Federal

Request

\$77,588

\$77,588

Federal

Request

\$57,918

\$57,918

Budget Det								
-	onference costs which is defined b	roadly to include n	neetings, retreats, se	eminars, symposia, and	training activities? -	Y/N		
(DOJ Financial Guide, Section A. Personnel	<u>on 3.10)</u>							
Name	Position			Comp	outation			
List each name, if known.	List each position, if known.		Show annual sa	lary rate & amount of time d	levoted to the project for	each name/posit	tion.	
		Salary	Rate	Time Worked (# of hours, days, months, years)	Percentage of Time	Total Cost	Non-Federal Contribution	Federa Reques
Kelsey Price	Client Services Coordinator	\$77,588.00	yearly	1	100%	\$77,588		\$77,588
					Total(s)	\$77,588	\$0	\$77,58
Narrative								
B. Fringe Benefits								
	Name				Computation			
List each grant-supp	oorted position receiving fringe benefits.			Show th	e basis for computation.			
			Base	Rat	te	Total Cost	Non-Federal Contribution	Federa Reques
Kelsey Price			\$77,588.00	74.6	55%	\$57,918		\$57,918
					Total(s)	\$57,918	\$0	\$57,91
Narrative							-	

Fringe benefits for the FJCSC Client Services Coordinator will be provided at a rate of 74.65% (rounded to the nearest hundredth of a percent) of the salary. 100% of Fringe Benefits will be charged to the grant. The Fringe Benefits budget for Year 3 is 74.65% of the \$77,588.00 Personnel cost for a total of \$57,917.

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
Indicate the purpose of each trip or type of trip (training, advisory group meeting)	Indicate the travel destination.	Lodging, Meals, Etc.	Per day, mile, trip, Etc.	Compute the cost of each type of expense X the number of people traveling.				ng.		
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
Travel Vouchers/ Rideshare	TBD	Local Travel	N/A	\$20.00	8	1	1	\$160		\$160
Travel Vouchers/ Gas Cards	TBD	Local Travel	N/A	\$25.00	13	1	1	\$325		\$325
Travel Vouchers/ Taxi Vouchers	TBD	Local Travel	N/A	\$30.00	12	1	1	\$360		\$360
Annual In-Person LET meeting	TBD	Local Travel	N/A	\$180.00	1	1	1	\$180		\$180
Annual In-Person LET meeting	TBD	Other	N/A	\$55.00	4	1	1	\$220		\$220
Annual In-Person LET meeting	TBD	Lodging	Night	\$150.00	3	1	1	\$450		\$450

Annual In-Person LET meeting	TBD	Transportation	Round-trip	\$500.00	1	1	1	\$500		\$500
		1				1	Total(s)	\$2,195	<b>\$</b> 0	\$2,195
Narrative										
attending an annual in-person will be for one trip at \$1,350.	the Point of Contact / Client Services Co LET meeting. Refer to the travel budget Travel costs for the LET member are incl s at \$20 each, 15 gas cards at \$25 each,	narrative for Year uded in the consul	r 1 for additio Itant travel s	onal expense ubsection w	e details. F	or Year 3, t	ravel cost	s for the FJCSC	Client Services	Coordinator
D. Equipment										
	ltem					Computati	ion			
List and describe each iten	n of equipment that will be purchased		Comput	e the cost (e.g	., the numbe	r of each iten	n to be purcl	hased X the cost p	per item)	
		# of Ite	ms		Unit	Cost		Total Cost	Non-Federal Contribution	Federal Request
								\$0		\$0
							Total(s)	\$0	\$0	\$0
Narrative										

# E. Supplies

Supply Items	Computation							
Provide a list of the types of items to be purchased with grant funds.	Describe the item and the	compute the costs. Computation: The number of eac	ch item to be pure	chased X the cost pe	er item.			
	# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request			
Survivor Empowerment Group (English): Art therapy materials: \$25 Fliers/Self-care I	12	\$46.50	\$558		\$558			
Survivor Empowerment Group (Spanish): Art therapy materials: \$25 Fliers/Self-care I	12	\$46.50	\$558		\$558			
Staff Wellness Workshop: \$50: fidget toys, supplies for team-building games and exe	12	\$50.00	\$600		\$600			
Coping Skills group (English): Art therapy supplies: \$150	1	\$150.00	\$150		\$150			
Coping Skills Group (Spanish): Art therapy supplies: \$150	1	\$150.00	\$150		\$150			
Survivor Day of Nurturing: \$525 Supplies for gift bags, \$50 for Yoga Materials, \$100 F	1	\$675.00	\$675		\$675			
		Total(s)	\$2,691	\$0	\$2,691			
Narrative								

	a Staff Welness Workshop, \$150 for su		up meeting, \$46.50 per month for a Spanis oping Skills group, \$150 for supplies for a Sp						
Purpose	Description of Work		Computation						
Provide the purpose of the construction	Describe the construction project(s)	Compute	Compute the costs (e.g., the number of each item to be purchased X the cost per item)						
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request			
				\$0		\$0			
			Total(s)	\$0	\$0	\$0			
Narrative									
G. Subawards (Subgrants)									
G. Subawards (Subgrants) Descri	ption	Purpose	Consultant?						

