

# BUDGET DETAIL WORKSHEETS

OMB Number: 1103-0097

Expiration Date: 2/29/2008

\* Applicant Legal Name:

ORI #:



## COPS FUNDING REQUEST

Federal assistance is being requested under the following COPS Office funding category:

\* Please select the funding category that was selected on the COPS Application Attachment to SF-424.

<input type="checkbox"/> COPS in Schools	<input type="checkbox"/> Targeted Programs
<input type="checkbox"/> Tribal Programs	<input type="checkbox"/> Interoperable Communications Technology Program
<input type="checkbox"/> Universal Hiring Program	<input type="checkbox"/> Secure Our Schools
<input type="checkbox"/> Community Policing Development Programs	

### A. Sworn Officer Positions

No Sworn Officer Positions Requested

**Instructions:** COPS hiring grant programs pay for entry-level salaries and benefits of newly hired, additional sworn law enforcement officers for a period of thirty-six (36) months.

This worksheet will assist your agency in properly organizing your **maximum estimated** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits **rounded to the nearest whole dollar** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (i.e., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions; part 2 if you are requesting part-time officer positions; and both parts 1 and 2 if you are requesting full and part-time officer positions.

Officer Positions Requested:

\* Full-time:  \* Part-time:

Enter the number of new, entry-level full-time and/or part-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

Please complete if your agency is requesting part-time officers:

Part-Time Hours:

- \* What is the average number of hours per week that your part-time COPS officer will work?
- \* How many hours per week is considered full-time employment?
- \* What is the average number of hours per year that your part-time COPS officer will work?
- \* What is the hourly rate for the part-time COPS officer?

To calculate the base salary amount for part-time officers, multiply the hourly rate by the average number of hours per year that the part-time COPS-funded officer will work. You will enter this base salary on page 4.

*Note:* There is a funding cap for part-time officers in proportion to the number of hours worked and the maximum federal funding allowed under a particular COPS hiring program. For example, "COPS in Schools" has a maximum federal share of \$125,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 X \$125,000 (maximum allowed) = \$62,500. "The Universal Hiring Program" has a maximum federal share of \$75,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 X \$75,000 (maximum allowed) = \$37,500.

\* Applicant Legal Name:

ORI #:

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**Instructions:** Please indicate the law enforcement agency's cost for each of the following categories. *Please do not include employee contribution costs.*

### Part 1: Full-Time Officer Information

#### Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits

\* Base Salary:

Fringe Benefit	Cost (\$)	% of Base	Additional Information	
*Social Security	<input type="text"/>	<input type="text"/>	Can't Exceed 6.2%.	If Exempt Check Here: <input type="checkbox"/>
*Medicare	<input type="text"/>	<input type="text"/>	Can't Exceed 1.45%.	If Exempt Check Here: <input type="checkbox"/>
Health Insurance	<input type="text"/>	<input type="text"/>	Family Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	<input type="text"/>	<input type="text"/>		
Vacation	<input type="text"/>	<input type="text"/>	Number of Hours Annually:	<input type="text"/>
Sick Leave	<input type="text"/>	<input type="text"/>	Number of Hours Annually:	<input type="text"/>
Retirement	<input type="text"/>	<input type="text"/>		
Worker's Comp	<input type="text"/>	<input type="text"/>		
Unemployment Ins.	<input type="text"/>	<input type="text"/>		
Other	<input type="text"/>	<input type="text"/>	* Describe:	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	* Describe:	<input type="text"/>
<b>Total Fringe Benefits:</b>	<input type="text"/>			

Total Year 1 Salary and Benefits:

#### Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits

\* Base Salary:

Fringe Benefit	Cost (\$)	% of Base	Additional Information	
*Social Security	<input type="text"/>	<input type="text"/>	Can't Exceed 6.2%.	If Exempt Check Here: <input type="checkbox"/>
*Medicare	<input type="text"/>	<input type="text"/>	Can't Exceed 1.45%.	If Exempt Check Here: <input type="checkbox"/>
Health Insurance	<input type="text"/>	<input type="text"/>	Family Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	<input type="text"/>	<input type="text"/>		
Vacation	<input type="text"/>	<input type="text"/>	Number of Hours Annually:	<input type="text"/>
Sick Leave	<input type="text"/>	<input type="text"/>	Number of Hours Annually:	<input type="text"/>
Retirement	<input type="text"/>	<input type="text"/>		
Worker's Comp	<input type="text"/>	<input type="text"/>		
Unemployment Ins.	<input type="text"/>	<input type="text"/>		
Other	<input type="text"/>	<input type="text"/>	* Describe:	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	* Describe:	<input type="text"/>
<b>Total Fringe Benefits:</b>	<input type="text"/>			

