# FLORIDA COALITION AGAINST DOMESTIC VIOLENCE 2014/2015 TOTAL AGENCY BUDGET SUMMARY ENTERED BY PERCENTAGE

### **Provider Name:**

Description	VAWA/STOP	Other	Total Funding
A. Wages/Salaries	\$0.00	\$0.00	\$0.00
B. Fringe Benefits	\$0.00	\$0.00	\$0.00
C. Staff Travel	\$0.00	\$0.00	\$0.00
D. Contracted Services	\$0.00	\$0.00	\$0.00
E. Subcontracted Services	\$0.00	\$0.00	\$0.00
F. Participant Program Services	\$0.00	\$0.00	\$0.00
G. Office Expenses	\$0.00	\$0.00	\$0.00
H. Equipment (Inventory)	\$0.00	\$0.00	\$0.00
I. Rental or Use of Space	\$0.00	\$0.00	\$0.00
J. Rental of Equipment	\$0.00	\$0.00	\$0.00
K. Insurance	\$0.00	\$0.00	\$0.00
L. Membership Fees & Subscriptions	\$0.00	\$0.00	\$0.00
M. Advertising	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00
FCADV GRANT AWARD			\$0.00
FCADV PROJECT MATCH			

INSTRUCTIONS: 2014/2015 TOTAL AGENCY BUDGET SUMMARY

The 2014/2015 Total Agency Budget Summary page reflects your total agency budget including all costs which will be paid by FCADV.

- 1. Enter information into WHITE CELLS ONLY on each applicable line item page.
- 2. Follow the instructions listed for each line item as attached.
- 3. Include your justification narrative for each line item.
- 4. Information included on the attached line item pages will carry forth to this 2014/2015 Total Agency Budget Summary page.

A. Wages/S	alaries	VA	WA/STOP		Other		Total Funding
Position Title - Name	Annual Salary Amount	%	Amount	%	Amount	%	Amount
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Wages/Salaries Narrative Justification
Complete your salary/wages narrative justification description on the next page.

## 2014/2015 FCADV Wages/Salaries Narrative Provider Name:

B. Fringe E	Benefits		VAWA/STOP		Other		Total Funding
Position Title	Total Benefits Amount	%	Amount	%	Amount	%	Amount
Program:	#0.00	0%	<b>#0.00</b>	0%	60.00	0%	\$0.
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Total Shared	\$0.00		\$0.00		\$0.00		\$0.
Total	\$0.00		\$0.00		\$0.00		\$0.

Fringe Benefits Narrative Justificatior

Complete your fringe benefits narrative justification description on the narrative fringe page. Report total benefits amount by position. Two narrative forms are attached. If you don't do the column form see sample.

Example: Project Coordinator - Salary \$45,000

2250 3443 2000 23 7716 Retirement 5% of \$45,000 FICA 7.65% of \$45,000 Insurance \$2,000/year Workers' Comp .05% of \$45,00

### **Provider Name:**

B. Fringe Be	enefits	Unemployment	SS/Medicare	Retirement	Health Insurance	Life Insurance	Dental Insurance	Long Term Disability	Short Term Disability	Workers Compensation				TOTAL
Position Title	Total Benefits Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Program:														<b>***</b>
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Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## 2014/2015 FCADV Fringe Benefits Narrative Provider Name:

C. Staff	Travel	v	AWA/STOP		Other	Total Funding			
Travel Type	Travel Amount	%	Amount	%	Amount	%	Amount		
Program:									
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00		
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otal Shared	\$0.00		\$0.00		\$0.00		\$0.0		
otal	\$0.00		\$0.00		\$0.00		\$0.0		

Staff Travel Narrative Justificatior
Complete your staff travel narrative justification description on the next page.
Example of staff travel: mileage, hotel, meals, rental cars, air fare, etc.

STOP Training Conference

1 trip x 2 people x 500 miles @ 290 2175

2 days meals allowance x \$21 84

1 night lodging x \$99/night x 2 198

TOTAL Trip

PLEASE NOTE Training attended using \$707 funds must be OVW sponsorec

The Project Coordinator and the Outreach Specialist will travel to (location) to attend a TANF Training Conference

The Project Coordinator will make an estimated 25 trips to local outreach sites to provide participant assistance.

## 2014/2015 FCADV Staff Travel Narrative Provider Name:

D. Contracted	Services	v	AWA/STOP		Other	To	otal Funding
Contracted	Annual						
Service	Dollar	%	Amount	%	Amount	%	Amount
Program:	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.
Total Shared	\$0.00		\$0.00		\$0.00		\$0.
Total	\$0.00		\$0.00		\$0.00		\$0.

