

Executive Office of Elder Affairs

1 Ashburton Place, 5th Floor
 Boston, MA 02108-1518

ATTACHMENT B – COA Formula Allocation Budget – FY 2011 (pg. 1 of 2)

Name of COA: _____

# Personnel	Optional Municipal Funding FY 2011	(A) At \$6.50 or min. from Att.D.	(B) At \$7.00 or min. from Att. D	Hours/ week w/ELD funds	NOTES/CALCULATIONS Note totals for ELD funded positions: X dollars/hour (or unit) X hours/week X number of weeks= Formula amount/s. ID fringe benefits.	EOEA Use Only
___ Director/Coordinator ___ ___ Administrative Ass't ___ Program Coordinator ___ Coord. of Volunteers ___ ___ Fiscal Manager ___						
___ Clerk/Typist ___ Secretary ___ Receptionist ___						
___ Chef/Cook ___ ___ Site Manager ___ Custodian ___						
___ Driver ___ ___ Dispatcher ___						
___ Outreach Worker ___ Outreach Coord./Spec. ___ Social Service Coord. ___ ___ Social Worker ___						
Other: e.g. program instructors ___ ___ ___ ___						

Sub-total \$ _____ \$ _____ \$ _____ \$ _____

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→ Name of COA: _____ (pg. 2 of 2)

Non-Personnel Cost Category	(A) At \$6.50 or min. from Att.D.	(B) At \$7.00 or min. from Att. D	NOTES	EOE A Use Only
Staff/Volunteer Trans. Client Transportation			Rate determined locally. (Secure & retain contract/agreement for transportation service/s)	
Rent/Mortgage				
Utilities				
Renovation/Construction			Describe concisely. Secure and retain quotes/estimates. Note (estimated) completion date of project.	
Equipment/furnishings			Specify/itemize and attach to budget.	
Office/program supplies			(Cite representative items, costs)	
Facility Maintenance/ supplies			(Cite representative items, costs)	
Printing/Copying (non-newsletter)			(Cite representative costs)	
Postage				
Dues				
Newsletter Printing			ELD to be recognized as supporting this activity.	
Conference/Education Training (Board/Staff)			Maximums cited in EOEA-PI-instructions.	
Volunteer Recognition			Note education/in-service training. Max. \$15/yr. with Formula \$'s. VRS required.*	
Contractors / Other				

Sub-total (page 2) \$ _____ \$ _____
Sub-total (page 1) \$ _____ \$ _____
TOTAL \$ _____ \$ _____

Date of this budget: ____ / ____ / ____

*Volunteer Resource Sheet to be submitted by 16 August 2010