

**ATTACHMENT B-1 - EXPENDITURE BASED BUDGET
SUMMARY**

PROJECT NAME: _____

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: _____

To: _____

| CATEGORY OF EXPENSE | GRANT FUNDS | MATCH FUNDS | MATCH % | OTHER FUNDS | TOTAL | MWBE APPLICABLE |
|-------------------------------|-------------|-------------|---------|-------------|-------|-----------------|
| 1. Personal Services | | | | | | |
| a. Salary | | | | | | NA |
| b. Fringe | | | | | | NA |
| Subtotal | | | | | | |
| 2. Non Personal Services | | | | | | |
| a. Travel | | | | | | NA |
| b. Space/Property & Utilities | | | | | | NA |
| c. Operating Expenses | | | | | | NA |
| d. Contractual Services | | | | | | |
| e. Equipment | | | | | | |
| f. Other | | | | | | |
| Subtotal | | | | | | |
| TOTAL | | | | | | |
| TOTAL MWBE GOAL | | MBE GOAL | | WBE GOAL | | |

Contract Number: #

ATTACHMENT B-1 - EXPENDITURE BASED BUDGET
PERSONAL SERVICES DETAIL

| SALARY | | | | | |
|---------------------------|--------------------------------|----------------------------|--------------------------|-------------------------|-------|
| POSITION TITLE | ANNUALIZED SALARY PER POSITION | STANDARD WORK WEEK (HOURS) | PERCENT OF EFFORT FUNDED | NUMBER OF MONTHS FUNDED | TOTAL |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| Subtotal | | | | | |
| FRINGE – TYPA/DESCRIPTION | | | | | |
| | | | | | |
| PERSONAL SERVICES TOTAL | | | | | |

Contract Number: #

ATTACHMENT B-1 - EXPENDITURE BASED BUDGET
NON-PERSONAL SERVICES DETAIL

| TRAVEL – TYPE/DESCRIPTION | TOTAL |
|--|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| TOTAL | |
| SPACE/PROPERTY EXPENSES: RENT – TYPE/DESCRIPTION | TOTAL |
| 1. | |
| 2. | |
| 3. | |
| TOTAL | |
| SPACE/PROPERTY EXPENSES: OWN – TYPE/DESCRIPTION | TOTAL |
| 1. | |
| 2. | |
| 3. | |
| TYPE/DESCRIPTION OF UTILILITY EXPENSES | TOTAL |
| 1. | |
| 2. | |
| 3. | |
| TOTAL | |

Contract Number: #

| OPERATING EXPENSES – TYPE/DESCRIPTION | TOTAL |
|---------------------------------------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| TOTAL | |

| CONTRACTUAL SERVICES – TYPE/DESCRIPTION | TOTAL |
|---|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| TOTAL | |

Contract Number: #

| EQUIPMENT – TYPE/DESCRIPTION | TOTAL |
|------------------------------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| TOTAL | |

| OTHER – TYPE/DESCRIPTION | TOTAL |
|--------------------------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| TOTAL | |