



## **BUDGET FORM INSTRUCTIONS**

### **General Instructions:**

Please create your budget using the spreadsheets provided in this workbook. No other budget formats will be accepted.

Before developing a program/project budget, please carefully review our program guidelines and indirect cost policy.

At the top of the budget worksheet, please enter your organization's name, the name of the project, and the start and end date for the project.

Grantee organizations will report progress against their original submitted budgets on a minimum of a semi-annual basis.

Once a budget is completed, grantee organizations will need written permission from Cabrini Foundation in order to make modifications of more than a 10% variance per line item to their budgets.

In order for Cabrini Foundation to consider your application, the Budget Form must be completed along with Schedules A, B and C (where applicable.)

Please email [grantsupport@cabrinihealth.org](mailto:grantsupport@cabrinihealth.org) if you have any questions regarding the Budget Form.

### **Income Section:**

Please enter the amount of the grant you are requesting from Cabrini Foundation along with other expected income sources for this program/project (itemized on Schedule C\*\* where applicable).

If you plan to invest the proceeds that you receive from grant funding, please include an allocation for the expected (or estimated) interest or other income.

### **Expense Section:**

Please group expenses to appropriate categories following the guidelines below:

#### **Salaries & Wages\***

Please enter the total salaries and wages of persons who are directly employed by your organization, and whose salaries are being allocated to this program/project budget. The Cabrini Foundation will fund salaries that are reasonable with respect to the work to be rendered and may request additional information regarding the positions to be filled.

#### **Payroll Taxes & Fringe Benefits**

Cost of benefits, taxes and insurance associated with the personnel identified above.

#### **Consultants & Professional Fees**

Contracted and/or outsourced professionals rendering services such as audit, tax, custody, legal or compliance.

#### **Equipment & Software**

Equipment and software directly associated with delivering your program, project or organization's services.

#### **Outreach / Marketing**

Expenses directly related to outreach and marketing for your project or organization.

#### **Occupancy**

Rent, mortgages, and other space usage related costs.

#### **Postage & Delivery**

Mailing and shipping related costs.

#### **Printing & Copying**

Paper, Ink, and other distribution materials.

#### **Professional Development & Training**

Expenses directly associated with staff training for your program, project or services.

#### **Supplies**

Office supplies and materials.

#### **Telephone / Fax / Internet**

Utilities, phone, IT, etc. related to communications.

#### **Travel**

Staff travel directly associated with the program/project.

#### **Indirect Costs**

See indirect cost policy for details. Please read Note 1 which is a required attestation representing that you have reviewed our policy and agree to comply with it. For your convenience, our budget form calculates your indirect cost rate for you automatically. The budget form is set up to prevent you from entering an amount that exceeds our 15% allowable rate.

### **Project Budget Narrative:**

Please add corresponding note markers in column B and include explanatory commentary (as needed) to explain any income or expense items.

### **Schedule A\***

Salaries and Wages should be itemized on Scheduled A based on total compensation and FTE hours (full time / part-time).

### **Schedule B**

Expenses that do not fit into a provided category should be reported in the other category and described / itemized on Schedule B.

### **Schedule C\*\***

Income sourced from Government Grants & Contracts, Other Foundations, Corporations or that does not fit into a provided category should be itemized on Schedule C. Please select the appropriate income type from the dropdown box in column B.

MOTHER CABRINI HEALTH FOUNDATION PROJECT BUDGET FORM				
Organization Name:		Cayuga Home for Children dba Cayuga Centers		
Name of Proposed Project:		FFT-TCM Albany County		
Project Start Date: <i>(Month/Year)</i>		Jan-20		
Project End Date: <i>(Month/Year)</i>		Dec-20		
INCOME		Note #	BUDGET	
Source	Mother Cabrini Health Foundation		Other Sources	
Mother Cabrini Health Foundation request			\$ 500,000	
Government Grants & Contracts (Schedule C)			\$	-
Other Foundations (Schedule C)			\$	-
Corporations (Schedule C)			\$	-
United Way / Other Federated Campaigns				
Individual Contributions				
Fundraising Events/Products				
Membership Income				
In-Kind Funding				
Interest Income				
Patient / Client Fees				
Other (Schedule C)			\$	-
Total Mother Cabrini Health Foundation			\$ 500,000	
Total Other			\$	-
Total Income			\$	500,000

