

LEGAL APPLICANT (LEAD AGENCY):				
PROGRAM:				
INVOICE DATES:			TO	
PROGRAM YEAR:		2015-2016		
		CURRENT MONTH EXPENSES		
		CNCS	Grantee	Total
SECTION I: Program Operating Costs				
A. Personnel Expenses (list each employee by last name, first name initial and position title)				
		\$0.00	\$0.00	\$0.00
				\$0.00
				\$0.00
				\$0.00
A. Subtotal Personnel Expenses		\$0.00	\$0.00	\$0.00
B. Personnel Fringe Benefits				
	FICA			\$0.00
	Health			\$0.00
	Other			\$0.00
B. Subtotal Personnel Fringe Benefits		\$0.00	\$0.00	\$0.00
C. Travel				
	Staff Travel			\$0.00
	Member Travel			\$0.00
C. Subtotal Travel		\$0.00	\$0.00	\$0.00
D. Equipment (list each item of equipment seperately; must be \$5,000 or more)				
				\$0.00
				\$0.00
D. Subtotal Equipment		\$0.00	\$0.00	\$0.00
E. Supplies (be very specific and itemize; please add rows or change the items below as needed)				
	Staff Office Supplies			\$0.00
	Postage			\$0.00
	Printing			\$0.00
	Member Supplies			\$0.00
E. Subtotal Supplies		\$0.00	\$0.00	\$0.00
F. Contractual and Consultant Services (list each consultant seperately)				
				\$0.00
				\$0.00
G. Subtotal Contractual and Consultant Services		\$0.00	\$0.00	\$0.00
G. Training				
	Staff Training			\$0.00
	Member Training			\$0.00
G. Subtotal Training		\$0.00	\$0.00	\$0.00
H. Evaluation				
				\$0.00
H. Subtotal Evaluation		\$0.00	\$0.00	\$0.00
I. Other Program Operating Costs (list each cost individually; add rows as needed)				
	Background Checks			\$0.00
	Rent			\$0.00
	Utilities			\$0.00
	Member Service Gear			\$0.00
				\$0.00
I.Subtotal Other Program Operating Costs		\$0.00	\$0.00	\$0.00
SECTION I. PROGRAM OPERATING COSTS SUBTOTAL		\$0.00	\$0.00	\$0.00
SECTION II. Member Costs				
A. Living Allowance				
	Full Time (1700 hrs)	\$0.00	\$0.00	\$0.00
	Half Time (900 hrs)	\$0.00	\$0.00	\$0.00
	Reduced Half Time (675 hrs)	\$0.00	\$0.00	\$0.00
	Quarter Time (450 hrs)	\$0.00	\$0.00	\$0.00
	Minimum Time (300 hrs)	\$0.00	\$0.00	\$0.00
A. Living Allowance Subtotal:		\$0.00	\$0.00	\$0.00
B. Member Support Costs				
	FICA for Members	\$0.00	\$0.00	\$0.00
	Workers Compensation	\$0.00	\$0.00	\$0.00
	Health Care	\$0.00	\$0.00	\$0.00
B. Member Support Subtotal:		\$0.00	\$0.00	\$0.00
SECTION II. MEMBER COSTS SUBTOTAL		\$0.00	\$0.00	\$0.00
SECTION III. Administrative Costs				
A. Corporation Fixed Amount		\$0.00	\$0.00	\$0.00
B. Federally Approved Indirect Cost Rate		\$0.00	\$0.00	\$0.00
SECTION III. SUBTOTAL		\$0.00	\$0.00	\$0.00
LEGAL APPLICANT (LEAD AGENCY):				
PROGRAM:				
INVOICE DATES:			TO	
PROGRAM YEAR:		2014-2015		
		CURRENT MONTH EXPENSES		
		CNCS	Grantee	Total
TOTAL PER AMOUNTS:		\$0.00	\$0.00	\$0.00
CNCS / Grantee Share:		#DIV/0!	#DIV/0!	#DIV/0!
Commission Fixed Rate (payable to VF; VF will draw down; do not include in total PER Amount)		\$0.00		
APPROVED BY (must be typed or signed by program) :				
Date PER sent to Volunteer Florida:				