

Saratoga County Department of Aging & Youth Services

SUBCONTRACTOR BUDGET

Please email completed form to csokol@saratogacountyny.gov

Subcontractor:	Program:
Address:	Period:
	Federal ID:

Budget Summary by Category

{applicable pages attached}

BUDGET CATEGORY	TOTAL AMOUNT	County use
1. Personnel		
2. Fringe Benefits		
3. Equipment		
4. Travel		
5. Rent		
6. Communications		
7. Units of Service		
8. Printing & Supplies		
9. Other Expense		
10. Total Budget		
11. Less Anticipated Income		
12. Net Total		
13. Area Agency Funds*		
14. Matching Funds**		

TOTAL REIMBURSABLE FUNDS	
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* Federal and/or State Funds

** Local Matching Funds (Subcontractor, County, etc.)

Supporting Budget Schedule - {Subcontractor Personnel Only}

Subcontractor:

1 - Personnel

Employee	Annual Salary	Amount Chargeable to Program	County use
Name: Title: Hours/Week:			
Name: Title: Hours/Week:			
Name: Title: Hours/Week:			
Name: Title: Hours/Week:			
Name: Title: Hours/Week:			
Name: Title: Hours/Week:			
Name: Title: Hours/Week:			
Name: Title: Hours/Week:			
..... Total			

2 - FRINGE BENEFITS

Composite percentage include any/or all of the following that apply: Social Security; Disability; Workman's Comp; Unemployment (based on)		AMOUNT	County use
Composite Percentage:			
Other (specify): Life/LTD			
Other (specify): Health/Dental			
	%		
.....TOTAL			

3 - EQUIPMENT

List equipment items having a unit cost of \$500.00 or more Other items should be listed under Printing & Supplies category			AMOUNT	County use
Item & Description	Quantity	Unit Price		
.....TOTAL				

4 - TRAVEL

List below specific travel expenses	AMOUNT	County use
Mileage Reimbursement:		
Gasoline & Oil:		
.....TOTAL		

5 - RENT

Include below information for all rental properties chargeable to this funded program	AMOUNT	County use
Owner: _____ Sq. ft.		
Address: _____		
Monthly Rent: \$ _____		
Monthly Utilities: \$ _____ Other: \$ _____		
Owner: _____ Sq. ft.		
Address: _____		
Monthly Rent: \$ _____		
Monthly Utilities: \$ _____ Other: \$ _____		
.....TOTAL		

6 - COMMUNICATIONS

List below telephone and postage expenses chargeable to this funded program	AMOUNT	County Use
Telephone # _____		
Estimated Monthly Charge - \$ _____ x 12 mo		
Postage - _____		
Estimated Monthly Charge - \$ _____ x 12 mo		
.....TOTAL		

7 - UNITS OF SERVICE CONTRACTS

Briefly describe services to be provided, number of units, cost per unit, type of unit (ie: hour, day, etc.)				AMOUNT	County use
Service	# Units	\$/Unit	Type		
.....TOTAL					

8 - PRINTING & SUPPLIES

Briefly describe all items to be printed using County funding Please Note: All printed materials must give due recognition to Saratoga County Office for the Aging			AMOUNT	County use
Description of Item(s)	Quantity	Cost		
List all supplies with a unit cost of \$100.00 or more. Give total anticipated costs for other items as indicated				
Description of Item(s)	Quantity	Cost		
Misc. Office Supplies \$	Food \$			
Janitorial/ Maint \$	Other \$			
.....TOTAL				

9 - OTHER EXPENSE

Complete for each item that applies				AMOUNT	County use
Insurance	\$	Copies	\$		
Advertising	\$	Membership	\$		
Audits	\$	Conference	\$		
Equipment Repair/Maint	\$				
Vehicle Repair/Maint	\$				
Other: Admin. Charges	\$				
Other:	\$				
.....TOTAL					

10 - ANTICIPATED INCOME

List below the anticipated amount of income your Agency expects to receive for the program period	AMOUNT	County use
Participant Contributions		
Other Income (specify):		
Less Amount used as matching funds		
.....TOTAL		
This section for EISEP Program Only : List below the amount of client Cost-Share your Agency expects to receive this program period. Combine the total cost-share amount with the above amount to determine TOTAL income.		
Participant Cost-Share		
Income {from above}		
Total Program Income		

11 - AREA AGENCY FUNDS

List below the amount of funding requested from Department of Aging & Youth	AMOUNT	County use
Federal Funds		
State Funds		
.....TOTAL		

12 - MATCHING FUNDS

List below the amounts of all matching funds incorporated in the budget	AMOUNT	County use
Source of match / Check if In-kind		
Income used as match {from above}		
.....TOTAL		