ADMINISTRATION: STAFF SALARIES and FRINGE BENEFITS

Salaries

Position Title	Employee Name(s) (See below if there is more than one employee per title)	Fringe Benefits	Annual Salary	# of Months Charged to Grant	% of Time Charged to Project	# of Positions	Total Amount

Total Staff Salaries - Administration						**$**	**0**

Fringe Benefits

Type of Benefit	Rate	Base	Totals
F.I.C.A.	_____ % x $	_____	= $ _____
Worker's Compensation	_____ % x $	_____	= $ _____
Health and Welfare Insurance	_____ % x $	_____	= $ _____
Retirement	_____ % x $	_____	= $ _____
Pension	_____ % x $	_____	= $ _____
Life Insurance & Disability	_____ % x $	_____	= $ _____
Unemployment Compensation Rate*	_____ % x $	_____	= $ _____
Other	_____ % x $	_____	= $ _____
	_____ % x $	_____	= $ _____

* Based on $8,000

Total Fringe Benefits - Administration			**$**	**0**

Position Title	Employee Name	Position Title	Employee Name

PROGRAM SERVICES: STAFF SALARIES and FRINGE BENEFITS

Salaries

Position Title	Employee Name(s) (See below if there is more than one employee per title)	Benefits Y or N	Annual Salary	# of Months Charged to Grant	% of Time Charged to Project	# of Positions	Total Amount

Total Staff Salaries - Program Services						**$**	**0**

Fringe Benefits

Type of Benefit	Rate	Base	Totals
F.I.C.A.	0.00 % x $	_____	= $ _____
Worker's Compensation	_____ % x $	_____	= $ _____
Health and Welfare Insurance	_____ % x $	_____	= $ _____
Retirement	_____ % x $	_____	= $ _____
Pension	_____ % x $	_____	= $ _____
Life Insurance & Disability	_____ % x $	_____	= $ _____
Unemployment Compensation Rate*	_____ % x $	_____	= $ _____
Benefits	_____ % x $	_____	= $ _____
	_____ % x $	_____	= $ _____

* Based on $8,000

Total Fringe Benefits -Prorgam Services			**$**	**0**

Position Title	Employee Name	Position Title	Employee Name

ADMINISTRATION: OPERATING EXPENSES

Type of Cost		No. of Months	Percent Charged to Contract	TOTAL
Telephone	$ _____ x	_____ x	_____ % = $	_____
Postage	$ _____ x	_____ x	_____ % = $	_____
Maintenance	$ _____ x	_____ x	_____ % = $	_____
Rent*	$ _____ x	_____ x	_____ % = $	_____
Utilities	$ _____ x	_____ x	_____ % = $	_____
	$ _____ x	_____ x	_____ % = $	_____
	$ _____ x	_____ x	_____ % = $	_____
	$ _____ x	_____ x	_____ % = $	_____

* If space is owned by the agency or parent agency under contract with the Bureau of Job Training, complete "Use
Allowance" section below instead of "Rent."

Use Allowance

_____ x _____ x _____ x _____ = $ _____
(percent of space) (no. of months) (acquisition cost) (monthly use allowance)
(reflects 2% annually)

Insurances   Fidelity Bonding   (Attach a copy of current policy)   = $ _____
     Business Auto   (Attach a copy of current policy)   = $ _____
     General Liability   (Attach a copy of current policy)   = $ _____

Other Costs: Specify units and costs per unit where appropriate
Include other operating costs such as grounds maintenance

_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____

Total Operating Expenses - Administration	$	0

PROGRAM SERVICES: OPERATING EXPENSES

Type of Cost		No. of Months	Percent Charged to Contract	TOTAL
Telephone	$ _____ x	_____ x	_____ % = $	_____
Postage	$ _____ x	_____ x	_____ % = $	_____
Maintenance	$ _____ x	_____ x	_____ % = $	_____
Rent*	$ _____ x	_____ x	_____ % = $	_____
Utilities	$ _____ x	_____ x	_____ % = $	_____
Data Allocation	$ _____ x	_____ x	_____ % = $	_____
Xerox	$ _____ x	_____ x	_____ % = $	_____
	$ _____ x	_____ x	_____ % = $	_____

* If space is owned by the agency or parent agency under contract with the Bureau of Job Training, complete "Use
Allowance" section below instead of "Rent."

Use Allowance

_____ x _____ x _____ x _____ = $ _____
(percent of space) (no. of months) (acquisition cost) (monthly use allowance)
(reflects 2% annually)

Insurances   Fidelity Bonding   (Attach a copy of current policy)   = $ _____
     Business Auto   (Attach a copy of current policy)   = $ _____
     General Liability   (Attach a copy of current policy)   = $ _____

Other Costs: Specify units and costs per unit where appropriate
Include other operating costs such as grounds maintenance

_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____

Total Operating Expenses - Program Services	$	0

ADMINISTRATION: CONFERENCES AND TRAINING	PROGRAM SERVICES: CONFERENCES AND TRAINING

Conferences and Training

Conferences and Training

Description		Estimated Cost	Description		Estimated Cost
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____
_____	= $	_____	_____	= $	_____

Total Conferences and Training - Administration	$ -	Total Conferences and Training - Program Services	$ -

ADMINISTRATION: EQUIPMENT

List below all property, equipment, materials and supplies necessary to the operation of the program.

A.   All non-expendable property to be acquired through purchase - valued at $25.00 unit cost or more:

Description	Quantity	Unit Price	Total Cost

Subtotal $ _____ 0

B.   All property to be acquired through rental/lease (attach leases and rental agreements):

Quantity	Description	# of Months	Price per Month	Total Cost

Subtotal $ _____ 0

Total Equipment Costs - Administration	$	0

PROGRAM SERVICES: EQUIPMENT

List below all property, equipment, materials and supplies necessary to the operation of the program.

