Applicant Name:

| Total Personnel Costs | | | | including fringe | **Total:** | $ | 179,296 |

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Kristina Bernat	$110,852.00	70.000%	100.000%	3	25.00%	$47,112

Project Coordinator
#11907
*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Marliz Padilla	$90,844.00	70.000%	100.000%	3	25.00%	$38,609

Licensed Clinician
#11906
*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Eric Barr	$90,844.00	70.000%	100.000%	3	25.00%	$38,609

Licensed Clinician
#12149
*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
To Be Determined	$124,800.00	17.450%	30.000%	3	25.00%	$10,993

Licensed Clinician Part Time
*Annual Salary Budgeted for Multiple Part Time Positions

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
To Be Determined	$99,840.00	17.450%	75.000%	6	50.00%	$43,973

Peer Navigator Part Time
*Annual Salary Budgeted for Multiple Positions
*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe	% of Time	Months	Percent of	Amount
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number					0.00%	$0

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number					0.00%	$0

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested

Name of Employee (if known, otherwise state new position), Title of position & Position Control Number						$0

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number						$0

	Total Fringe Cost	$59,361			Total Salary Cost:	$119,935
	Total Budgeted FTE	4.05000				

Travel				Total:		$0

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to

Out-of-State Travel						$0
Title of Trip & Destination	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$0	0		0		$0
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0		$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$0	0	0	0		$0
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	0	0	0		$0
Ground Transportation: $ per r/trip x # of trips x # of staff	$0	0	0	0		$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0		$0
Parking: $ per day x # of trips x # of days x # of staff	$0	0	0	0		$0

Justification:

In-State Travel						$0
Origin & Destination	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$0	0		0		$0
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0		$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$0	0	0	0		$0
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	0	0	0		$0
Motor Pool:($ car/day + ## miles/day x $ rate per mile) x # trips x # days	$0.00	0	0			$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0		$0
Parking: $ per day x # of trips x # of days x # of staff	$0	0	0	0		$0

Operating				Total:	$0

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included.

	Monthly Expense	FTE	Number of Months	Total	
Office supplies $ amount x # of FTE staff x # of mo.				$0.00	
Rent: $ per/mo. x 12 months x # of FTE				$0.00	
Communications				$0.00	

Justification: *Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how*

Equipment				Total:	$0

List Equipment purchase or lease costing $10,000 or more, and justify these expenditures. Also list any computers or

	Quantity	Cost per each		Total	
Describe equipment				$0.00	

Justification: *Provide narrative to justify purchase. Include details how budget item supports deliverables of the project.*

Contractual				Total:	$0

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other

Name of Contractor or Subrecipient: **Total**   **$0**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: June 30, 20xx - June 29, 20xx

Scope of Work: Define scope of work

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel

	$0.00
Travel	$0.00
Total Budget	$0.00

Method of Accountability:

Training				Total:	$0

List all cost associated with Training, including justification of expenditures.

	Registration Costs	FTE		Total	
Describe training					

Justification: *Provide narrative to justify purchase. Include details how budget item supports deliverables of the project.*

Other				Total:	$0

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project,

	Monthly Expense	FTE	Number of Months	Total	
Printing Services: $ amount/mo. x 12 months	$0			$0	

Postage: $ per mo. x 12 months	$0		$0
State Phone Line: $ per mo. x 12 months x # 0f FTE	$0		$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships,*

TOTAL DIRECT CHARGES	**$179,296**

Administrative Expenses	**Administrative Expenses**	**0.000%**	**$0**

Methodology: No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy

TOTAL BUDGET	**Total:**	**$179,296**

==USE FORMULAS FOR ALL TOTALS==

Total Personnel Costs			including fringe	**Total:**		$	462,729

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Marliz Padilla Licensed Clinician #11906	$91,343.00	75.063%	100.000%	12	100.00%	$159,908

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Eric Barr Licensed Clinician #12149	$91,343.00	75.063%	100.000%	12	100.00%	$159,908

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
To Be Determined Licensed Clinician Part Time	$124,800.00	17.450%	18.750%	12	100.00%	$27,483

