



Ohio Children's Trust Fund

Vendor Program Budget Template

State Fiscal Year 2012

Name of Organization		County	
Director/President		Email	Phone
Contact Person		Email	Phone
Total Amount Requested		Funding Period Start Date	Funding Period End Date
Service to be Provided:			
Expenditures Description-Please list expenditures for each budget category.			
1. Personnel Services			
<ul style="list-style-type: none"> - A breakdown of salaries for each of the people whose time is spent working directly with the program should be listed here; include fulltime and part-time staff, consultants and trainers. - Fulltime equivalency (FTE) may be defined according to the agency's policy (i.e. 37-40 hours) - Indicate the formula used to determine payroll related expenses (use percentages currently used by the agency) 			
Explanation:			Total Amount Requested:
2. Program Materials and Supplies			
<ul style="list-style-type: none"> - Includes curriculums, brochures, training materials, books, videotapes, educational toys which are <i>directly related</i> to carrying out the program or delivering the service. - Travel expenses for program participants can be included in this category. 			
Explanation:			Total Amount Requested:
3. Travel			
<ul style="list-style-type: none"> - Travel must be relevant to the service being proposed. - The state of Ohio mileage rates can be found at www.obm.ohio.gov . 			
Explanation:			Total Amount Requested:
4. Other			
- Provide details of any necessary expenditures not captured by the above categories.			
Explanation:			Total Amount Requested:

Budget Summary	
Please list the total amount requested from each category above.	
1. Personnel Services	
2. Program Materials and Supplies	
3. Travel	
4. Other	
Total Program Budget	