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|  | | | | | | **WIOA Adult/Dislocated Worker** | | | | | | | | | | | | | | | |
|  | | | | | | **BUDGET AND COST ALLOCATION PLAN** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | |  | | | | |  |
| Proposer Name | | | | |  | | | | | | | | |  | | Activity: (check proposed activity) | | | |
| Street Address | | | |  | | | | | | | | | |  | | SWJC Services | | | | | |
| City |  | | | | | | | | ,CA |  | | | |  | |  | | | | | |
| Program Contact | |  | | | | | | Phone | |  | | | |  | |  | | | | | |
| Fiscal Contact Person | | |  | | | | | Phone | |  | | | |  | |  | | | | | |
| **BUDGET PERIOD:** | | | | | | | From July 1, 2024 | | | | |  | | | | | Through June 30, 2025 | | | | |
|  | | | | | | | | | | | | |  |  | | | |  | | |  |
| **BUDGET SUMMARY - COST REIMBURSEMENT** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | |  | | | | **TOTAL** | | |
| **TYPE OF COST** | | | | | | | | | | | **SETA SHARE** | | | | **LEVERAGE** | | | |
| A. Personnel | | | | | | | | | | |  | | | |  | | | |  | | |
| B1. Fixed Asset Purchases | | | | | | | | | | |  | | | |  | | | |  | | |
| B2. Other Equipment Costs | | | | | | | | | | |  | | | |  | | | |  | | |
| C. Other Costs | | | | | | | | | | |  | | | |  | | | |  | | |
| D1. Other Participant Costs | | | | | | | | | | |  | | | |  | | | |  | | |
| Total Cost: | | | | | | | | | | |  | | | |  | | | |  | | |

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| --- | --- | --- |
| **COST ALLOCATION PLAN** | | |
| ACTUAL METHODS (Do not give dollar amounts), which will be used to charge/allocate a FAIR SHARE of | | | |
| ACTUAL costs to this budget ("Budget" column) and to cost categories (administration and program) within | | | |
| the budget ("Cost Category"). |  |  |
|  |  |  |
|  | **Use abbreviation at bottom of page** | |
| **Cost Item** | **Budget** | **Cost Category** |
| A. Personnel Costs |  |  |
|  |  |  |
| B. Equipment Costs |  |  |
|  |  |  |
| C. Other Costs |  |  |
|  |  |  |
| D. Direct Participant Costs |  |  |
|  |  |  |
|  |  |  |
| **ABBREVIATIONS**: (Some commonly used methods. If a method you use is not listed, add it to the list) | | | | |
| DC = Direct Charge: Not a share cost. ACTUAL costs charged to a budget or cost category will be | | | | |
| directly identified with the budget or cost category. | |  |
| ST = Staff time: Shared Cost. ACTUAL costs will be allocated to a budget or cost category based | | | | |
| upon the % of total ACTUAL staff time spent on the budget or cost category. | | |
| SF = Square Footage: Shared Cost. ACTUAL costs will be allocated to a budget of cost category | | | | |
| based upon the % of ACTUAL space used for the budget or cost category. | | |
| SF/ST = Square Footage Combined with Time of Staff Using Space: Shared cost. ACTUAL costs will | | | | |
| be allocated to a budget or cost category based upon the % of total ACTUAL space and the % | | | | |
| of total ACTUAL staff time within the space used for the budget or cost category. | | |
| #S = Number Served: Shared cost. ACTUAL costs will be allocated to a budget based upon the % | | | | |
| of total ACTUAL participants served by the budget. | |  |
| U = Usage: Shared cost. ACTUAL costs will be allocated to a budget or cost category based upon | | | | |
| the % of total ACTUAL usage for the budget or cost category. The backup documentation for | | |

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| --- |
| ACTUAL usage will be :      . |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **A. PERSONNEL COSTS** |  |  |  |  |  |  | |  | Dates | Full Salary | Number of | SETA | Costs For This Program | | | 1. Job Title | From-To | Per Year X | Months X | % | SETA SHARE | TOTAL | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | Total Salaries |  |  |  |  |  |  | | 2. Total Fringe Benefits (Employer's Contribution Only)      % of Salaries (Average) | | | |  |  |  | | Total Personnel Costs Salaries + Fringe Benefits | | |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |  |  |  |
| **B. EQUIPMENT COSTS** | |  | | | | | | | **Costs For This Program** | | |
| 1. Purchases of Fixed Assets | | Full Purchase Price x SETA % | | | | | | | SETA SHARE | | TOTAL |
|  | |  | | | |  | | |  | |  |
|  | |  | | | |  | | |  | |  |
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|  | |  | | | |  | | |  | |  |
| Total Purchases of Fixed Assets | |  | | | |  | | |  | |  |
| **2. Other Equipment Costs** | | Full Purchase Price x SETA %  Or  Full Cost/Mo. X # Mos. X SETA % | | | | | | |  | |  |
| P, L, R  D or U | P = Purchase L = Lease  R = Rent D = Depreciation  U = Use Allowance |
|  |  |  | |  | | |  | |  | |  |
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|  |  |  | |  | | |  | |  | |  |
| Total Other Equipment Costs | |  | |  | | |  | |  | |  |
| Total Equipment Costs (Purchases of Fixed Assets + Other Equipment Costs) | | | | | | | | |  | |  |
| **Fixed Assets**: Equipment (non-expendable personal property) with an acquisition cost of $5,000 or more per unit and a useful life of more than 1 year. | | | | | | | | | | | |
| **C. OTHER COSTS** | | | |  | | | | | Costs For This Program | | | | | |
| 1. Direct | | | | Full Cost Information x SETA % | | | | | SETA SHARE | | TOTAL | | | |
| Facility: | | | |  | |  | | |  | |  | | | |
| Non-Owned: \_\_\_Rent \_\_ Lease | | | |  | |  | | |  | |  | | | |
| Owned: \_\_\_ Depreciation | | | |  | |  | | |  | |  | | | |
| Address: | | | |  | |  | | |  | |  | | | |
| Utilities | | | |  | |  | | |  | |  | | | |
| Telephone | | | |  | |  | | |  | |  | | | |
| Office Supplies | | | |  | |  | | |  | |  | | | |
| Duplication/Printing | | | |  | |  | | |  | |  | | | |
| Other: | | | |  | |  | | |  | |  | | | |
| Insurance: Fidelity/Depositors' Forgery | | | |  | |  | | |  | |  | | | |
| Property | | | |  | |  | | |  | |  | | | |
| General Liability | | | |  | |  | | |  | |  | | | |
| Vehicle Liability | | | |  | |  | | |  | |  | | | |
| Other: | | | |  | |  | | |  | |  | | | |
| Travel:      Local Mileage: | | | |  | |  | | |  | |  | | | |
| Other: | | | |  | |  | | |  | |  | | | |
| Subcontracts: | | | |  | |  | | |  | |  | | | |
|  | | | |  | |  | | |  | |  | | | |
| Total Direct Costs | | | |  | |  | | |  | |  | | | |
| 2. \*Indirect Costs - Approved Rate:       % x Direct Costs of $ | | | | | | | | |  | |  | | | |
| Total Other Costs Direct + Indirect | | | | | | | | |  | |  | | | |

\*Attach copy of approval letter from cognizant agency

|  |  |  |
| --- | --- | --- |
| Type/Cost Information | **SETA SHARE** | **TOTAL** |
| Other Participant Costs |  |  |
| Training Materials: |  |  |
| Other: |  |  |
| Total Other Participant Costs |  |  |