity(ies) _____ [insert activity numbers from SOW]; and program letterhead, business cards, etc. The amount budgeted is by project, not by month. Year 1 Budget is $____; Year 2 Budget is $_____; Year 3 Budget is $_____; Year 4 Budget is $_____; Year 5 Budget is $_____. Agency has received a printing waiver from CTCP by the Office of State Publishing [use this last sentence if your procurement type is CG: General or SW].	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Operating Expenses:	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**

D. Equipment Expenses	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total Budget**
The tobacco control program needs to purchase the following: #___ new computer(s) @ $____ will be purchased for use by the _____ [insert position title(s) of paid staff that will utilize the new	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

equipment] to perform the activities in the approved Scope of Work and progress reporting in OTIS, Partners usage, and communication with CTCP. The following is a description and cost estimate of a new computer that would meet the approved comprehensive tobacco control plan requirements: Manufacturer & Model*: [*Brand may vary.]						
Total Equipment Expenses:	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
E. Travel/Per Diem and Training	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total Budget**
Title: Project Travel/Training **Description:** Local travel is calculated at $0.XXX per mile [insert current California Department of Human Resources (CalHR/DPA) or county rates (for LLAs only)] for approximately ___-___ miles per month x # months = $_____/year to conduct presentations, trainings, meetings with local community leaders, meetings with other Prop 99/56 projects and statewide contractors to support Scope of Work activities, and travel to Sacramento to meet with CTCP. Training may include [insert types of training applicable to approved Scope of Work and/or staff development]. Training costs include [insert specific cost elements, such as registration, materials, etc.] and are estimated at # events/year x # staff x $___-$___= $_____/year.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: CTCP Travel/Training **Description:** Includes travel costs, registration, and per diem expenses to attend trainings and conferences provided by CTCP Statewide Contractors and/or CTCP. Trainings and conferences attended will relate to and will be in support of the Scope of Work. Training costs include (insert specific cost elements, such as airline, registration, materials, per diem, etc.) and are estimated at # events/year x # staff x $___-$___ = $_____/year.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Required CTCP Travel/Training **Description:** # staff to attend the Tobacco-Free California Projects Meeting in FYs 21/22, 23-24. The meeting is budgeted at $____ x # staff/year = $_____/year. [Costs will vary based on Agency's proximity to Sacramento; the Projects Meeting is a 2-3 day conference with an average registration of $225-$250 per person; budget accordingly - $800-$1,350 per person.] # staff to attend the Midwest Academy Strategy Chart Training in FYs 20/21 . The training is budgeted at $___x # staff/year = $_____/year. # staff to attend annual Statewide Coordinating Center Meetings beginning in FY 20-21 through FY 24/25 . The training is budgeted at $___ x # staff = $_____/year. # staff to attend the American Indian/Alaskan Native Tobacco Use Reduction Conference in FY 20/21, 22/23. The meeting is budgeted at $____ x # staff/year = $_____/year.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Out-of-State Travel	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Description: Attend [insert conference name] in fiscal years ____ and ____, budgeted at $X,XXX x # staff = $_____/year. [add justification explaining why travel is necessary, the benefit to the State, role (presenter, panel member, abstract approved, trainee), and supports the Scope of Work (identify activity(s) in SOW).]						
Total Travel/Per Diem and Training:	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
F. Subcontracts and Consultants	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total Budget**
Title: Evaluation Consultant (*The applicant may budget this required position in Personnel Costs*) **Description:** The Evaluation Consultant (EC) will meet with staff to develop the evaluation plan at the beginning of the project period and monitor status of evaluation activities to the end of project period. The EC will conduct monthly consultations with the Project Director on implementation of the evaluation component. The EC will assist project staff on preparing and developing evaluation instruments, such as the observational survey, key informant interviews, and focus group interviews. The EC will train and monitor project staff on data collection, including outcome as well as process data. The EC will organize a tracking system for all data collection. Pre and post test data will be entered using the most updated software and descriptive analysis will be generated. Qualitative data analysis will be utilized for the key informant surveys and the focus group interviews. The results of the analysis will be shared with the agency staff. The EC will prepare the biannual evaluation progress reports and submit reports according to required timeline. The final evaluation report will be generated and ready for submission according to required timeline. The hourly rate is $___/hour x # hours/month = $____ monthly x # months = $_____. OR Costs are calculated at $___ per hour x # hours per year x # years = $_____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Subcontracts and Consultants:	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
G. Other Costs	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total Budget**
Title: Educational Materials **Description:** Includes purchasing brochures, pamphlets, posters, curriculum, cessation brochures, and other materials for distribution to target audiences and used in educational packets. Educational materials are included in the approved Scope of Work for these program activities: _____ [insert activity numbers from SOW]. Educational materials will be purchased in English and other languages, as appropriate. Costs are calculated per item rather than on a monthly basis. Average material costs range from $_____ to $ _____ per unit x approximately ____ units. Estimated cost each fiscal year are: Year 1: $_____; Year 2: $_____; Year 3: $_____; Year 4: $____; Year 5: $____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Incentives **Description:** Non-consumable Incentive Materials are provided to program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in tobacco control activities and requires action on the part of the recipient to receive the incentive. The cost of the incentive may not exceed $50 in value, per person, per year and shall not include merchandise cards that can be used to purchase tobacco or alcohol products. We will be	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

