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;**  **$6,000 min.\*** | (**B**)  ***Initial if*** ***Revision…***  ( ) | Hours/  week w/ELD  funds | ID **totals** for Formula funded position(s), indicate **$/**(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 ELD  Use |
| \_\_ 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/Education  Training (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--*]**