

Budget Narrative Form Description of Fund Use

Category Line Items-reference columns of what can and cannot be included in a category line item.

ECCLI funds may not be used to support employee release time and/or down time, wage increases or any backfilling of assignments while employees are engaged in ECCLI activities. However, pro-rated wages for employees who are also instructors may be included. Use whole dollar amounts.

ECCLI Funds

Category Line Items	Description of use of funds Example of request:	What can be included	What can not be included
Payroll: Internal Staff Requested Amount	Person(s) on yours or your partner's payroll that will be funded with ECCLI funds. Show the Number of hours, hourly rate x the number of months (can not be before contract start date or after contract end date). Example: Project Director-for 10 hours per week @\$35.00 per hour for 12 months \$4,200 Program Manger-for 15 hours per week @ \$20.00 per hour for 12 months @ \$3,600 (Can also include internal staff as a Trainer for the program.)	Salary or a portion of salary for staff that will be providing support to the ECCLI program. Project Coordinator/Director, Program Manager, Oversight of the contract, Trainer.	Back filling, salary of staff being used to fill positions of participants enrolled in training. Wage increases and bonus. Employee Release Time.
Fringe: Internal Staff Request Amount	Person(s) fringe benefit can be a percentage of internal staff payroll salary from line item above. Example: ECCLI Project Director: 25 % of payroll = \$1,050.00 ECCLI Program Manager 25% of payroll= \$900.00 Trainer 25% of payroll=		Same as above

Category	Description of use of funds	What can be included	What can not be included
Other Program Cost			
Travel Request Amount	Internal Project Staff that will be traveling to and from locations for meetings, related to ECCLI activity. Example: Program Manager and Trainer. Estimated number of miles @ standard rate of mileage reimbursement (Rate can not exceed the Federal/IRS requirement) plus tolls and parking.	In State Travel only for Mileage, tolls, parking	Out of State Travel, Overnight Expenses. Participant Travel (see support services-transportation).
Space Rental Requested Amount	(See Contribution Description)	This is an allowable cost, only if necessary and justified. Must be related to an ECCLI activity.	An agreed upon rental agreement or part of the facilities operating cost.
Telephone Requested Amount	(See Contribution Description)	Monthly phone charge for business purpose only, needs to be related to ECCLI Activity. Can be cell phone charge within reason.	A facilities regular monthly phone service operating cost or a portion of existing cost.
Equipment Rental & Lease Requested Amount	Justification of what equipment needs to be rented or lease for the purpose of fulfilling program/contract obligations.	Must be reasonable and related to the project.	
Equipment Purchase Requested Amount	Justification of what equipment needs to be purchased for the purpose of fulfilling program/contract obligations.	Must be reasonable and related to the project.	

Category	Description of use of funds	What can be included	What can not be included
Computer Requested Amount	Justification of what will be purchased, it's use and by who and the location of where the computer will be housed.	Desk Top Computer, Laptop and peripherals. Must be reasonable and program/office related. Hardware only.	Software
Postage Requested Amount	Describe what postage is for. (do not need to go into detail of postage rates.)	Mailings to participants, community and partners.	
Publication/Printing Copying Requested Amount	Describe what is being requested (do not need to go into detailed cost of the printing and copying cost)	Cost for printing and copying of materials for use in the program as long as there is no violation of copyright privileges/ (copying of books), graduation notices, certificates.	
Meeting Refreshments Requested Amount	Limit for refreshments is \$20 per meeting and \$250 per graduation. Example: Refreshments for 4 advisory meetings \$20 per meeting. Refreshments for 4 roll out informational meetings \$20 per meeting. Refreshments for 2 graduation celebrations (not to exceed \$250 per graduation).	Refreshments for Advisory/Partner meetings, informational sessions, graduations. Cost must be reasonable and related to project.	Refreshments for participants while attending training.
Office Supplies Requested Amount	Office Supplies for training related activities.	Basic office supply items (copy paper, pens, pencils, binders, note paper)	Furniture, file cabinets, other type of equipment.

Category	Description of use of funds	What can be included	What can not be included
Marketing Requested Amount	Justification of what the purpose of the marketing request is for. (This line item may or may not be allowable).	Only for internal marketing of program. Only to recruit incumbent workers.	Advertising for external purposes or recruitment of program for new employees. Membership fees to trade organizations.
Training Materials Requested Amount	Materials that are related to the training program being offered and should describe what is being requested. Include material costs that are not part of the vendor or consultant's training cost. Example: Purchase of 20 books @ \$100 per book for Skills Training. Purchase of a mannequin to be used in the Skills Training Class \$500	Books, videos, course work. Items related to the training course such as mannequins, stethoscopes, watches, gait belts, pressure devices, uniforms, and shoes. As long as these cost are not included in the training vendor cost.	Subscriptions
Supported Services			
Child Care Requested Amount	Is allowable, need to show detail of what is being requested and must have documentation and purpose of each participant being reimbursed on file. Should have an written policy and a CAP of how much per person will be reimbursed.		
Transportation Requested Amount	Reimbursement for participant travel to and from place of employment to training location. (Rate can not exceed the Federal/IRS requirement)	In State Travel only for Mileage, tolls, parking, bus, MBTA, cab. Participant travel only.	Out of State Travel, Overnight Expenses.

