

Attachment D Workforce Innovation Grant Budget Planning Worksheet

Please submit this summary along with your application for the WIOA Innovation Grant. Additional budget information should be attached to your application, including a thorough explanation for each budget line item as requested in the Application Narrative, Section 4, of the Notice of Availability of Funds and a copy of your agency's indirect cost rate agreement.

PROGRAM INFORMATION	
Applicant	
Proposal Title	

ADMINISTRATION FUNDS - STAFF & OPERATING EXPENSES							
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SALARIES/FRINGE BENEFITS							
	Staff needed for grant administration	Proposed Weekly Hours	Salary (by hour)	Proposed Number of Weeks Working	Fringe Benefits	TOTAL	Contributed Funds*
SUBTOTAL						\$	\$

OPERATING EXPENSES - Administration							
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	Equipment						
	Supplies						
	Facility Expenses						
	Other (please describe):						
SUBTOTAL						\$	\$

INDIRECT COST - Administration							
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	Indirect Costs						
SUBTOTAL						\$	\$

OTHER EXPENSES - Administration Staff & Operating (specify below)							
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SUBTOTAL						\$	\$

ADMINISTRATION FUNDS – STAFF & OPERATING EXPENSES SUBTOTAL							
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						\$	\$
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PROGRAM FUNDS - STAFF & OPERATING EXPENSES							
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SALARIES/FRINGE BENEFITS							
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	Staff needed for program implementation	Proposed Weekly Hours	Salary (by hour)	Proposed Number of Weeks Working	Fringe Benefits	TOTAL	Contributed Funds*

		SUBTOTAL	\$	\$
OPERATING EXPENSES - Program				
	Equipment			
	Supplies			
	Other (please describe):			
		SUBTOTAL	\$	\$
INDIRECT COST - Program				
	Indirect Costs			
		SUBTOTAL	\$	\$
OTHER EXPENSES - Program Staff & Operating (specify below)				
		SUBTOTAL	\$	\$
PROGRAM FUNDS – STAFF & OPERATING EXPENSES SUBTOTAL			\$	\$

PROGRAM FUNDS – PARTICIPANT COSTS				
ASSESSMENTS				
	Participant Assessments			
	Other (please describe):			
		SUBTOTAL	\$	\$
WORK EXPERIENCE				
	Work Experience			
	Other (please describe):			
		SUBTOTAL	\$	\$
EDUCATION/TRAINING				
	High School Equivalency and Basic Skills			
	Occupational Classroom Training			
	On-the-Job Training			
	Apprenticeship			
	Other (please describe):			
		SUBTOTAL	\$	\$
SUPPORTIVE SERVICES				
	Transportation			
	Child Care			
	Boots, Supplies, Uniforms, Tools, Fees			
	Other (please describe):			

	SUBTOTAL	\$	\$
OTHER EXPENSES - Participant Costs (specify below)			
	SUBTOTAL	\$	\$
	PROGRAM FUNDS – PARTICIPANT COSTS SUBTOTAL	\$	\$
OTHER EXPENSES			
Other (please describe):			
	SUBTOTAL	\$	\$
TOTAL BUDGET		\$	\$

*If you are receiving a match or contribution from another entity, record the amount from those funds that will be used for each line item here.