Total Year 2 Salary and Benefits:

*If no funds are budgeted for Social Security, Medicare, Workers Compensation or Unemployment please see Part 3 number 2.*

\* Applicant Legal Name:

ORI #:

[Redacted Name Field]

[Redacted ORI # Field]

**Instructions:** Please indicate the law enforcement agency's cost for each of the following categories. *Please do not include employee contribution costs.*

**Part 1: Full-Time Officer Information (cont'd)**

**Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits**

\* Base Salary: [Text Box]

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	[Text Box]	[Text Box]	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	[Text Box]	[Text Box]	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	[Text Box]	[Text Box]	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	[Text Box]	[Text Box]	
Vacation	[Text Box]	[Text Box]	Number of Hours Annually: [Text Box]
Sick Leave	[Text Box]	[Text Box]	Number of Hours Annually: [Text Box]
Retirement	[Text Box]	[Text Box]	
Worker's Comp	[Text Box]	[Text Box]	
Unemployment Ins.	[Text Box]	[Text Box]	
Other	[Text Box]	[Text Box]	* Describe: [Text Box]
Other	[Text Box]	[Text Box]	* Describe: [Text Box]
<b>Total Fringe Benefits:</b>	[Text Box]		
<b>Total Year 3 Salary and Benefits:</b>	[Text Box]		

\* Applicant Legal Name:

ORI #:

[Redacted Name Field]

[Redacted ORI # Field]

Instructions: Please indicate the law enforcement agency's cost for each of the following categories. **Please do not include employee contribution costs.**

**Part 2: Part-Time Officer Information**

**Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits**

\* Base Salary:

[Base Salary Input Field]

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	[Input]	[Input]	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	[Input]	[Input]	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	[Input]	[Input]	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	[Input]	[Input]	
Vacation	[Input]	[Input]	Number of Hours Annually: [Input]
Sick Leave	[Input]	[Input]	Number of Hours Annually: [Input]
Retirement	[Input]	[Input]	
Worker's Comp	[Input]	[Input]	
Unemployment Ins.	[Input]	[Input]	
Other	[Input]	[Input]	* Describe: [Input]
Other	[Input]	[Input]	* Describe: [Input]
<b>Total Fringe Benefits:</b>	[Input]		
<b>Total Year 1 Salary and Benefits:</b>	[Input]		

**Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits**

\* Base Salary:

[Base Salary Input Field]

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	[Input]	[Input]	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	[Input]	[Input]	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	[Input]	[Input]	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	[Input]	[Input]	
Vacation	[Input]	[Input]	Number of Hours Annually: [Input]
Sick Leave	[Input]	[Input]	Number of Hours Annually: [Input]
Retirement	[Input]	[Input]	
Worker's Comp	[Input]	[Input]	
Unemployment Ins.	[Input]	[Input]	
Other	[Input]	[Input]	* Describe: [Input]
Other	[Input]	[Input]	* Describe: [Input]
<b>Total Fringe Benefits:</b>	[Input]		
<b>Total Year 2 Salary and Benefits:</b>	[Input]		

**If no funds are budgeted for Social Security, Medicare, Workers Compensation or Unemployment please see Part 3 number 2.**

\* Applicant Legal Name:

ORI #:

[Redacted Name Field]

[Redacted ORI # Field]

Instructions: Please indicate the law enforcement agency's cost for each of the following categories. *Please do not include employee contribution costs.*

**Part 2: Part-Time Officer Information (cont'd)**

**Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits**

\* Base Salary: [Input Field]