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
To Be Determined Licensed Clinician Part Time *Annual Salary Budgeted for Multiple Part Time Positions	$124,800.00	17.450%	18.750%	12	100.00%	$27,483

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
To Be Determined Peer Navigator Part Time *Annual Salary Budgeted for Multiple Part Time Positions	$99,840.00	17.450%	75.000%	12	100.00%	$87,947

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number					0.00%	$0

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested

					0.00%	$0
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number						

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number		17.450%	100.000%	6	50.00%	$0

Total Fringe Cost	**$158,363**		**Total Salary Cost:**	**$304,366**
Total Budgeted FTE	4.12500			

Travel				**Total:**	**$0**

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem

Out-of-State Travel					**$0**

Title of Trip & Destination	Cost	# of Trips	# of days	# of Staff	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$0	0		0	$0
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$0	0	0	0	$0
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	0	0	0	$0
Ground Transportation: $ per r/trip x # of trips x # of staff	$0	0	0	0	$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0
Parking: $ per day x # of trips x # of days x # of staff	$0	0	0	0	$0

Justification:

In-State Travel					**$0**

Origin & Destination	Cost	# of Trips	# of days	# of Staff	

Airfare: cost per trip (origin & designation) x # of trips x # of staff	$0	0		0	$0
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$0	0	0	0	$0
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	0	0	0	$0
Motor Pool:($ car/day + ## miles/day x $ rate per mile) x # trips x # days	$0.00	0	0		$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0
Parking: $ per day x # of trips x # of days x # of staff	$0	0	0	0	$0

Justification:

Operating		**Total:**	**$0**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost

	Monthly Expense	FTE	Number of Months	Total
Office supplies $ amount x # of FTE staff x # of mo.				$0.00
Rent: $ per/mo. x 12 months x # of FTE				$0.00
Communications				$0.00

Justification: *Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items.*

Equipment		**Total:**	**$0**

List Equipment purchase or lease costing $10,000 or more, and justify these expenditures. Also list any

	Quantity	Cost per each	Total
Describe equipment			$0.00

Justification: *Provide narrative to justify purchase. Include details how budget item supports deliverables of the*

Contractual		**Total:**	**$0**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel,

Name of Contractor or Subrecipient: **Total**   **$0**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: June 30, 20xx - June 29, 20xx

Scope of Work: Define scope of work

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	$0.00
Travel	$0.00

Total Budget	$0.00

Method of Accountability:

Training	**Total:**	**$0**

List all cost associated with Training, including justification of expenditures.

	Registration Costs	FTE	Total
Describe training			

Justification: *Provide narrative to justify purchase. Include details how budget item supports deliverables of the*

Other			**Total:**	**$0**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated

	Monthly Expense	FTE	Number of Months	Total
Printing Services: $ amount/mo. x 12 months	$0			$0
Postage: $ per mo. x 12 months	$0			$0
State Phone Line: $ per mo. x 12 months x # 0f FTE	$0			$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends,*

TOTAL DIRECT CHARGES	**$462,729**

Administrative Expenses	**Administrative Expenses Rate:**	**0.000%**	**$0**

Methodology: No more than five percent (5%) of the allocated recoveries received pursuant to any opioid

TOTAL BUDGET	**Total:**	**$462,729**

*Do not delete this row. Grey row used to maintain range of total formulas when employee rows are added/deleted

Click here to go to an example of how to add
extra employee rows

Click here to go to an example of how to
remove extra employee rows

*Do not delete this row. Grey row used to maintain range of total formulas when employee rows are added/deleted

double check formula and revise as needed to
include costs of multiple trips

*Do not delete this row. Grey row used to maintain range of total formulas when contractor rows are added/deleted

 *Do not delete this row. Grey row used to maintain range of total formulas when contractor rows are added/deleted

BUDGET NARRATIVE

| Total Personnel Costs | | including fringe | **Total:** | | | $ | 434,057 |

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Marliz Padilla Licensed Clinician #11906	$98,787.00	73.325%	100.000%	12	100.00%	$171,223

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Eric Barr Licensed Clinician #12149	$98,787.00	73.325%	100.000%	12	100.00%	$171,223

