

Detailed Budget Template & Statement of Work - Contractor

Updated 04/05/2022 (SMW)

Name of Grant/Contract: COVID-19 Grant Funding for College/Universities - SFY2023

Name of Contractor:

Contractor Contact Person:

E-mail & Phone # of Contract Person:

Funding Timeframe: August 1, 2022 – June 30, 2023

Funding Amount (up to \$100,000):

Salaries & Wages				
Position Title and Name	Annual Salary	Time	Months	Total
Position Title and Name				Overall Total
Total Personnel				
Fringe Benefits				
Indirect Cost				
Combined Total of Personnel, Fringe & IDC				\$...

***** NOTE: For each position listed above put the position information below as requested. *****

(Job Title): (detailed explanation of duties and how they are related to this grant).

- (Name of Position) – (List Vacant or Name of Employee)
- (Name of Position) – (List Vacant or Name of Employee)
- (Name of Position) – (List Vacant or Name of Employee)

(Job Title): (detailed explanation of duties and how they are related to this grant).

- (Name of Position) – (List Vacant or Name of Employee)
- (Name of Position) – (List Vacant or Name of Employee)
- (Name of Position) – (List Vacant or Name of Employee)

Detailed Budget Template & Statement of Work - Contractor

Updated 04/05/2022 (SMW)

(Job Title): (detailed explanation of duties and how they are related to the Grant).

- (Name of Position) – (List Vacant or Name of Employee)
- (Name of Position) – (List Vacant or Name of Employee)
- (Name of Position) – (List Vacant or Name of Employee)

Consultant

Name of Consultant:

Organizational Affiliation (if applicable):

Nature of Services to Be Rendered:

Relevance of Service to the Project:

Number of Days of Consultation (basis for fee):

Expected Rate of Compensation:

Method of Accountability:

Supplies (Equipment is defined as tangible, non-expendable personal property (including exempt property) that is \$5,000 or more per unit and useful life of more than one-year, otherwise it goes under Supplies.)

Item Requested	Type	Number of Units	Unit Cost	SFY
(Name of Supply Request 1)	(Categorize)	(###)	###.##	\$(Total Cost)
(Name of Supply Request 2)	(Categorize)	(###)	###.##	\$(Total Cost)
(Name of Supply Request 3)	(Categorize)	(###)	###.##	\$(Total Cost)
			TOTAL	\$(Overall Total Cost)

(Name of Supply Request 1)

- (Brief explanation of purpose of request and how it relates to the Grant).

(Name of Supply Request 2)

- (Brief explanation of purpose of request and how it relates to the Grant).

(Name of Supply Request 3)

- (Brief explanation of purpose of request and how it relates to the Grant).

This gives us an approximate overall total for supplies of \$#,###,###.

Detailed Budget Template & Statement of Work - Contractor

Updated 04/05/2022 (SMW)

In-State Travel

# Staff	Length of Trip		Mileage		Lodging		Other Expenses	Cost/Trip	# Trips	Total Cost
	Days	Per Diem	# miles	\$/mi	# nights	\$/night				
		\$		\$0.585		\$	\$	\$		\$
		\$		\$0.585		\$	\$	\$		\$
		\$		\$0.585		\$	\$	\$		\$
TOTAL									\$(Overall Total Cost)	
NOTE:										

(Brief Explanation of purpose of request and how it relates to the Grant)

Example of Formula: OKC, OK to Tulsa, OK is 110 miles x .585 per mile = \$64.35

Other

Item Requested	Number of Units	Cost per Unit	SFY2022
(Name of Item Requested)	#	###.##	##,###.##
(Name of Item Requested)	#	###.##	##,###.##
(Name of Item Requested)	#	###.##	##,###.##
TOTAL			##,###

(Item Requested):

- (Justification for item and how they are related to the Grant.)

(Item Requested):

- (Justification for item and how they are related to the Grant.)

(Item Requested):

- (Justification for item and how they are related to the Grant.)

Detailed Budget Template & Statement of Work - Contractor

Updated 04/05/2022 (SMW)

This gives the overall total for 'Other', \$XX,XXX.XX.

Contractual

We have approximately ## proposed contracts for a total of \$##,###,###.##.

****Note: If Vendor is unknown put 'Name of Vendor' as 'TBD'.****

Name of Vendor:

Total Cost of Contract:

Method of Selection:

Period of Performance:

Method of Accountability:

Scope of Work:

Name of Vendor:

Total Cost of Contract:

Method of Selection:

Period of Performance:

Method of Accountability:

Scope of Work:

The total budget submitted is for \$XX,XXX,XXX.XX.

Contractors Statement Of Work/Duties

Requests *(Are there any needs/requests/requirements you have with Immunization Service)*