<u>Fringe Benefit</u>	<u>Cost (\$)</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	[Input Field]	[Input Field]	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	[Input Field]	[Input Field]	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	[Input Field]	[Input Field]	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	[Input Field]	[Input Field]	
Vacation	[Input Field]	[Input Field]	Number of Hours Annually: [Input Field]
Sick Leave	[Input Field]	[Input Field]	Number of Hours Annually: [Input Field]
Retirement	[Input Field]	[Input Field]	
Worker's Comp	[Input Field]	[Input Field]	
Unemployment Ins.	[Input Field]	[Input Field]	
Other	[Input Field]	[Input Field]	* Describe: [Input Field]
Other	[Input Field]	[Input Field]	* Describe: [Input Field]
<b>Total Fringe Benefits:</b>	[Input Field]		
<b>Total Year 3 Salary and Benefits:</b>	[Input Field]		

\* Applicant Legal Name:

ORI #:

[Redacted area]

[Redacted area]

**Part 3: Sworn Officer Position Budget Summary (all applicants must complete this section)**

After completing Part 1 and/or Part 2 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

**\* 1. If your agency's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below. You must check at least one.**

- Cost of living adjustment (COLA)
- Step Raises
- Change in benefit costs
- Other- \* please explain briefly:

[Large empty box for explanation]

**2. If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation for each omission below:**

1) Social Security :

[Empty box for Social Security explanation]

2) Medicare :

[Empty box for Medicare explanation]

3) Worker's Compensation :

[Empty box for Worker's Compensation explanation]

4) Unemployment Insurance :

[Empty box for Unemployment Insurance explanation]

\* Applicant Legal Name:

ORI #:

**Part 3 (Continued):**

**3. Three-Year Projection**

Please complete the following three-year projection, showing how the federal share percentage and your local matching share percentage (if applicable) will change year by year for one officer position. These figures are projections only and may be adjusted by the grantee throughout the grant period as long as the local share percentage (if applicable) increases each year as the federal share percentage decreases. The percentage of one officer's salary and benefits paid with federal funds must be less in Year 2 than in Year 1, and less in Year 3 than in Year 2. In contrast, the percentage of total officer's salaries and benefits paid with local funds (if applicable) must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2. *Please refer to the Application Guide for additional program-specific information and for sample budget examples.*

**Full-Time Computation**

**Three-year salary and benefit costs per full-time position**

**Year 1 (\$)                      Year 2 (\$)                      Year 3 (\$)                      Total - 3 Years (\$)**

<b>* Federal Share Amount</b> (Percentage must decrease each year)					<b>(line 1 a)</b>
<b>Local Share Amount (If applicable)</b> (Percentage must increase each year)					<b>(line 1 b)</b>
<b>Total Salary &amp; Benefits</b> (Federal Share plus Local Share)					

**Part-Time Computation**

**Three-year salary and benefit costs per part-time position**

**Year 1 (\$)                      Year 2 (\$)                      Year 3 (\$)                      Total - 3 Years (\$)**

<b>* Federal Share Amount</b> (Percentage must decrease each year)					<b>(line 2 a)</b>
<b>Local Share Amount (If applicable)</b> (Percentage must increase each year)					<b>(line 2 b)</b>
<b>Total Salary &amp; Benefits</b> (Federal Share plus Local Share)					

\* Applicant Legal Name:

ORI #:

[Redacted Name Field]

[Redacted ORI # Field]

4. Total Sworn Officer Cost

Total Federal Share Amount Computation

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total federal share amount per full-time position from <i>line 1 a</i>		Number of full-time positions requested		

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total federal share amount per part-time position from <i>line 2 a</i>		Number of part-time positions requested		

**TOTAL FEDERAL AMT.  
Box A**

Total Local Share Amount Computation

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total local share amount per full-time position from <i>line 1 b</i>		Number of full-time positions requested		

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Total local share amount per part-time position from <i>line 2 b</i>		Number of part-time positions requested		

**TOTAL LOCAL AMT.  
Box B**

Grand Total Computation

<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
<b>Box A</b> (Total Federal Share Amount Requested)		<b>Box B</b> (Total Local Share Amount Requested)		<b>TOTAL SWORN OFFICER COSTS</b>

**Transfer to Budget  
Summary Line 1**

\* Applicant Legal Name:

ORI #:

[Redacted Name Field]

[Redacted ORI # Field]

**B. Civilian/Other Personnel**

No Civilian Personnel Positions Requested

**Instructions:** Each position must be listed and computed separately. On this page you can enter one civilian position and then by clicking the Add Civilian/Other Personnel Position button, can enter 9 more unique positions for a total of 10. Complete each position in accordance with the instructions.

