

**FFY 2017 BUDGET**  
**(10/01/2016 through 09/30/2017)**

Personnel	\$
Fringe Benefits (_____ % of Personnel)	\$
Operating Expenses	\$
Equipment	\$
Travel (Travel costs as required to meet stated objectives as outlined in the Scope of Work. All travel rates will align with current CalHR rates as stated in the contract.)	\$
Subcontracts	\$
Other Costs	\$
Indirect Costs @ _____ % of Modified Direct (Total Direct Costs less equipment and Subcontractors.)	\$
<b>Total</b>	<b>\$</b>

Itemization of line items as appropriate to this contract for FFY 2017 immediately follows:

**FFY 2017 BUDGET**  
**(10/01/2016 through 09/30/2017)**

**Personnel** \$ \_\_\_\_\_

Position Title	Annual Salary/Range	Total FTE %	Budget
Include all personnel			

**Fringe Benefits** \$ \_\_\_\_\_

(%) of Salary	
---------------	--

**Operating Expenses** \$ \_\_\_\_\_

Line item detail of operating expenses	

**Equipment Costs** \$ \_\_\_\_\_

Line item detail equipment costs	

**Travel** \$ \_\_\_\_\_

Line item detail travel costs	

**Subcontracts** \$ \_\_\_\_\_

Include each subcontractor (if any)	

**Other Costs** \$ \_\_\_\_\_

Line item detail of other costs	

**FFY 2017 BUDGET**  
**(10/01/2016 through 09/30/2017)**

**Indirect Cost** \$ \_\_\_\_\_

(%) of Modified Direct Costs (Total Direct Costs Less equipment and Subcontractors.)

**Total Budget** \$ \_\_\_\_\_

SAMPLE

**FFY 2018 BUDGET**  
**(10/01/2017 through 09/30/2018)**

Personnel	\$
Fringe Benefits (_____ % of Personnel)	\$
Operating Expenses	\$
Equipment	\$
Travel (Travel costs as required to meet stated objectives as outlined in the Scope of Work. All travel rates will align with current CalHR rates as stated in the contract.)	\$
Subcontracts	\$
Other Costs	\$
Indirect Costs @ _____ % of Modified Direct (Total Direct Costs less equipment and Subcontractors.)	\$
<b>Total</b>	<b>\$</b>

Itemization of line items as appropriate to this contract for FFY 2018 immediately follows:

**FFY 2018 BUDGET**  
**(10/01/2017 through 09/30/2018)**

**Personnel**

\$ \_\_\_\_\_

Position Title	Annual Salary/Range	Total FTE %	Budget
Include all personnel			

**Fringe Benefits**

\$ \_\_\_\_\_

(%) of Salary	
---------------	--

**Operating Expenses**

\$ \_\_\_\_\_

Line item detail of operating expenses	

**Equipment Costs**

\$ \_\_\_\_\_

Line item detail equipment costs	

**Travel**

\$ \_\_\_\_\_

Line item detail travel costs	

**Subcontracts**

\$ \_\_\_\_\_

Include each subcontractor (if any)	

**Other Costs**

\$ \_\_\_\_\_

Line item detail of other costs	

**FFY 2018 BUDGET**  
**(10/01/2017 through 09/30/2018)**

**Indirect Cost** \$ \_\_\_\_\_

(%) of Modified Direct Costs (Total Direct Costs Less equipment and Subcontractors.)	
--	--

**Total Budget** \$ \_\_\_\_\_

--	--