

PROJECT TITLE: \_\_\_\_\_

Items below to be completed by the Contractor. See instructions on reverse side.

1. PERSONNEL EXPENSES

A. Salaries - (Name/Title/Position)	Hourly Cost	Hours	Totals
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
			Total
Salaries \$ _____			
B. Fringe Benefits - (Rate % x Total salaries applicable)			
( _____ % x \$ _____)	Total Fringe Benefits		= \$ _____
	Total Personnel Expenses (A + B)		= \$ _____

2. SUPPLIES

Description	Unit Cost	Quantity	Totals
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
	Total Supplies		= \$ _____

3. EQUIPMENT

Description	Unit Cost	Quantity	Totals
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
	Total Equipment		= \$ _____

4. TRAVEL

Purpose/Destin.	Days	Per Diem	Fare/Rate	Mileage	Totals
_____	[ _____ x _____ ]	+\$ _____	+ [ \$ _____ (x) _____ ]	_____	= \$ _____
_____	[ _____ x _____ ]	+\$ _____	+ [ \$ _____ (x) _____ ]	_____	= \$ _____
_____	[ _____ x _____ ]	+\$ _____	+ [ \$ _____ (x) _____ ]	_____	= \$ _____
			Total Travel		= \$ _____

5. CONTRACTUAL

Name or Services	Fee/Rate	Hours	Totals
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
	Total Contractual		= \$ _____

6. MISCELLANEOUS

Description	Unit Cost	Quantity	Totals
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
_____	\$ _____ x _____	_____	= \$ _____
	Total Miscellaneous		= \$ _____

SUBTOTAL (1.-6.) = \$ \_\_\_\_\_

7. OVERHEAD/INDIRECT Rate \_\_\_\_\_ % x Base \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Base: \_\_\_\_\_

8. TOTAL BUDGET \$ \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DEP Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

A detailed budget is required for DEP fixed price contracts; however, this form shall also be used for determining the maximum amount needed under cost-reimbursement and fee-schedule contracts as well. For fixed price contracts, this budget form is intended to provide the minimum information needed for budget approval. The DEP reserves the right to require additional information when necessary for approval of the fixed price, and also to require that any part of the project be compensated on a cost-reimbursement basis. Attach a separate sheet to provide an explanation of travel, equipment (especially computers), subcontracts, and other supporting information, and when needed for extra space (use same format and show totals on this form). This form should list the total fixed price to be funded by DEP, or the total project budget when the DEP is to pay a percentage of the project total. Breakdowns by task or phase, or other division of work, should be shown on the separate attachment. The use of this particular form is not a requirement, however any other form or format used should provide, at a minimum, the same information and level of detail.

1. PERSONNEL - A. Salaries - Identify the persons to be compensated for work on this project by name (if known), position, and title. Show the hourly cost and total hours to be charged for each person or position. If more space is needed, use a separate sheet to list individual positions and salaries, and show here the total hours for each title or position. Divide annual salaries by 2080 hours, and nine month academic salaries by 1560 hours, to find the hourly rate. B. Fringe Benefits - Multiply the rate by the total salaries to which fringe benefits apply. If the rate is variable, explain and show calculations on an attachment.
2. SUPPLIES - List expendable supplies by category description, unit costs and quantity.
3. EQUIPMENT - List non-expendable equipment valued at \$500 or more by description, unit cost, and quantity. Computers and data-processing equipment should be described in detail in an attached explanation.
4. TRAVEL - List trips by their purpose and/or destination. Unless travel details are included in the Scope of Services, a separate narrative should be attached. Indicate the number of days for each trip and the per diem. Keep in mind the DEP can only pay for travel at the approved State rate. Use "Fare/Rate" for mileage rate and multiply by "Mileage", or for travel fare and leave "Mileage" blank.
5. CONTRACTUAL - Subcontractors should provide the same information required by this budget form, with the following exceptions: (a) when professional services are provided at a pre-existing approved rate or fee shown on the budget; or (b) the subcontract is to be obtained competitively. For either (a) or (b), show an estimated maximum amount and provide an attached explanation as to how it was determined. Contractual services other than fixed price will be compensated by the DEP on a cost-reimbursement basis.
6. MISCELLANEOUS - List expenses not included in any of the above categories. Examples would be printing, copying, postage, communications, etc. Non-expendable equipment valued at less than \$500 may be listed also. Include only expenses directly related to the project, not expenses of a general nature.
7. OVERHEAD/INDIRECT - Indicate the approved overhead/indirect cost rate, the dollar amount of the base to which it is applied, and the resulting total. Identify the base (cost categories) to which the rate is applied on the line indicated. State agencies are limited by law to 5% of the total budget for overhead/indirect costs.
8. TOTAL BUDGET - Show the total of categories 1 through 7.