PROJECT BUDGET FORM (continued)			
Organization Name:		Cayuga Home for Children dba Cayuga Centers	
Name of Proposed Project:		FFT-TCM Albany County	
EXPENSES	Note #	BUDGET	
Item		Mother Cabrini Health Foundation	Other Sources
Salaries & Wages (itemize on Schedule A)		\$ 280,053	
Payroll Taxes, Insurance & Fringe Benefits		\$ 56,011	
Consultants & Professional Fees		\$ 18,000	
Equipment & Software		\$ 13,750	
Outreach / Marketing		\$ 750	
Occupancy		\$ 12,000	
Postage & Delivery		\$ 1,250	
Printing & Copying		\$ 750	
Professional Development & Training		\$ 1,500	
Supplies		\$ 1,700	
Telephone / Fax / Internet		\$ 12,750	
Travel		\$ 34,486	
Other (Must Itemize on Schedule B)		\$ 2,000	
Indirect Costs	1	\$ 65,000	
Total Mother Cabrini Health Foundation		\$ 500,000	
Total Other			\$ -
Total Expenses			\$ 500,000

PROJECT BUDGET NARRATIVE	
Organization Name:	Cayuga Home for Children dba Cayuga Centers
Name of Proposed Project:	FFT-TCM Albany County
Note Number	Narrative
1	We certify that all expenses being allocated to the indirect cost line comply with the terms set forth in Cabrini Foundation's Indirect Cost Policy.
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INDIRECT COST RATE

15.0%

[illegible]

**Adjusted Cost**

10,053

60,000

110,000

100,000

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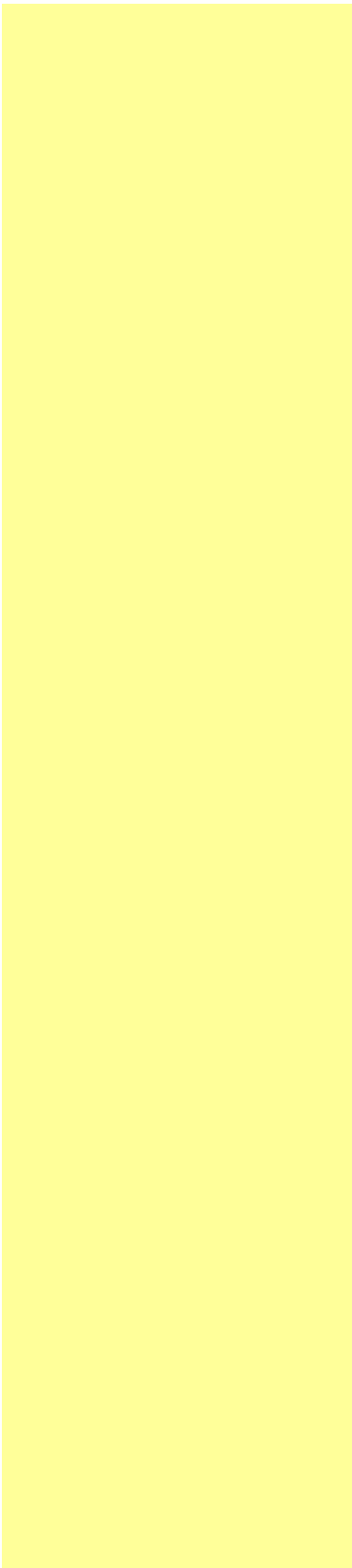
## CABRINI FOUNDATION - OTHER EXPENSE ITEMIZED

<u>Description of Other Expense Item</u>	<u>Total Cost</u>
Employee Expense-Fingerprinting	750
Insurance	1250

**CABRINI FOUNDATION - OTHER INCOME ITEMIZED**[illegible]

[illegible]





**Total Amount**

**TOTAL**

Government Grants & Contracts	-
Other Foundations	-
Corporations	-
Other	-