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
To Be Determined Licensed Clinician Part Time *Annual Salary Budgeted for Multiple Part Time Positions	$104,000.00	17.450%	75.000%	12	100.00%	$91,611

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number					0.00%	$0

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
Name of Employee (if known, otherwise state new position), Title of position & Position Control Number					0.00%	$0

Total Fringe Cost	$158,482			**Total Salary Cost:**		$275,574
Total Budgeted FTE	2.75000					

Travel			Total:		$0

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and

Out-of-State Travel					$0

Title of Trip & Destination	Cost	# of Trips	# of days	# of Staff	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$0	0		0	$0
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$0	0	0	0	$0
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	0	0	0	$0
Ground Transportation: $ per r/trip x # of trips x # of staff	$0	0	0	0	$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0
Parking: $ per day x # of trips x # of days x # of staff	$0	0	0	0	$0

Justification:

In-State Travel

Origin & Destination	Cost	# of Trips	# of days	# of Staff	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$0	0		0	$0
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$0	0	0	0	$0
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	0	0	0	$0
Motor Pool:($ car/day + ## miles/day x $ rate per mile) x # trips x # days	$0.00	0	0		$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0
Parking: $ per day x # of trips x # of days x # of staff	$0	0	0	0	$0

Justification:

Operating				Total:	$0

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost

	Monthly Expense	FTE	Number of Months	Total	
Office supplies $ amount x # of FTE staff x # of mo.				$0.00	
Rent: $ per/mo. x 12 months x # of FTE				$0.00	
Communications				$0.00	

Justification: *Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items.*

Equipment				Total:	$0

List Equipment purchase or lease costing $10,000 or more, and justify these expenditures. Also list any

	Quantity	Cost per each		Total	
Describe equipment				$0.00	

Justification: *Provide narrative to justify purchase. Include details how budget item supports deliverables of the*

Contractual				Total:	$0

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break

Name of Contractor or Subrecipient: **Total**   **$0**

Method of Selection: explain, i.e. sole source or competitive bid
Period of Performance: June 30, 20xx **-** June 29,
Scope of Work: Define scope of work
* Sole Source Justification: Define if sole source method, not needed for competitive bid
Budget

Personnel	$0.00
Travel	$0.00
Total Budget	
	$0.00

Method of Accountability:

Training				Total:	$0

List all cost associated with Training, including justification of expenditures.

	Registration Costs	FTE		Total	
Describe training					

Justification: *Provide narrative to justify purchase. Include details how budget item supports deliverables of the*

Other				Total:		$0

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with

	Monthly Expense	FTE	Number of Months		Total	
Printing Services: $ amount/mo. x 12 months	$0				$0	
Postage: $ per mo. x 12 months	$0				$0	
State Phone Line: $ per mo. x 12 months x # 0f FTE	$0				$0	

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends,*

TOTAL DIRECT CHARGES	**$434,057**

Administrative Expenses	Administrative Expenses Rate:	0.000%	$0

Methodology: No more than five percent (5%) of the allocated recoveries received pursuant to any opioid

TOTAL BUDGET	**Total:**	**$434,057**

*Do not delete this row. Grey row used to maintain range of total formulas when employee rows are added/deleted

[Click here to go to an example of how to add extra employee rows](#)

[Click here to go to an example of how to remove extra employee rows](#)

double check formula and revise as needed to
include costs of multiple trips

double check formula and revise as needed to
include costs of multiple trips

*Do not delete this row. Grey row used to maintain range of total formulas when contractor rows are added/deleted

Click here to go to an example of how to
add extra contractor rows

Click here to go to an example of how to
remove extra contractor row

Click here to go to an example of how to add extra line items to a contractor

 *Do not delete this row. Grey row used to maintain range of total formulas when contractor rows are added/deleted

Applicant Name:

Form 2

PROPOSED BUDGET SUMMARY

(Form Revised May 2019)

A.

PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERIDE - SEE INSTRUCTIONS

FUNDING SOURCES	*Funding Source*	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	$1,076,082								$1,076,082

EXPENSE CATEGORY

Personnel	$1,076,082								$1,076,082
Travel	$0								$0
Operating	$0								$0
Equipment	$0								$0
Contractual/Consultant	$0								$0
Training	$0								$0
Other Expenses	$0								$0
Indirect	$0								$0

TOTAL EXPENSE	$1,076,082	$0	$0	$0	$0	$0	$0	$0	$1,076,082

These boxes should equal 0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Total Indirect Cost	$0	Total Agency Budget	$1,076,082
		Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

Add/Remove employee rows

1. Select/highlight the 3 rows of another employee currently in the budget (1st row is the header row of employee information [row 7 of screenshot], 2nd row is the employee information [row 8 of screenshot], 3rd is the employee narrative [row 9 of screenshot]).

Screenshot

	Annual Salary	Fringe Rate	Time	Months	Percent of annual	Amount Requested
7						
8 Saitiev, Buvaisar ~ Management Analyst EMP # 123	$95,000.00	40.550%	17.500%	12	100.00%	$23,366
9 Energy: Ensuring that all homes identified by the weatherization program receive the services are safe and efficient. Bruce sets the budgets, monitors progress of projects, manages filings, and performs functions as program manager.						

2. Copy the 3 highlighted rows. This can be done by pressing "CTRL" + "C" or right clicking the highlighted rows and left clicking copy on the menu.

Screenshot

	Annual Salary	Fringe Rate	Time	Months	Percent of annual	Amount Requested
# 123	$95,000.00	40.550%	17.500%	12	100.00%	$23,366

Energy: Ensuring that all homes identified by the weatherization program receive the services are safe and efficient. Bruce sets the budgets, rojects, manages filings, and performs functions as program manager.

Cut
Copy

	Annual	Fringe			Percent of	Amount

3. Right click 1 row below what you just copied (row 10 in screenshot below), and left click "Insert Copied Cells". This will insert 3 rows of an exact copy of your previous 3 row selection. This ensures all formulas are exactly copied and pasted, plus ensures all sum or sumproduct formulas for personnel/fringe total expand WITH your new employee data.

Screenshot

				including fringe Total:	$	310,292

Insert Copied Cells
Delete
Clear Contents
Format Cells...
Row Height...
Hide
Unhide

nployees are needed, add full rows below this one.
to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	Annual Salary	Fringe Rate	Time	Months	Percent of annual	Amount Requested
yst EMP # 123	$95,000.00	40.550%	17.500%	12	100.00%	$23,366

tified by the weatherization program receive the services are safe and efficient. Bruce sets the budgets, es filings, and performs functions as program manager.

	Annual Salary	Fringe Rate	% of Time	Months	Percent of annual	Amount Requested

4. Screenshot below is example of the final result. Two employee sections of the same information and formulas that followed/expanded without any additional edits. **Modify the second employee area to account for the name/position/pay etc… changes of the new employee area.**

Screenshot

	Annual Salary	Fringe Rate	Time	Months	Percent of annual	Amount Requested
7						
8 Saitiev, Buvaisar ~ Management Analyst EMP # 123	$95,000.00	40.550%	17.500%	12	100.00%	$23,366
9 Energy: Ensuring that all homes identified by the weatherization program receive the services are safe and efficient. Bruce sets the budgets, monitors progress of projects, manages filings, and performs functions as program manager.						
	Annual Salary	Fringe Rate	Time	Months	Percent of annual	Amount Requested
10						
11 Saitiev, Buvaisar ~ Management Analyst EMP # 123	$95,000.00	40.550%	17.500%	12	100.00%	$23,366
12 Energy: Ensuring that all homes identified by the weatherization program receive the services are safe and efficient. Bruce sets the budgets, monitors progress of projects, manages filings, and performs functions as program manager.						

1. Highlight the 3 rows of employee data you want to delete (1st row is the header row of employee information [row 10 of screenshot], 2nd row is the employee information [row 11 of screenshot], 3rd row is the employee narrative [row 12 of screenshot]).