A.   All non-expendable property to be acquired through purchase - valued at $25.00 unit cost or more:

Description	Quantity	Unit Price	Total Cost

Subtotal $ _____ 0

B.   All property to be acquired through rental/lease (attach leases and rental agreements):

Quantity	Description	# of Months	Price per Month	Total Cost

Subtotal $ _____ 0

Total Equipment Costs - Program Services	$	0

ADMINISTRATION: SUPPLIES, INDIRECT COSTS, and OTHER COSTS

PROGRAM SERVICES: SUPPLIES and OTHER COSTS

Supplies

Consumable supplies and non-expendable property (please provide basis for estimate).

_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____

Total Supplies - Administration	$ -

Indirect Cost

Base _____ x _____ (negotiated percent*) = $ _____

* A copy of the current negotiated rate, supporting the base and rate must accompany the proposal.

Total Indirect Costs - Administration	$ -

Other Costs: Specify units and costs per unit where appropriate

Includes professional memberships

_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____

Total Other Costs - Administration	$ -

Supplies

Consumable supplies and non-expendable property (please provide basis for estimate).

_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____

Total Supplies - Program Services	$ -

Participant Costs

Avg Tuition Cost_____ x _____ # of clients = $ _____ -

Total Tuition Costs - Program Services	$ -

Other Costs: Specify units and costs per unit where appropriate

Includes costs such as Paid Work Experience (PWE), PWE fringe benefits, Supportive Services,

Incentives, emergency funds for students, police and child abuse checks, drug tests, etc.)

_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____
_____ = $ _____

Total Other Costs - Program Services	$ -

Organization: _____

Budget Dates: Start: _____ End: _____

	Total - Auto Populated from Worksheets			WIOA Adult		WIOA Youth		WIOA Dislocated Worker		TANF		TANF Case Mgmt		CAVP		TANF Work Verification		GA/SNAP		GA/SNAP Case Mgmt		Smart Steps		Sum	
	Administrative	Program Services	Total	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services	Admin	Program Services
Salaries	0	0	0																					0	0
Fringe Benefits	0	0	0																					0	0
Operating Expenses	0	0	0																					0	0
Conference & Training	0	0	0																					0	0
Equipment	0	0	0																					0	0
Supplies	0	0	0																					0	0
Indirect Costs	0	███	0																					0	0
Participant Costs	███	0	0																					0	0
Other (Incentives; SS; PWE)	0	0	0																					0	0
Profit	0	0	0																					0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% of Total Cost																									

Profit Percent (for profit making agencies only) _____

Contractor's Certification: I certify that all of the information provided in this budget is complete and accurate to the best of my knowledge.

Subcontractor Signature: _____

Title: _____   Date: _____

	WIOA Adult PY19	WIOA Youth PY19	WIOA Dislocated Worker PY19		WFNJ- TANF FY20	TANF Work Verification	WFNJ- TANF Case Mgmt FY20	CAVP FY20	WFNJ- GA/SNAP FY20	WFNJ- GA/SNAP Case Mgmt FY20	WFNJ-SNAP FY20	Smart STEPS FY20
Administration												
Salaries				Salaries								
Fringe Benefits				Fringe Benefits								
Occupancy Cost				Occupancy Cost								
Travel				Travel								
Conference & Training				Conference & Training								
Other (Please Specify) Membership				Other (Please Specify)Membership								
Other (Please Specify) Office Supplies				Other (Please Specify) Office Supplies								
Other (Please Specify)				Other (Please Specify)								
Total Administration	$ -	$ -	$ -	**Total Administration**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Admin Award Ceiling:				**Award Ceiling:**								
Program												
Salaries				Staff Costs								
Fringe Benefits				Participant Costs								
Occupancy Cost				**Total Program**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Travel				**Award Ceiling:**								
Conference & Training												
Other (Please Specify) Office Supplies				**Total**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Training Contracts				**Total Award Ceiling:**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Supportive Services				**WFNJ FY20:**	$ -							
Work Experience - Out of School												
Work Experience - In School												
Total Program	$ -	$ -	$ -									
Program Award Ceiling:												
Total	$ -	$ -	$ -									
Total Award Ceiling:	$ -	$ -	$ -									
WIOA PY19:		$ -										

Staff Roster - July 1, 2019 through June 30, 2020

Staff				Grants Funding Staff Positions (in Dollars)																					
First Name	Last Name	Position	Direct Customer Contact (Client/Employer/None)	WIOA Adult (Admin)	WIOA Adult (Program)	WIOA Youth (Admin)	WIOA Youth (Program)	WIOA Dislocated Worker (Admin)	WIOA Dislocated Worker (Program)	Workforce Learning Link (Admin)	Workforce Learning Link (Program)	WFNJ TANF (Admin)	WFNJ TANF (Program)	TANF Work Verification	CAVP (Admin)	CAVP (Program)	TANF Needs Based Work Support	WFNJ GA/SNAP (Admin)	WFNJ GA/SNAP (Program)	GA/SNAP Needs Based Work Support	SmartSTEPS (Admin)	SmartSTEPS (Program)	Other LWD Grants	Non-LWD Grants	Total Salary
Ocean County One Stop Career Center Administrative Entity																									
																									$0
																									$0
																									$0
																									$0
			OSCC-AE Admin Total:																						$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
																									$0
			OSCC-AE Program Total:																						$0
																									$0
			Total:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	Total