### **Contracted Services Narrative Justification**

Complete your contracted services narrative justification description on the next page.

Examples of contracted services: maintenance agreements on copiers, human resources outsourcing company, payroll processing company fees, independent auditor (if state OR federal dollars exceed \$500,000), etc.

## 2014/2015 FCADV Contracted Services Narrative Provider Name:

E. Subcontracte	ed Services	V.	AWA/STOP		Other	Total Funding		
Contracted	Annual							
Service	Dollar	%	Amount	%	Amount	%	Amount	
Program:				,,,				
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
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	\$0.00	0%	\$0.00 \$0.00	0%	\$0.00 \$0.00	0%	\$1	
-	\$0.00	0%	\$0.00	0%	\$0.00	0%	Si	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$(	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$(	
Total Program	\$0.00		\$0.00		\$0.00		\$1	
Shared	ŞU.UU		ŞU.UU		φυ.υυ		31	
J.I.u. Od	\$0.00	0%	\$0.00	0%	\$0.00	0%	Si	
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	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0%	\$( \$(	
	\$0.00 \$0.00	0%	\$0.00 \$0.00	0%	\$0.00 \$0.00	0%	\$1	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$1	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	Si	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$(	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$(	
Total Shared	\$0.00		\$0.00		\$0.00		\$0	

### **Subcontracted Services Narrative Justification**

Complete your subcontracted services narrative justification description on the next page.

Examples of subcontracted services: maintenance agreements on copiers, human resources outsourcing company, payroll processing company fees, independent auditor (if state OR federal dollars exceed \$500,000), etc.

## 2014/2015 FCADV Subcontracted Services Narrative Provider Name:

F. Participant Service		١	/AWA/STOP		Other	,	Fotal Funding
Contracted	Annual						
Service	Dollar	%	Amount	%	Amount	%	Amount
Program:	Donai	/0	Amount	/0	Amount	/6	Amount
. rogram	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
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	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
Total Program	\$0.00		\$0.00		\$0.00		\$0.00
Shared	\$0.00		φ0.00		ψ0.00		\$0.00
U.i.a. Ud	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
Total Shared	\$0.00		\$0.00		\$0.00		\$0.00
Total	\$0.00		\$0.00		\$0.00		\$0.00

Participant Program Services Narrative Justification
Complete your participant program services narrative justification description on the next page.

# 2014/2015 FCADV Participant Program Services Narrative Provider Name:

G. Office Exp	enses	V	AWA/STOP		Other		Total Fundin
Office Expenses	Annual Dollar	%	Amount	%	Amount	%	Amount
ogram:		- 74				,,,	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	3
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	- 3
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ared	ψ0.00		ψ0.00		ψ0.00		
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tal Shared	\$0.00		\$0.00		\$0.00		\$

Offfice Expense Narrative Justification

Complete your office expenses narrative justification description on the next page.

## 2014/2015 FCADV Office Expense Narrative Provider Name:

H. Equipr	nent	٧	/AWA/STOP		Other	1	otal Funding
Equipment	Annual Dollar	%	Amount	%	Amount	%	Amount
Program:							
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
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Total Program Shared	\$0.00		\$0.00		\$0.00		\$0.00
Snared	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
Total Shared	\$0.00		\$0.00		\$0.00		\$0.00
Total	\$0.00		\$0.00		\$0.00		\$0.00

**Equipment Expenses Narrative Justification**Complete your equipment expenses narrative justification description on the next page.

ALL IRR and Services require and ITR form to be completed, submitted and approved before

## 2014/2015 FCADV Equipment Narrative Provider Name:

I. Rental or Use	of Space	٧	/AWA/STOP		Other	Total Funding		
Rental or Use of Space	Annual Dollar Amount	%	Amount	%	Amount	%	Amount	
Program:								
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0 \$0	
-	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
<u> </u>	\$0.00	0% 0%	\$0.00	0%	\$0.00	0% 0%	\$0	
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l————	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0 \$0	
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0 \$0	
-	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
-	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00 \$0.00	0% 0%	\$0.00	0% 0%	\$0.00	0% 0%	\$0 \$0	
	\$0.00	0%	\$0.00 \$0.00	0%	\$0.00 \$0.00	0%	\$0	
-	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
Total Program	\$0.00	070	\$0.00	070	\$0.00	0,0	\$0	
Shared								
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
l	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0.00 \$0.00	0% 0%	\$0 \$0	
( <del></del>	\$0.00	0%	\$0.00 \$0.00	0%	\$0.00	0%	\$0 \$0	
1	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
l	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0	
	\$0.00	0%	\$0.00 <b>\$0.00</b>	0%	\$0.00 <b>\$0.00</b>	0%	\$0 \$0	
Total Shared	\$0.00							

### Rental or Use of Space Narrative Justification

Complete your Rental of Space Narrative justification description on the next page.