Provide a description of the ac subrecip			Describe the purpose of the subaward (subgrant)		Is the subawa consultant? If the section be explain asso travel expe included in th	yes, use elow to pciated enses			
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
					Т	Total(s)	\$0	\$0	\$0
Consultant Travel (if necessar									
Purpose of Travel	Location		Type of Expense	Computation					
Indicate the purpose of each trip or type of trip (training, advisory group meeting)	Indicate the travel destine	ation.	Hotel, airfare, per diem	Com		each type	e of expense X the	number of people t	traveling.
				Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
							\$0		\$0
						Total	\$0	\$0	\$0
Narrative									
None.									
H. Procurement Contracts									
Descriț	otion		Purpose		Consulta	ant?			

Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).			ו c Describe the purpose of the contract					
						Total Cost	Non-Federal Contribution	Federal Request
Coping Skills Group Instructors			Coping Skills Group for English and Spanish		Yes	\$300		\$300
Council on Aging			Advocacy for elder clients	Yes	\$7,786		\$7,786	
County of Sonoma Human Services D	epartment		Onsite Employment & Training Counselor	Yes	\$34,250		\$34,250	
Hatchuel Tabernik & Associates			Evaluation of project		Yes	\$37,154		\$37,154
Healdsburg Holistic			Reiki, massage, and craniosacral therapy		Yes	\$16,252		\$16,252
Legal Aid of Sonoma County			Civil legal services	Yes	\$7,954		\$7,954	
Lindsey's Yoga Lifestyle		Yoga Therapy			Yes	\$900		\$900
Monthly Workshop Providers			Monthly educational workshops for polyvictims	Yes	\$2,250		\$2,250	
Verity			Navigation and case management services		Yes	\$2,991		\$2,991
Verity-Counseling			Counseling Services		Yes	\$28,880		\$28,880
Yadira Esparza			Facilitation of Spanish Empowerment Group		Yes	\$480		\$480
YWCA Sonoma County			Navigation and case management services		Yes	\$44,735		\$44,735
C	4				Total(s)	\$185,282	\$0	\$185,282
Consultant Travel (if necessary Purpose of Travel	// Location		Type of Expense			Computation		
Indicate the purpose of each trip or type of trip (training, advisory group meeting)	Indicate the travel destina	ition.	Hotel, airfare, per diem	Com	pute the cost of each type	-		traveling.
					Duration "			_ , ,

					Cost	or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
Annual in-person LET Meeting	TBD	Lo	ocal Travel		90	1	2	\$180		\$180
Annual in-person LET Meeting	TBD		Other		55	4	1	\$220		\$220
Annual in-person LET Meeting	TBD	Tra	nsportation		500	1	1	\$500		\$500
Annual in-person LET Meeting	TBD		Lodging		150	3	1	\$450		\$450
							Total	\$1,350	\$0	\$1,350
Narrative										
County of Sonoma Human Ser Hatchuel Tabernik & Associate Healdsburg Holistic: \$16,252 b Legal Aid of Sonoma County: \$ Lindsey's Yoga Lifestyle: \$900	es: \$37,154 based on 210 hours at \$77.39 57,954 based on 208 hours at	\$38.24 per hour								
I. Other Costs										
Descrip List and describe items that will be p reproduction, telephone, janito investigative or con	paid with grants funds (e.g. rent, rial, or security services, and			Sh		outation for computat	ion			
		Quantity	Basis	Co	st	Length o	of Time	Total Cost	Non-Federal Contribution	Federal Request
		2		\$200	0.00	1		\$400		\$400
							Total(s)	\$400	\$0	\$400
Narrative										

Description		Computation						
Describe what the approved rate is and how it is applied.	Compute the indirect costs for those portions of the program which allow such costs.							
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request			
ndirect Costs	\$326,726.00	1.57%	\$5,120		\$5,120			
		Total(s)	\$5,120	\$0	\$5,120			