

EXHIBIT B

PROJECT BUDGET FY 2024-2025

1. STAFF COSTS: Please complete the following tables

A) WAGES: Please provide the following information for each member of your program's staff.

Position/Employee Name	Volunteer Y/N	Hourly Rate	Hours Per Week	Weeks Employed on Project	Total Cost	City's CDBG Share
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$
SUBTOTAL FOR WAGES					\$	\$

B) FRINGE BENEFITS

TYPE OF COSTS	PERCENT OF SALARY	TOTAL COST	CITY CDBG SHARE
FICA		\$	\$
SUI		\$	\$
OTHER		\$	\$
SUBTOTAL FOR FRINGE BENEFITS		\$	\$

TOTAL STAFF COSTS

TOTAL COST	CITY CDBG SHARE
\$	\$

Please insert totals in the BUDGET OVERVIEW table.

2. SUPPLIES AND SERVICES COSTS:

CATEGORY	TOTAL COST	CITY CDBG SHARE
SPACE RENTAL	\$	\$
UTILITIES	\$	\$
LIABILITY INSURANCE	\$	\$
WORKMAN'S COMPENSATION INSURANCE	\$	\$
OTHER INSURANCE	\$	\$
CONSULTANT SERVICES*	\$	\$
TRAVEL	\$	\$
SUPPLIES	\$	\$
OTHER: _____	\$	\$
SUPPLIES AND SERVICES TOTALS	\$	\$

Please insert totals in the BUDGET OVERVIEW table.

*CONSULTANT SERVICES – Please provide the following for all consultants/subcontractors on this project

Service/Contractor name	Volunteer Y/N	Hourly Rate	Hours Per Week	Weeks Employed on Project	Total Cost	City's CDBG Share
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$

3. OTHER FUNDING SOURCES: If costs are to be shared by other sources of funding, including CDBG funds from other jurisdictions, identify the source of funding, grantor/lending agency, and amount.

FUNDING SOURCE	AMOUNT
	\$
	\$
	\$
	\$
	\$

TOTAL \$

4. TOTAL BUDGET OVERVIEW

COST CATEGORY	TOTAL COST	OTHER SOURCES	CITY CDBG SHARE
PERSONNEL	\$	\$	\$
SERVICES/SUPPLIES	\$	\$	\$
Total	\$	\$	\$