\* Position Title: [Redacted Title Field]

\* Base Salary Computation: (( [Redacted] X [Redacted] ) = X [Redacted] ) [Redacted] (Base Salary Subtotal)  
((Annual Base Salary(\$)) X Percent of Time Devoted to the Project(%) X Number of Years Devoted to the Project)

Fringe Benefit	Cost (\$)	% of Base Salary Subtotal	Additional Information
*Social Security	[Redacted]	[Redacted]	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	[Redacted]	[Redacted]	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	[Redacted]	[Redacted]	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	[Redacted]	[Redacted]	
Vacation	[Redacted]	[Redacted]	Number of Hours Annually: [Redacted]
Sick Leave	[Redacted]	[Redacted]	Number of Hours Annually: [Redacted]
Retirement	[Redacted]	[Redacted]	
Worker's Comp	[Redacted]	[Redacted]	
Unemployment Ins.	[Redacted]	[Redacted]	
Other	[Redacted]	[Redacted]	* Describe: [Redacted]
Other	[Redacted]	[Redacted]	* Describe: [Redacted]
<b>Total Fringe Benefits:</b>	[Redacted]		
<b>Subtotal Position Salary and Benefits:</b>		[Redacted]	

[Click here to extract the Civilian/Other Personnel Attachment](#)

1) Please attach Attachment 1	[Redacted]	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	[Redacted]	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	[Redacted]	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	[Redacted]	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	[Redacted]	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	[Redacted]	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	[Redacted]	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	[Redacted]	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	[Redacted]	Add Attachment	Delete Attachment	View Attachment

**CIVILIAN/OTHER PERSONNEL TOTAL:** [Redacted]

(Add together all Subtotals per position)

**Total Civilian/Other Personnel Cost  
(Transfer to Budget Summary Line 2)**

*Please include a detailed position description for all positions listed in the Budget Narrative*

\* Applicant Legal Name:

ORI #:

[Redacted Name Field]

[Redacted ORI # Field]

**B. Civilian/Other Personnel (cont'd)**

If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation *for each* omission below:

1) Social Security:

[Empty text box for Social Security explanation]

2) Medicare:

[Empty text box for Medicare explanation]

3) Worker's Compensation:

[Empty text box for Worker's Compensation explanation]

4) Unemployment Insurance:

[Empty text box for Unemployment Insurance explanation]

\* Applicant Legal Name:

[Redacted yellow box]

ORI #:

[Empty box]

**C. EQUIPMENT/TECHNOLOGY**

No Equipment/Technology Requested

**Instructions:** List non-expendable items that are to be purchased. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than two years. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS/CONSULTANTS" category. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

Pursuant to the Science, State, Justice, Commerce, and related agencies Appropriations Act, 2006, P.L.109-108, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

**For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.**

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

* Unit/Item Description	* Computation		Per Item Subtotal (\$)
	( # of Items/Units	X Unit Cost(\$)	
[Empty]	[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]	[Empty]
<b>EQUIPMENT TOTAL:</b>			[Empty]

Transfer to Budget Summary Line 3

\* Applicant Legal Name:

ORI #:

[Redacted area]

[Redacted area]

**D. OTHER COSTS**

No Other Costs Requested

**Instructions:** List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer positions(s) and/or civilian position(s) if allowable under the program for which you are applying. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

Pursuant to the Science, State, Justice, Commerce, and related agencies Appropriations Act, 2006, P.L.109-108, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

* Unit/Item Description	* Computation			Per Item Subtotal (\$)
	( # of Items/Units	X	Unit Cost(\$)	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

OTHER COST TOTAL: [Redacted]

Transfer to Budget  
Summary Line 4

\* Applicant Legal Name:

ORI #:

[Redacted area]

[Redacted area]

