AmeriCorps Budget 101

FY23 AmeriCorps Funding Opportunity



Functions of AmeriCorps Program Budget

Becomes part of the grantee's contractual obligation

Serves as a blueprint for the activities supported under the grant

Helps ensure conformance to provisions and regulatory restrictions

Used to monitor and measure progress towards meeting matching requirements

Used to monitor and compare Budget-to-Actual expenses



An Effective Budget Must Be...

Realistic

Reflects <u>expected program revenues and expenses</u> and its capacity to carry out program activities

Consistent

Aligned with program's goals and objectives

Flexible

Must have a budget that can <u>adapt to changing circumstances</u>, <u>ongoing review and constant monitoring</u>



Budget Narrative Preparation

Review your program/projects goals and objectives

Estimate the resources needed to achieve program/project goal, for example:

Members

Staff Positions Operating
Space,
Utilities,
Supplies,
Telephone/
Internet,
etc.

Health and Other Fringe Benefits, FICA Member Gear, Required Background Checks

Travel

Required Trainings

Budget Narrative Preparation

Follow instructions in NOFO and other guidance received from AmeriCorps and Volunteer Florida

Organize narrative to fit budget categories on budget form

Provide adequate descriptions and <u>calculations</u> to support amounts in an <u>equation format</u>.

Allocate costs based on a consistent and documented cost allocation plan.

Examples:

Percent of Time: percentage of time spent on grant activity x salary

Operating Space (Rent): Monthly Rent x 12 months or Square Footage of area for grant activity x per square foot dollar amount x 12 months

Supporting Documentation

Documentation <u>will be required</u> for all grant expenditures when requesting reimbursement

Same documentation <u>will be required</u> for the grant match expenditures

Examples of Supporting Document include but are not limited to:

- Timesheets

- Invoices
- Payroll Documentation (Payroll Journal; Paystubs) Credit Card Statements
- Proof of Payments



Budget Structure

Section I. Program Operating Costs

- A. Personnel Expenses
- B. Personnel Fringe Benefits
- C. 1. Staff Travel
- C. 2. Member Travel (AmeriCorps)
- D. Equipment
- E. Supplies
- F. Contractual and Consultant Services
- G. 1. Staff Training
- G. 2. Member Training (AmeriCorps)
- H. Evaluation
- I. Other Program Operating Costs



Budget Structure

Section II. Member Costs (AmeriCorps)

- A. Living Allowance or Stipend
- B. Member Support Costs
 - FICA (Social Security/Medicare)
 - Health Care
 - Other Member Support Costs (Workers Compensation)



Budget Structure

Section III. Administrative/Indirect Costs

Two methods to recover administrative costs:

- 1. AmeriCorps-Fixed 5% Method (Corporation Fixed Percentage)
 - 5% of the total of AmeriCorps funds expended; Volunteer Florida will retain 2% of the 5% allowable
 - No documentation supporting allocation is required with monthly invoices
- Corporation Fixed AmeriCorps Share: Total of Section I & Section II AmeriCorps Share x .0526 x .60
- Corporation Fixed Grantee Share: Totals of both Section I & Section II of AmeriCorps Share and Grantee Share x .10
- Commission Fixed AmeriCorps Only: Total of Section I & Section II of AmeriCorps x .0526 x .40

2. Federally Approved Indirect Cost Rate Method

- Requires approved rate from Federal government
- If you have an approved rate you must use this option
- Not to exceed 5% maximum of AmeriCorps funds expended (Volunteer Florida to retain 2% of the 5% allowable)
- Your discretion to claim entire rate or just a percentage
- *Don't Forget: At the end of Budget Section III, the Source of Funds is required to be completed and must total the grantee share amount in the budget.



Staff and Member Travel

An agency travel reimbursement request or form must be provided for reimbursements, signed and dated by traveler and supervisor.

Travel form must indicate purpose of travel, dates and times of arrival and departure of travel, and destination.

State of Florida Maximum mileage reimbursement rate is \$0.445 per mile.

Meals cannot exceed State of Florida Per Diem rates:

- Breakfast \$6
- Lunch \$11
- Dinner \$19

Overnight travel is required to claim meals.

If the meal is provided at the training or included at the hotel, the traveler cannot claim that meal for reimbursement.



Food Guidelines

Food and beverage may only be charged to AmeriCorps grant when used for training and the training must meet <u>ALL</u> of the following criteria:

Must be a minimum of 8 hours in order to serve breakfast and/or lunch (two meals).

Must be a minimum of 6 hours in order to serve lunch (one meal).

There <u>Must</u> be a dissemination of knowledge.

The training Must be reasonable and necessary for the program.

There <u>Must</u> be a necessity to keep attendees in the training for the length of time and not merely just to provide food.

Snacks are **NOT** allowable.

It Must be an in-person training.

