

SNAP2WORK - Third Party Reimbursement Program
Local Agency Budget Estimate

Local Agency Name: _____
Operational Period: _____

| 1. SALARY COSTS (Employees directly involved in SNAP E&T activities or administrative support) | | | | | | | |
|--|------|-------|--------|---------------|---------------|-------------------|----------------|
| Position Title | Name | % FTE | Salary | E&T Salary | Fringe % Rate | E&T Fringe Amount | Total E&T Cost |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 |
| TOTAL | | | | \$0.00 | | \$0.00 | \$0.00 |

| 2. GOODS, SERVICES, Other | BUDGET NARRATIVE |
|--|------------------|
| a. Office Equipment/Supplies _____ | |
| b. Postage _____ | |
| c. Copying/Printing _____ | |
| d. Lease /Space Rental _____ | |
| e. Utilities _____ | |
| f. SNAP Program Marketing _____ | |
| g. Training _____ | |
| h. Accounting/Audit Services _____ | |
| i. Support Svcs (Childcare/Transportation) _____ | |
| j. Tuition/Fees _____ | |
| k. Books _____ | |
| l. Maintenance/Repairs _____ | |
| m. SNAP Related Travel _____ | |
| n. Other (Explain in budget narrative) _____ | |
| TOTAL | \$0.00 |

| 3. INDIRECT COSTS (Please indicate the indirect cost rate and the methodology used to determine indirect costs) | |
|---|---|
| Indirect Costs _____ | Federally approved indirect cost rate of _____% applied to the following costs: |
| TOTAL | \$0.00 |

| 4. PROGRAM COSTS SUMMARY | |
|--------------------------------------|---------------------|
| Budget Category | Total Program Costs |
| a. Personnel (Salary & Fringe) _____ | \$0.00 |
| b. Goods, Services, Other _____ | \$0.00 |
| c. Indirect Costs _____ | \$0.00 |
| TOTAL BUDGET | \$0.00 |

*Submit Local Match Certification Form to identify the source and amount of non-Federal funds available to operate the program