responsible for possession, security (e.g. will keep under lock and key), and accountability of the merchandise cards. We will prepare a log sheet that will track and identify each of the merchandise cards, value, merchandise card transfer date, and recipient. Materials consistent with CDPH and CTCP guidelines will be provided to adult and youth volunteers participating in the following Scope of Work activities: _____ [identify activities in the Scope of Work to support Incentives]. Materials will range in value from $____ to $____, and be provided to approximately # individuals. Estimated total cost each fiscal year: Year 1: $_____; Year 2: $_____; Year 3: $_____; Year 4: $_____; Year 5: $_____. Consumable (Food/Refreshments) Incentives will be provided for Scope of Work activities, including: _____ [identify activities in the Scope of Work to support Food Incentives]. Food/refreshments will not exceed $50 worth/value per person per year and will range in unit value from $____ to $____, provided to approximately # individuals; for a total estimated cost each fiscal year: Year 1: $_____; Year 2: $_____; Year 3: $____; Year 4: $____; Year 5: $_____.						
Title: Paid Media **Description:** Paid Media activities consist of placement of advertisements in TV, radio, movie theaters, newspapers; outdoor advertisements (billboards, bus ads, transit shelters, etc.); or digital advertisements (e.g., ads in newspapers websites or other sites including social media channels, online search campaigns, etc.). [Note: Media production costs, if any, must be included separately in this subcategory or in the Subcontractors and Consultants category, as appropriate.] These activities support the following Scope of Work activities: _____ [list specific activities from the Scope of Work]. Unit cost ranges from $_____ for ____, to $____ for _____; estimate # placements per year for a total estimated cost each fiscal year: Year 1: $_____; Year 2: $_____; Year 3: $_____; Year 4: $____; Year 5: $_____ .	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Title: Booth Rental/Facilities Fees **Description:** Booth rental fees at local health fairs and community events to support community education outreach in approved Scope of Work, activity(ies) _____. Booth rental is approximately $___ - $___ per event x # events = $____.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Other Costs:	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
H. Indirect Expenses	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total Budget**
At approximately XX% - XX% **of Personnel and Fringe Benefits/Direct Costs, Indirect Expenses includes the following:** At approximately ___% - ___% of Personnel and Fringe Benefits, indirect costs include administrative expenses such as overhead accounting support and payroll services, utilities, building and equipment maintenance, janitorial services, insurances costs, dues and subscriptions, and annual audit expenses.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0