Food Guidelines

A Detailed agenda with start and end times outlining the sessions/activities is required;

Sign-in sheets that are hand signed by all participants (including staff and trainers) in attendance is required;

The reimbursement amounts will not exceed \$6 per person for breakfast and \$11 per person for lunch

Example: 54 total signatures x \$11 lunch = \$594 (total that can be reimbursed)

Sample Budget

Lead Entity:				("PLEASE NOTE" - Round up if \$0.50 and above, Round down if \$0.49 and lower)
Project Name:				
		Grantee	Total Cost	
Categories and Line Items	CNCS Share	Share	of Program	Budget Narrative
Section I. Program Operating Costs				
A. Personnel Expenses (list each employee)				
Program Director	\$0.00	\$50,000.00	\$50,000.00	1 FTE @ \$50,000 annually
Program Assistant	\$0.00	\$35,000.00	\$35,000.00	1 FTE @ \$35,000 annually
3	\$0.00	\$0.00	\$0.00	
5	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	
Line A. Subtotal Personnel Expenses	\$0.00	\$85,000.00	\$85,000.00	
Zino in Santa in Control Expenses		000,000.00	000,000	
B. Personnel Fringe Benefits (enter fringe benefit				
FICA Health Insurance	\$0.00 \$0.00	\$6,503.00 \$7,200.00		7.65% of total salaries = \$85,000 x.0765 = \$6,502.50 rounded to \$6,503
Norker's Compensation	\$0.00	\$1,360.00		\$300/month x 12 months x 2 FTE = \$7,200 Workers Compensation (1.6% of salary x \$85,000 = \$1,360)
-	\$0.00	\$1,360.00		
Dental Insurance Life Insurance	\$0.00	\$816.00 \$96.00		Dental (\$34 per month x 12 months x 2 FTE = \$816) Life Insurance (\$4 per month x 12 months x 2 FTE = \$96)
Line. B. Subtotal Personnel Fringe Benefits	\$0.00	\$15.063.00	\$15,975.00	Line sisua anue (44 per invitui A 12 invitui 9 A 2 i 1 L = 390)
	\$3.00	010,000,000	V10,013.00	
C. Travel				
1. Staff Travel	\$0.00	\$ 534.00		Staff Local Travel: \$0.445 x 50 miles per month x 12 months x 2 staff = \$534
Travel to VF Sponsored Trainings	\$4,464.00	\$0.00	\$4,464.00	Lodging (\$175 night x 3 nights x 2 staff x 3 trainings); Per Diem (\$36 per day x 4 days x 2 staff x 3 trainings); Rental (\$30 per day x 5 days x 3 trainings) = \$4,464
Travel to AmeriCorps Sponsored Trainings	\$0.00	\$1,019.00	\$0.00	Lodging (\$175 night x 3 nights x 1 staff x 1 training); Per Diem (\$36 per day x 4 days x 1 staff x 1 training); Airfare (\$350 x 1 training) = \$1,019
4. Member Travel Line C. Subtotal Travel	\$1,780.00 \$6,244.00	\$0.00 \$1.553.00	\$1,780.00	200 miles/member x 20 members x \$0.445 per mile = \$1,913.50 rounded to \$1,780
Line C. Subtotal Travel	30,244.00	\$1,555.00	\$1,131.00	
D. Equipment	\$0.00	\$0.00	\$0.00	
Line D. Subtotal Equipment	\$0.00	\$0.00	\$0.00	
E. Supplies (itemize each category of supplies)				
1. Office Supplies	\$0.00	\$600.00	\$600.00	Consumable Office Supplies (pens, paper, toner, etc.) at \$50 per month for 12 months; based on historical averages. = \$600
2. Member Gear	\$0.00	\$2.310.00	\$2,310,00	Member Service Gear - 22 x \$105 each (20 + 2 staff members x 5 shirts @ \$10 each and 1 jacket @ \$55 each) = \$2,310
3	\$0.00	\$0.00	\$0.00	
4	\$0.00	\$0.00	\$0.00	
5	\$0.00	\$0.00	\$0.00	
Line E. Subtotal Supplies	\$0.00	\$2,910.00	\$2,910.00	
F. Contractual and Consultant Services	\$0.00	\$0.00	\$0.00	
Troomradian and consumant services	00.00	\$0.00	\$0.00	
Line F. Subtotal Contractual and Consultants	\$0.00	\$0.00	\$0.00	
O. Tluin-				
G. Training 1. Staff Training	\$0.00	\$0.00	\$0.00	
2. Member Training	\$0.00	\$1,100.00		CPR Certification (\$55 x 20 members) = \$1,100
Line G. Subtotal Training	\$0.00	\$1,100.00	\$1,100.00	
H. Evaluation				
Line H. Subtetal Evalution	\$0.00	\$0.00	\$0.00	Refer to CNCS Requirements
Line H. Subtotal Evalution	\$0.00	\$0.00	\$0.00	
	<u> </u>			
I. Other Program Operating Costs				
Background Checks	\$0.00	\$2,200.00	\$2,200.00	22 background checks @ \$100 each (20 members + 2 staff) = \$2,200
2. Telephone (Office) & Internet	\$0.00	\$900.00	\$900.00	\$75 per month for 12 months = \$900
4	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	
5	\$0.00	\$0.00	\$0.00	
6	\$0.00	\$0.00	\$0.00	
7	\$0.00	\$0.00	\$0.00	
8	\$0.00	\$0.00	\$0.00	
Line I. Subtotal Other Program Operating Costs	\$0.00	\$3,100.00	\$3,100.00	
Section I. Subtotal	\$6,244.00	6409 720 00	\$115.882.00	
Section i. Subtotal	\$6,244.00	\$108,726.00	\$115,882.00	