## 2014/2015 FCADV Budget Provider Name:

Program:	J. Rental of Ed	luipment	٧	/AWA/STOP		Other	1	Total Funding
\$0.00 0% \$0.			%	Amount	%	Amount	%	Amount
\$0.00   0%   \$0.00	Program:							
\$0.00   0%   \$0.00								\$0
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### **Rental of Equipment Narrative Justification**

Complete your equipment rental narrative justification description on the next page.

## 2014/2015 FCADV Rental of Equipment Narrative Provider Name:

	K. Insurance		VAWA/STOP		Other		Total Funding	
	Insurance	Annual Dollar Amount	%	Amount	%	Amount	%	Amount
	Program:	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.00
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	Total Shared	\$0.00		\$0.00		\$0.00		\$0.00
	Total	\$0.00		\$0.00		\$0.00		\$0.00

### Insurance Narrative Justification

Complete your business insurance narrative justification description on the next page.

## 2014/2015 FCADV Insurance Narrative Provider Name:

L. Membership Fees & Subscriptions		VAWA/STOP		Other		Total Funding	
Membership Fees & Subscriptions	Annual Dollar Amount	%	Amount	%	Amount	%	Amount
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Total Shared	\$0.00		\$0.00		\$0.00		\$0
Total	\$0.00		\$0.00		\$0.00		\$0

### Membership Fees & Subscriptions Narrative Justification

Complete your membership fees & subscription narrative justification description on the next page.

## 2014/2015 FCADV Membership Fees & Subscriptions Narrative Provider Name:

M. Advertising		VAWA/STOP		Other		Total Funding	
Advertising	Annual Dollar Amount	%	Amount	%	Amount	%	Amount
Program:							
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.
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Shared							
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	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0
	\$0.00	0%	\$0.00	0%	\$0.00	0%	\$0.
Total Shared	\$0.00		\$0.00		\$0.00		\$0.
Total	\$0.00		\$0.00		\$0.00		\$0.

Advertising Narrative Justification
Complete your advertising expense narrative justification description on the next page.

# 2014/2015 FCADV Advertising Narrative Provider Name:

In Kind Match	VAWA/STOP	Match Funding Source	Other	Match Funding Source	Total Match
A. Wages/Salaries					\$0.00
B. Fringe Benefits					\$0.00
C. Staff Travel					\$0.00
D. Contracted Services					\$0.00
E. Subcontracted Services					\$0.00
F. Participant Program Services					\$0.00
G. Office Expenses					\$0.00
H. Equipment (Inventory)					\$0.00
I. Rental or Use of Space					\$0.00
J. Rental of Equipment					\$0.00
K. Insurance					\$0.00
L. Membership Fees & Subscriptions					\$0.00
M. Advertising					\$0.00
Total Expenditures	\$0.00		\$0.00		\$0.00

In Kind match amounts are included in Total Agency Budget Summary page.

### In Kind Match Narrative Justification

Complete your in kind match justification description on the next page.

## 2014/2015 FCADV In Kind Match Narrative Provider Name:

Cash Match	VAWA/STOP	Match Funding Source	Other	Match Funding Source	Total Match
A. Wages/Salaries					\$0.00
B. Fringe Benefits					\$0.00
C. Staff Travel					\$0.00
D. Contracted Services					\$0.00
E. Subcontracted Services					\$0.00
F. Participant Program Services					\$0.00
G. Office Expenses					\$0.00
H. Equipment (Inventory)					\$0.00
I. Rental or Use of Space					\$0.00
J. Rental of Equipment					\$0.00
K. Insurance					\$0.00
L. Membership Fees & Subscriptions					\$0.00
M. Advertising					\$0.00
Total Expenditures	\$0.00		\$0.00		\$0.00

Cash match amounts appearing on this worksheet are not included in Total Agency Budget Summary page as "cash match".

They appear on the Total Agency Budget Summary page as part of your funding.

Cash Match Narrative Justification
Complete your cash match justification description on the next page.

## 2014/2015 FCADV Cash Match Narrative Provider Name: