

Grantee									
Grant Contract Number									
Grant Program		Sexual Assault Prevention and Crisis Services-Federal							
City									
County									
Grant Period		February 2015 - January 31, 2016							
FY 2015 PERSONNEL & FRINGE									
SALARY FY 2015									
	Title of the Position	Name (State if vacant)	Hrs/wk	Hrs/wk on grant	% of Time	Annual Salary	Months	Total	
1.					0.00%	\$0		\$	
2.					0.00%	\$0		\$	
3.					0.00%	\$0		\$	
4.					0.00%	\$0		\$	
5.					0.00%	\$0		\$	
6.					0.00%	\$0		\$	
Additional four positions for Statewide Technical Assistance Applicants Only:									
7.					0.00%	\$0		\$	
8.					0.00%	\$0		\$	
9.					0.00%	\$0		\$	
10.					0.00%	\$0		\$	
								Salary Total	\$
FY 2015 POSITION NARRATIVE									
Provide a justification, which relates to the project's goal.									
1.									
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FRINGE Calculation Method											Fringe Total
CALCULATION METHOD A: Fringe is calculated using a percentage of total salaries.											\$0
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	Statewide Only Title of Position #7	Statewide Only Title of Position #8	Statewide Only Title of Position #9	Statewide Only Title of Position #10	Total
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% of Total Salaries Used to Calculate Fringe											0.00%
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CALCULATION METHOD B: Fringe is not computed by using a percentage of total salaries.											
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	Statewide Only Title of Position #7	Statewide Only Title of Position #8	Statewide Only Title of Position #9	Statewide Only Title of Position #10	Total
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fringe Detail: Include Calculation Method (Percentage or Actual Cost)	Calculation Method B (percentage or actual cost)										
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PROFESSIONAL & CONSULTANT		FY 2015				
Organizational Affiliation	Name	Rate	Specify Unit: Days or Hours	# of Days or Hours	Total	
1.		\$0.00		0	\$	
2.		\$0.00		0	\$	
3.		\$0.00		0	\$	
Professional & Consultant Total					\$	
FY 2015 PROFESSIONAL & CONSULTANT JUSTIFICATION						
Provide a justification, which relates to the project's goal.						
1.						
2.						
3.						
TRAVEL		FY 2015				
		# of Trips	# of People/ Drivers	\$ Cost	# of Miles or Days	Total
Local Travel (Mileage Only)		0	0	\$0.000	0	\$
In-State Travel						
Mileage		0	0	\$0.000	0	\$
Airfare		0	0	\$0.000		\$
Per Diem			0	\$0.000	0	\$
Lodging			0	\$0.000	0	\$
Rental car				\$0.000	0	\$
Parking at Airport				\$0.000	0	\$
Other						\$
Other						\$
Other						\$
Out-of-State Travel (Statewide Applicants for Technical Assistance Only)						
Mileage		0	0	\$0.000	0	\$
Airfare		0	0	\$0.000		\$
Per Diem			0	\$0.000	0	\$
Lodging			0	\$0.000	0	\$
Rental car				\$0.000	0	\$
Parking at Airport				\$0.000	0	\$
Misc/Hotel Tax						\$
Other						\$
Other						\$
Travel Total					\$	
FY 2015 Local TRAVEL JUSTIFICATION						
Provide a justification, which relates to the project's goal.						
FY 2015 In-State TRAVEL JUSTIFICATION						
Provide a justification, which relates to the project's goal.						
FY 2015 Out-of-State TRAVEL JUSTIFICATION						
Provide a justification, which relates to the project's goal.						

EQUIPMENT		FY 2015		
		Unit Cost	# of Items	Total
1.		\$0.00	0	\$0
2.		\$0.00	0	\$0
3.		\$0.00	0	\$0
4.		\$0.00	0	\$0
5.		\$0.00	0	\$0
6.		\$0.00	0	\$0
Equipment Total				\$0
FY 2015 EQUIPMENT NARRATIVE				
Provide a justification, which relates to the project's goal.				
1.				
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SUPPLIES		FY 2015			
		Months	Cost	# of Items or Staff	Total
One-Time Purchases:					
1.			\$0.00	0	\$0
2.			\$0.00	0	\$0
3.			\$0.00	0	\$0
4.			\$0.00	0	\$0
5.			\$0.00	0	\$0
6.			\$0.00	0	\$0
7.			\$0.00	0	\$0
General Office Supplies:					
8.			\$0.00	0	\$0
9.			\$0.00	0	\$0
10.			\$0.00	0	\$0
Supplies Total					\$0
FY 2015 SUPPLIES NARRATIVE					
Provide a justification, which relates to the project's goal.					
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OTHER DIRECT OPERATING EXPENSES		FY 2015			
		# of Staff or Items	Months	Cost	Total
One-Time Purchases:					
1.		0		\$0.00	\$0
2.		0		\$0.00	\$0
3.		0		\$0.00	\$0
4.		0		\$0.00	\$0
5.		0		\$0.00	\$0
On-Going Expenses:					
6.		0	0	\$0.00	\$0
7.		0	0	\$0.00	\$0
8.		0	0	\$0.00	\$0
9.		0	0	\$0.00	\$0
10.		0	0	\$0.00	\$0
FY 2015 OTHER DIRECT OPERATING EXPENSES NARRATIVE					
Provide a justification, which relates to the project's goal.					
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Travel for non-grant funded individuals such as for advisory committees and primary prevention committees.	# of Trips	# of People	\$ Cost	# of Miles or Days	Total
Mileage	0	0	\$0.000	0	\$
Airfare	0	0	\$0.000		\$
Per Diem		0	\$0.000	0	\$
Lodging		0	\$0.000	0	\$
Misc/Hotel Tax		0	\$0.000	0	\$
Other					\$
Total Travel for non-grant funded individuals					\$
ODOE Total					\$0
FY 2015 OTHER DIRECT OPERATING EXPENSE-TRAVEL NARRATIVE					
Provide a justification, which relates to the project's goal.					
Total Budget FY 2015					\$