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Sample Budget

Section II. Percentages	90.95%	9.05%		
Section III. Administrative Costs				
A. Corporation Fixed Percentage				
Corporation Fixed Amount	\$13,642	\$23,371.00	\$37,013	CNCS Share = (CNCS Section + Section (\$6,244 + \$426,000 = \$432,244 x .0526 x .60 = \$13,642. Grantee Share = (Total Section + (\$115,882 + \$468,400 = \$584,282 x .04 = \$23,371 - Only claimit 4% of the allowable maximum of 10%
2. Commission Fixed Amount	\$9,094	\$0.00	\$9,094	CNCS Share = (CNCS Section + (\$14,196 + 970,117) x .0526 x .40 = \$20,710
B. Federally Approved Indirect Cost Rate	\$0.00	\$0.00	\$0.00	August Marian Ma
Section III. Subtotal	\$22,736.00	\$23,371.00	\$46,107.00	
Section III. Percentage				
Budget Totals	\$454,980	\$174,497	\$629,477	
Budget Total Percentages	72.28%	27.12%		
		\		
Required Match	24%	\		
# of Years Receiving CNCS Funds	1.00	1		
# of MSY (eGrants will populate once budget entered)	15.80		<u> </u>	You will need to enter this number for the cost per MSY to calculate correctly in this sample budget
Cost per MSY (eGrants will automatically calcuate			\	
once budget is entered)	\$28,796			Please note the maximum cost per MSY cannot exceed \$28,800
			1	
Source of Funds				
(List Revenue Sources - Secured or Proposed)			\	
1. United Way of Secured			\$10 0,063.00	Assist with Personnel Salaries and Benefits
School Board ofCounty - Secured			\$6,210.00	Assist with Supplies, member gear, background checks, member training
3. Green Memorial Foundation Grant - Proposed			\$44\853.00	Assist with travel, program operating costs, member support costs, etc.
4. Foundation Donations - Proposed			\$23,371.00	Assist with grantee share of administrative indirect costs
Total Anticipated Revenue (Must equal Grand Total			+	
of Grantee Share above)			\$174,497.00	

Sample budget available online:

https://www.volunteerf lorida.org/americorpsgrant-opportunities/



Examples of Allowable Costs

Personnel
Salary/Fringe
Benefits

Office Supplies

Member/Staff Service Gear Member/Staff
Travel (following
VF travel
guidelines)

Background Checks

Rent & Utilities

Meeting Space Rental Fees Training Registration Fees

Staff/Member Training

Member Living Allowances

Member Support Costs



Examples of Unallowable Costs

Water, decorations, utensils, tablecloths

Lobbying

Fines and penalties, overdraft fees, citations, taxes

Expenses not necessary to meet program objectives (ex: staff retreats or holiday parties)

Entertainment, alcoholic beverages

Costs that would constitute waste, fraud, and abuse

Unreasonable costs from a "prudent person" perspective

Costs with no logical basis for allocating to your program (no fillers or miscellaneous costs)

AmeriCorps Match Requirement

Regulatory Match:

- Grantees must meet minimum requirements as shown in table below up to 50% overall match
 - \$1 dollar for every AmeriCorps \$1 -by year 10
 - For specifics, see NOFO and Application Instructions

	Year								
	1	2	3	4	5	6	7	8	9
Overall Minimum Share	24%	24%	24%	26%	30%	34%	38%	42%	46%

Match Requirements

Meeting Match stated in the grant application is REQUIRED. For example, if 24% match is the minimum but the organization agrees to a 35% match, the organization is held to the 35% match requirement.

Failure to meet match requirements could result in a proportional reduction in AmeriCorps award funds.

Final invoice will not be paid until match requirements are met.

Contact VF Program Manager and VF Finance Staff if you feel you will not meet the match requirement.

Volunteer Hours <u>may not</u> be used as a portion of the match.



Fixed Award Grants

Please see more information concerning this topic in the AmeriCorps NOFO guidance

Contact VF Program Manager and VF Finance Staff for more information

Does not require a budget or supporting documentation (only Member Roster Reports)

Does not have a match component

Volunteer Florida elects to retain 2% of the total for administrative costs



Questions?

Jason Norris, Chief Financial Officer

(850) 414-7400 ext. 117 <u>Jason@volunteerflorida.org</u>

Tracie Lambright, Deputy Finance Director (850) 414-7400 ext. 116 <u>Tracie@volunteerflorida.org</u>

Rechell Johnson, Financial Analyst (850) 414-7400 ext. 114 Rechell@volunteerflorida.org

