# School Health Workforce Development

# Budget Template

**A. SALARIES AND WAGES TOTAL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position/Title** | **Annual**  | **Time** (FTE) | **Months** | **Amount Requested**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**B. FRINGE BENEFITS TOTAL:**

|  |  |  |
| --- | --- | --- |
| **Position/Title** | **Salary** | **$** |
| Retirement % of salary |  | = $ |
| FICA % of salary |  | = $ |
| Group Insurance |  | = $ |
| Medicare Tax (included in FICA) |  | = $ |
| Worker’s Comp 1.121% of salary |  | = $ |
|  |  | = $ |
|  |  | = $ |
|  |  | = $ |
|  |  | = $ |
| **Total:** |  | **= $**  |
|  |  |  |
| **Position/Title** | **Salary** | **$** |
| Retirement % of salary |  | = $ |
| FICA % of salary |  | = $ |
| Group Insurance |  | = $ |
| Medicare Tax (included in FICA) |  | = $ |
| Worker’s Comp 1.121% of salary |  | = $ |
|  |  | = $ |
|  |  | = $ |
|  |  | = $ |
| **Total:** |  | **= $**  |

1. **EQUIPMENT/SUPPLIES Total: $**

# OTHER Total: $

# CONTRACTUAL COSTS Total: $

Name of Contractor:

Period of Performance:

Amount Requested:

# TOTAL DIRECT COSTS Total: =

1. Salary and Wages = $
2. Fringe Benefits = $
3. Equipment/Supplies = $

D. Other = $

E: Contractual Costs: = $

# INDIRECT COSTS (COST ALLOCATION) = $

 **TOTAL DIRECT AND INDIRECT COSTS Total: = $**