

**MOBILE URBAN COUNTY
CDBG PROGRAM**

PY2024 PUBLIC SERVICE APPLICATION - DETAILED BUDGET

Legal Name of Organization	
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A. Personnel

(I) Salaries / Wages

(time sheets required for reimbursement)

Name of Employee	Position / Title	Salary / Hourly Wage	% Time / # Hours Devoted to CDBG Project	Salaries / Wages Allocated to CDBG Project
Salaries / Wages Subtotal				

(II) Fringe Benefits

Type of Benefit	Rate / Factor	CDBG Salaries / Wages	Fringe Benefits Allocated to CDBG Project
FICA - Social Security			
FICA - Medicare			
State Unemployment Insurance			
Workmen's Comp			
Retirement			
Health Insurance			
Life Insurance			
Other Benefit:			
Other Benefit:			
Fringe Benefits Subtotal			

(III) Flat-Rate / Hourly-Rate Services

(to use if (I) and (II) are N/A; attach explanation of how derived)

Type of Service Provided	Flat / Hourly Rate	# CDBG Clients Served / Hours Spent	Flat-Rate / Hourly-Rate Services Allocated to CDBG Project
Flat-Rate / Hourly Rate Services Subtotal			
Total CDBG Personnel Cost			

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B. Travel

Mileage			
Other			
Total CDBG Travel Cost			

C. Operating Costs / Supplies (must be itemized)

Total CDBG Operating Costs / Supplies			

D. Miscellaneous

Total CDBG Miscellaneous			

Total CDBG Project Costs	
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E. All Sources of Funds for this Project

Source	CDBG Funds Requested	Other Federal	State	Other Agencies
TOTALS				

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INSTRUCTIONS FOR CDBG DETAILED BUDGET

The budget form must be completed in detail with amounts rounded to the nearest dollar (no cents). **A separate Budget Narrative should be included providing justification by detailing the basis for determining the cost of the items included in each category.** Costs will be judged on reasonableness and allowability based on the budget and the program narrative.

The budget should cover only the period for which this project will be funded.

The cost of each expenditure listed under the various budget categories should be itemized. The subtotals and totals should be shown in the relevant spaces provided.

If the space for any budget category is inadequate to permit listing of all items, the notation, “see continuation sheet” should be entered. All items in that category should be listed on a continuation page, with their subtotals and total being shown on the form.

A. Personnel

- (I) Salaries / Wages - List the name of the employee, if available, position/title, salary or hourly wage, percentage of time or number of hours devoted to the CDBG project, and calculated cost. Additional detailed information may be added in the Budget Narrative.
- (II) Fringe Benefits - Indicate each type of fringe benefit included. Computation should be explained in the Budget Narrative.
- (III) Flat-Rate / Hourly Rate Services - List services provided via a flat rate or an hourly rate, the rate, number of clients served, and calculated cost.

B. Travel

Itemize travel costs of project personnel by type and by purpose; e.g. mileage for field interviews, advisory group meetings, training seminars, etc. Show the basis for computation.

C. Operating Costs / Supplies

Direct cost should be itemized within this category by major type (e.g. office supplies, training materials, research forms, telephone, and postage) and show basis for computation (cost per month for office supplies, cost per person for training materials, etc.) Large items should be separately listed and identified (e.g. unusual supply items, special printing, or mailings required for project.)

D. Miscellaneous

Miscellaneous expenditures are those that fit into no other category listed above. Costs should be itemized by major type and show basis for computation.

Total CDBG Project Costs

Total CDBG Project Costs should be the sum of the category totals.

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E. All Sources of Funds for this Project

Indicate the other sources of funding for the Project (other Federal, State, county, city, private agency, public agency, etc.) When other Federal funds will be available for financing components or parts of the project, the applicant / implementing organization should indicate and explain. This should be interpreted broadly and include notice of any related activities supported by other Federal programs.

Director and Financial Officer must certify budget as submitted.

Signature

Date

Signature

Date

****Please submit entire 4 pages of budget to Mobile County Commission - Grants Department****