Category	Description of use of funds	What can be included	What can not be included
Contracted Services-Training			
Consultants Requested Amount	Describe what funds are being requested for training or services, the cost and the individual that is providing the training or service. Example: I HOP Consulting to provide 2 sessions of Supervisor/Management training @ \$4,250.00 per session. NOTE: At the application stage you should enter into a letter of intent with the provider. If awarded funding from CommCorp and prior to the start of the training/service you should enter into a service contract/agreement, once the agreement/contract is fully executed a copy must be on file with CommCorp.	Individual Trainer and Project staff that are not employees of a facility or its partners.	
Training Service Providers Requested Amount	Describe what training funds are being requested for, cost, Intuitions or Organizations that are providing the training. Example: NSCC : Clinical Skills Training-Alzheimer’s Training. \$8,500.00(detail of classes will be on timeline) Clinical Skills Training-Palliative Care Training \$8,500.00 (detail of classes will be on timeline) NOTE: At the application stage you should enter into a letter of intent with the provider. If awarded funding from CommCorp and prior to the start of the training program you should enter into a service contract agreement, once the agreement/contract it is fully executed a copy must be on file with CommCorp)	Any external Institution or Organization	
Total Budget Request Should Match Total Amount of Budget	Maximum allowable per application applying for Please ensure that the line items and total budget request agrees with each line item on the Budget Form, Budget Request amount and also with the total amount on the Project Spending Plan.		

**Budget Narrative Form Description of
Cash and In-Kind Contributions**

Cash contribution-actual money contributed/paid such as salaries, training cost and In-kind-which are other types of contributions such as space, office supplies, telephone that are paid for with funds that are not from the ECCLI budget. (Investment/contribution/match can be in-kind and must be specifically related to the ECCLI Program and show the leveraging of funds for the program by the employer(s).)

Please note that Paid Employee Release Time is a requirement of receiving ECCLI funds and must include a minimum of 50% paid training time for employees participating in training activities.

Use whole dollar amounts.

Category	Contribution Description (Describe what is being contributed by the employer for each line item.)	What can be included	What can not be included
Payroll: Internal Staff Amount	Internal Staff that is supporting the ECCLI funded program. Example Project Director for 12 months (one day per week) dollar amount per week Administration Assistant for 12 months (two days per week) dollar amount per week	Internal Staff Salary or a portion of salary for staff that will be providing support to the ECCLI program. Project Coordinator/Director, Program Manager, Oversight of the contract, Trainer. This could also be financial, advisory board and management staff.	Backfilling of a position while the employee is attending a training class. Wage increases and bonus.
Employee Release Time	Employee release time is a requirement of the	Employee Release Time,	

Amount	<p>ECCLI funds and must be paid to any employee that is participating in an ECCLI funded training/workshop. At least 50% paid release time must be paid. CommCorp strongly encourages, 100% paid release time. Example: Paid release, if a training is two hours, one hour is paid by the employer the other hour is on the employees own time, regardless of when the class is being offered. If the participant is not scheduled to work when the training is being offered they still must receive 50% paid release time for attending the class. If the training is offered in the evening or on a Saturday and the employee is not scheduled to work during that time, they still must be paid 50% release time for attending the class.</p> <p>Example: Clinical Skills Training 15 Participants x 3 hr class x 20 classes x \$11.00 per hour=Dollar Amount (This should be shown for each training that will be paid with ECCLI funds.)</p>	Hourly wage per participant. This can be an average (if there are 5 employees and they all receive different rates an average can be used to determine the 50% hourly rate.	
<p>Fringe: Internal Staff Amount Employee Release Time Amount</p>	<p>Person(s) fringe benefit can be a percentage of payroll salary.</p> <p>Example: Internal Staff 15,000.00@ fringe rate of 25% Employee Release Time \$20,200.00 fringe rate of 25%</p>		

Category	Contribution Description (Describe what is being contributed by the employer for each line item.)	What can be included	What can not be included
Other Program Cost			
Travel Amount	Internal Project Staff that will be traveling to and from locations for meetings, related to ECCLI activity. Example: Program Manager and Trainer 1,800 miles @ .445 per mile (Rate can not exceed the Federal/IRS requirement) plus tolls and parking.	In State Travel only for Mileage, tolls, parking	Out of State Travel, Overnight Expenses. Participant Travel.(see support services-Transportation)
Space Rental Amount	Use of classroom at the Community College Example: 12 months of rental space for classroom use, twice per week for two hours. \$100 per session.		.
Telephone Amount	Specific to a land or cell phone. Describe what is being requested. Example: One phone line for Program Manager \$35 per month for 12 months	Monthly phone charge for business purpose only, needs to be related to ECCLI Activity. Can be cell phone charge within reason.	.
Equipment Rental & Lease Amount	Reference Description (ECCLI funds)		
Equipment Purchase Amount	Reference Description (ECCLI Funds)		
Computer Amount	Reference Description (ECCLI funds)		

Category	Contribution Description (Describe what is being contributed by the employer for each line item.)	What can be included	What can not be included
Postage Amount	Reference Description (ECCLI Funds)		
Publication/Printing Copying Amount	Reference Description (ECCLI Funds)		
Meeting Refreshments Amount	Reference Description (ECCLI Funds)		
Office Supplies Amount	Reference Description (ECCLI Funds)		
Marketing Amount	Reference Description (ECCLI Funds)		
Training Materials Amount	Reference Description (ECCLI Funds)		
Support Services			
Child Care Amount	Reference Description (ECCLI Funds)		
Transportation Amount	Reference Description (ECCLI Funds)		
Contracted Services- Training			
Consultants Amount	Reference Description (ECCLI Funds)		
Training Service Providers Amount	Reference Description (ECCLI Funds)		
Total Budget Amount of In-Kind Contribution from Budget	Please ensure that the line items and total in-kind contribution request agrees with each line item on the Budget Form, Budget Request amount and also with the total amount on the Project Spending Plan.		

