

Planning Grant 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

Category Line Items	Description of use of funds Example of request:	What can be included	What can not be included
<p>Payroll: Internal Staff</p> <p>Requested Amount</p>	<p>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-5 hours per week @\$35.00 per hour for 6 months \$4,200 Program Manger-10 hours per week @ \$20.00 per hour for 6 months @ \$4,800</p>	<p>Salary or a portion of salary for staff that will be providing support to the ECCLI planning project.</p>	<p>Back filling, of a position while the employee is attending meetings/trainings.</p>
<p>Fringe: Internal Staff</p> <p>Request Amount</p>	<p>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= \$1,200.00 Trainer 25% of payroll=</p>		<p>Same as above</p>

Category Line Items	Description of use of funds Example of request:	What can be included	What can not be included
Other Planning Cost			
Travel	Internal Project Staff that will be traveling to and from locations for meetings, related to ECCLI activity. Example: 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 should be included under Support Services, Transportation line item below.
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 planning process as long as there is no violation of copyright privileges (like copying books).	
Meeting Refreshments Requested Amount	Describe what is being requested.	Refreshments for meetings and informational sessions.	Refreshments for participants while attending training.

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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.
Marketing Requested Amount	Justification of what the purpose of the marketing request is for. (This line item may or may not be allowable).	Materials to market the program.	External advertising, advertising for recruitment of program for new employees. Membership fees to trade organizations.
Support Services			
Child Care Requested Amount	Cost for providing childcare while participant attends an information or planning meeting.	Need to show detail of what is being requested, documentation and purpose of participant being reimburse must be on file. Recommended to have a written policy and a CAP of how much per person will be reimbursed.	
Transportation Requested Amount	Participant travel reimbursement to attend informational or planning meeting. (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			
Consultants Planning Consultants Requested Amount	Describe what funds are being requested for. 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 date of the service you should enter into a service contract/agreement. Once the agreement is fully executed a copy must be on file with CommCorp.)	Individual Trainer, Project Staff (that is not an employee of the facility or its partners).	
Total Budget Request Amount	Maximum allowable per application applying for. Please ensure that the line items and total budget request agrees with the Budget Form, amount.		