**E. SUPPLIES**

No Supplies Requested

**Instructions:** List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). Generally, supplies include any materials that are expendable or consumed during the course of the project. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

* Unit/Item Description	* Computation		Per Item Subtotal (\$)
	( # of Items/Units	X Unit Cost(\$)	
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]

**SUPPLIES TOTAL:**

[ ]

Transfer to Budget  
Summary Line 5

\* Applicant Legal Name:

ORI #:

[Redacted yellow box]

[Empty input box]

F. TRAVEL/TRAINING

No Travel/Training Costs Requested

Instructions: Itemize travel expenses of project personnel by purpose (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Show the basis of computation (e.g., 6 staff members times the unit cost per person for lodging for 3 days). Training projects, training fees, travel, lodging and per diem rates for trainees should be listed as separate travel items. Show the number of staff attending any event and the unit costs per person involved. Identify the location of travel, when possible. Note: Any local training costs (within a 50-mile radius) should be listed under Section D ("Other Costs"). If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

* Reason for Travel/Training & Location of Travel/Training	* Travel/Training Item	* Computation			
		( # of Staff	X Unit Cost(\$)	X # of Days /Trips/Events )	Per Item Subtotal (\$)

TRAVEL/TRAINING TOTAL: [Empty input box]

Transfer to Budget Summary Line 6

\* Applicant Legal Name:

ORI #:

**G. CONTRACTS/CONSULTANTS**

No Contracts/Consultants Costs Requested

**Instructions:** See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts.

* Contract Description	* Contract Bid Type (Open-Competitive or Sole Source)	* Per Contract Subtotal (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contracts Subtotal:  (G1)

**Consultant Fees:** For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Consultant fees in excess of \$450 per day require additional written justification in the Budget Narrative and must be pre-approved in writing by the COPS Office.

* Consultant Name/Title	* Service Provided	* Computation		Per Consultant Fee Subtotal (\$)
		(Cost (\$))	X # of Days or Hours	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Consultant Fees Subtotal:  (G2)

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

* Consultant Name/Title	* Service Provided	* Computation		Per Consultant Subtotal (\$)
		(Cost (\$))	X # of Days	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Consultant Subtotal:  (G3)

**CONTRACTS/CONSULTANTS TOTAL:**

Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)

Transfer to Budget Summary Line 7

Please include a detailed description for all contracts listed in the Budget Narrative.

\* Applicant Legal Name:

ORI #:

[Redacted yellow bar]

[Empty box]

**H. INDIRECT COSTS**

No Indirect Costs Requested

**Instructions:** Indirect costs are allowed under a **very limited** number of specialized COPS Training and Technical Assistance programs. Please see the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

*If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.*

* Indirect Cost Description	* Computation	* Per Indirect Cost Subtotal (\$)

**INDIRECT COSTS TOTAL:** [Empty box]

**Transfer to Budget  
Summary Line 8**

\* Applicant Legal Name:

ORI #:

[Redacted Name Field] [Redacted ORI # Field]

### BUDGET SUMMARY

**Instructions:** When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category	Category Total (\$)	Line #
A. Sworn Officer Positions	<input type="text"/>	1
B. Civilian/Other Personnel	<input type="text"/>	2
C. Equipment/Technology	<input type="text"/>	3
D. Other Costs	<input type="text"/>	4
E. Supplies	<input type="text"/>	5
F. Travel/Training	<input type="text"/>	6
G. Contracts/Consultants	<input type="text"/>	7
H. Indirect Costs	<input type="text"/>	8
<b>Total Project Amount:</b>	<input type="text"/>	
<b>Total Federal Share Amount:</b> (Total Project Amount X Federal Share Percentage Allowable)	<input type="text"/>	
<b>Total Local Share Amount (If applicable):</b> (Total Project Amount - Total Federal Share Amount)	<input type="text"/>	

### Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name:

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Phone:  \* Fax:

\* E-mail Address:

#### PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated to be up to 2 hours per response, depending upon the COPS program being applied for, including the time for reviewing instructions, searching existing data sources, gathering the budget data needed, and completing the worksheets. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 1100 Vermont Avenue, N.W., Washington, D.C. 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0097 and the expiration date is 2/29/2008