Executive Office of Elder Affairs (ELD) **ATTACHMENT B**   **COA Formula Grant Budget -- FY 2020** (**pg. 1**)

1 Ashburton Place, 5th Floor

Boston, MA 02108-1518  *Please print/enter name of COA****:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **#** **Personnel**  | **Municipal****Funding\*****FY 2020****(** see below **)** | (**A**) **Per capita $12.00;** **$6,000 min.\***  |  (**B**) ***Initial if*** ***Revision…***( ) | Hours/week w/ELDfunds | ID **totals** for Formula funded position(s), indicate **$/**(per ***hour*** *or unit of svc.*) **X hours/week**  **X number** of **Weeks. ID**r**fringe** (*if applicable*). \*{{***Formula Grant subject to revised state appropriation.****(Prior year unexpended balance reduces your Formula Grant award.)* | For ELDUse |
| \_\_ Director/Coordinator\_\_\_\_ Administrative Ass’t\_\_ Program Coordinator\_\_ Coord. Of Volunteers\_\_\_\_ Fiscal Manager\_\_ |  |  |  |  |  |
| \_\_ Clerk/Typist\_\_ Secretary\_\_ Receptionist\_\_ |  |  |  |  |  |
| \_\_ Chef/Cook \_\_\_\_ Site Manager\_\_ Custodian\_\_ |  |  |  |  |  |
| \_\_ Driver\_\_\_\_ Dispatcher\_\_ |  |  |  |  |  |
| \_\_ Outreach /Soc. Svc. Worker\_\_ Outreach /Soc. Svc. Coord.  |  |  |  |  |  |
| Other: e.g., instructors\_\_\_\_ \_\_ |  |  |  |  |  |

 **Sub-total** $ $ $ **\*** Optional *Please note municipal positions*. (Job title/s, funding totals

and hours are appreciated.) Thank you.

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**Attachment B** – COA Formula Grant Budget– **FY 2020** *Print/enter name of COA****:*** ( **pg. 2**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Non-Personnel**Cost Category | (**A**)**PRELIMINARY** |  (**B**)( ) ***Revision*** |  ELD & COA Notes | For ELD Use |
| Staff/Volunteer Trans.Client Transportation |  |  | Rate determined locally.  (Secure & retaincontract/agreement for transportation service/s) |
| Rent/Mortgage |  |  |  |
| Utilities |  |  |  |
| Renovation/Construction |  |  | Describe concisely. Secure and retain quotes/estimates. Note (estimated) completion date/s. |
| Equipment/furnishings |  |  | Specify/itemize and attach to budget. Check with the “**GREEN GUIDE”**. |
| Office/program supplies |  |  | (**Cite** representative items, costs).  |
| Facility Maintenance/ supplies |  |  | (**Cite** representative costs, items) Please see” **GREEN** GUIDE” for exterior work. |
| Printing/Copying(**non**-newsletter) |  |  | (**Cite** representative costs) |
| Postage |  |  |  |
| Dues  |  |  |  |
| Newsletter Printing |  |  | **ELD is to be recognized** as supporting this activity. |
| Conference/EducationTraining (Board/Staff) |  |  | Maximum/eligible costs cited in the ELD **“GREEN GUIDE”**.  |
| **Volunteer Recognition\*** |  |  | **ELD encourages education and/or in-service training associated with recognition.** Formula funding **may not exceed** $17.00/yr. (PP). \*Volunteer Resource Sheet required**.** **Note 🡪 minimum 20 recorded hours required for recognition with Formula funds.** (Please see notes regarding eligible/ineligible volunteer hours.) |
| Contractors / Other |  |  |  |

**Sub-total** (page 2) $ $ **Date of this budget**  / / SFY20--ATT~~B~~(W)

**Sub-total** (page 1) $ $ **Budget prepared by** (**please initial**) pg 2, ATT-B

 **TOTAL**  $ $ **[*--8b--*]**