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# California Department of Education

## Tobacco-Use Prevention Education Program

### Tobacco-Use Prevention Education Capacity Building Provider Grant

**Grant Term: October 1, 2019–June 30, 2022**

**Budget Justification Template**—(Please follow this format)

Insert Applicant/Lead Local Educational Agency

Insert County/District/School Code

1000—Certificated Salaries **$ TOTAL AMOUNT**

Insert Title, Insert Name

Insert a brief description of the individual's role/responsibilities.

$ Annual Salary / 12 Months = $ Monthly Salary

Monthly Salary x full-time equivalent (FTE) Number of Months = $ Budgeted Salary Amount

Insert Title, Insert Name

Insert a brief description of the individual's role/responsibilities.

$ Annual Salary / 12 Months = $ Monthly Salary

Monthly Salary x FTE Number of Months = $ Budgeted Salary Amount

2000—Classified Salaries **$ TOTAL AMOUNT**

Insert Title, Insert Name

Insert a brief description of the individual's role/responsibilities.

$ Annual Salary / 12 Months = $ Monthly Salary

Monthly Salary x FTE Number of Months = $ Budgeted Salary Amount

-OR-

$ Hourly Rate x Number of Hours = $ Budgeted Salary Amount

3000—Benefits **$ TOTAL AMOUNT**

Insert Title, Insert Name

Insert a brief description of the benefits covered by this contract.

Certificated Salaries

$ Budgeted Salary Amount x Benefit % = $ Budgeted Benefit Amount

Classified Salaries

$ Budgeted Salary Amount x Benefit % = $ Budgeted Benefit Amount

4200—Books and Other Reference Material **$ TOTAL AMOUNT**

Insert a brief description of the books and other reference material to be purchased.

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4300—Materials and Supplies **$ TOTAL AMOUNT**

Insert a brief description of the materials and supplies to be purchased.

4400—Noncapitalized Equipment **$ TOTAL AMOUNT**

Insert a brief description of the noncapitalized equipment to be purchased.

5100—Subagreements for Services  **$ TOTAL AMOUNT**

Insert a brief description of the subagreements for services (Amounts over $25,000 per subagreement) to purchased.

5200—Travel and Conferences **$ TOTAL AMOUNT**

Insert a brief description of the travel and conferences, including lodging, mileage, and per diem. All travel to be paid at state rates.

Insert travel calculations for each travel instance.

# of Staff x # of Nights x $ Amount / Night = $ Travel Total

5600—Rentals, Leases, Repairs, and Noncapitalized Improvements

 **$ TOTAL AMOUNT**

Insert a brief description of the rentals, leases, repairs, and noncapitalized improvements to be purchased.

5700—Interprogram Services **$ TOTAL AMOUNT**

Insert a brief description of the interprogram services related to contract activities.

5800-0000—Noninstructional Consultant Services **$ TOTAL AMOUNT**

Insert a brief description of the noninstructional consultant services related to contract activities.

5800-1000—Instructional Consultant Services **$ TOTAL AMOUNT**

Insert a brief description of the instructional consultant services related to contract activities.

7000—**Summary of Direct Costs subject to Indirect Costs $ TOTAL AMOUNT**

**7000—Indirect Cost at \_\_\_\_\_ % $ TOTAL AMOUNT**

**5100—Subagreements for Services $ TOTAL AMOUNT** Insert a brief description of the subagreements for services related to contract activities.

**Total Budget $ TOTAL AMOUNT**

(Sum of Summary of Direct Costs subject to Indirect Costs, Indirect Cost Rate, andSubagreements for Services)

California Department of Education Revised May 2019