Screenshot

	Annual Salary	Fringe Rate	Time	Months	Percent of annual	Amount Requested
10						
11 Saitiev, Buvaisar ~ Management Analyst EMP # 123	$95,000.00	40.550%	17.500%	12	100.00%	$23,366
12 Meets with clients regarding workforce and direct resource; handling functions for clients in poverty for intake assistance. Program specific inventory counts for Head Start, EHS, PreK and Weatherization programs. Direct service card activities including ordering, checking in,						

2. Press "CTRL" + "-" or right click the rows then left click "Delete".

Screenshot

Add/Remove contractor rows
Add a contractor

1. Highlight/Select the row below the "Method of Accountability" row of the previous contractor (row 75 of screenshot). Add a new row by pressing "CTRL" + "+" or right clicking the highlighted row then and left clicking "Insert".

Screenshot

2. Select/highlight the 10 rows of another contractor currently in the budget (1st row is the row with contractor name and "total" [row 65 of screenshot], 10th row is the "Method of Accountability" row [row 74 of screenshot]).

Screenshot

3.   Right click 1 row below the blank row you just added (row 76 of the screenshot) then right click "Insert Copied Cells". **Update the information for the new contractor.**

Screenshot

68	Scope of Work: Define scope of work
69	* Sole Source Justification: Define if sole source method, not needed for competitive bid
70	Budget
71	Personnel $14,000.00
72	Travel $320.00
73	Total Budget $14,320.00
74	Method of Accountability: Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

Arial ▾ 12 ▾ A A $ ▾ %
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75	
76	
77	Other Total:
	Identify and justify these expenditures, which can include virtually any relevant expenditure as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a program may be included here, but require special justification.
78	
79	Printing Services: $ amount/mo. x 12 months $0
	Copier/Printer Lease: $ amount x 12

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Remove a contractor

1.   Select/highlight the 11 rows of the contractor (the 1st row is the blank row above the contractor's name [row 75 of screenshot], the 11th row is the "Method of Accountability" row [row 85 of screenshot]). Press "CTRL" + - or right click the highlighted area and left click "Delete"

Screenshot

74	Method of Accountability: Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.
75	
76	Name of Contractor, Subrecipient: Total $14,320
77	Method of Selection: explain, i.e. sole source or competitive bid
78	Period of Performance: June 30, 2014 - June 29, 2015
79	Scope of Work: Define scope of work
80	* Sole Source Justifi...

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B I ≡ ◇ ▾ A ▾ ▦ ▾ .0 .00 ✔   d for competitive bid

81	Budget
82	Personnel
83	Travel
84	Total Budget

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Insert
Delete

| $14,000.00 |
| $320.00 |
| $14,320.00 |

85	Method of Accountab... Define - Describe ho... rmance of the consultant will be monitored. Identify who is responsible for supervising the cons...
86	
87	Other Total: $0
	Identify and justify tl... h can include virtually any relevant expenditure associated with the project, such as audit costs, car i... rtation, etc. Stipends or scholarships that are a component of a larger project or

Add contractor line item

1.   Highlight/select the row that says "Travel" (row 72 of screenshot). Add a new row by pressing "CTRL" + "+" or right click the highlighted area then left click "Insert"

Screenshot

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71	Personnel
72	Travel $320.00

72							
73	Total Budget			Cut			
				Copy			
	Method of Accountability:			Paste Options:		Identify who is responsible for	
74	Define - Describe how the progress and performance of the cor						
	supervising the consultant's work.						
75							
76	Other			Paste Special...		Total:	$0
	Identify and justify these expenditures, which can include virt			Insert		diture associated with the project, such	
	as audit costs, car insurance, client transportation, etc. Stip					t are a component of a larger project or	
	program may be included here, but require special justificatic						

2.   Highlight/Select the new blank row (row 72 of screenshot)

Screenshot

71	Personnel		$14,000.00			
72						
73	vel		$320.00			
	Total Budget					

3.   Copy the data from the row above by pressing "CTRL" + "D"

Screenshot

70	Budget			
71	Personnel		$14,000.00	
72	Travel		$320.00	
73	Travel		$320.00	
74	Total Budget		$14,640.00	

4.   Update the category title and amount. Repeat as needed. Adding line items this way ensures that all sum formulas expand with the new data and all new line items retain the same format.

Screenshot

69				
70	Budget			
71	Personnel		$14,000.00	
72	Travel		$320.00	
73	Operating		$1,500.00	
74	Total Budget		$15,820.00	
	Method of Accountability:			