

BUDGET PROJECTION SHEET			
CJC Grant Program:	BHD	Instructions: please follow the naming convention outlined for the grant program for which you are applying.	
Name of Applicant	Columbia County	Examples: BHD = County/Tribe Name BHD Program; IMMEGP = IMMEGP: Name of Entity Applying; IMPACTS = County/Tribe Name IMPACTS Program; JMOURD = County/City Name + Name of Jail; JRP = County Name/Victim Service Provider Name; ORT = Name of Agency/Task Force; RJ = Legal Name of Entity Applying TC = County Name + Court Type	
Date			
Is the applicant a Tribal Government?			

INSTRUCTIONS: The budget projection sheet must be submitted using the original formatting and formulas provided to the applicant by the CJC, or it will not be accepted.

edited to align with DOJ guidance; suggest also editing "justification" directions on budget projection sheet

Directions:

In the "Program Supported" field, identify the specific program/project the position supports.

In the "Employing Organization / Contracted Organization" field, identify the entity that will employ the position or the contractual service provider funding the position.

In the "% Time per Month" field, input the whole percentage of the position's time dedicated to grant-related work. Example: a half-time case manager = 50

In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.

In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant period.

Position Title	Program Supported	Employing Organization / Contracted Organization	Is this a new or existing position to your organization, and is it currently funded by the CJC grant for which you're applying?	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount Requested	Personnel Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals with another behavioral health disorder or co-occurring disorders, and who often have other service needs.
1 Administrative case specialist	Columbia County Deflection program	Columbia County Community Justice	Existing Position - Currently CJC Grant Funded	100%	9950.0	23	228,850.00	This position facilitates the program and participants engagement through the deflection program. They also maintain communication between community partners and law enforcement agencies to track the data within REDCap for the deflection
2			Select Option				0.00	2.)
3			Select Option				0.00	3.)
4			Select Option				0.00	4.)
5			Select Option				0.00	5.)
6			Select Option				0.00	6.)
7			Select Option				0.00	7.)
8			Select Option				0.00	8.)
9			Select Option				0.00	9.)
10			Select Option				0.00	10.)
Personnel Total:							\$ 228,850.00	

Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work, short-/long-term housing support for participants, or programs within correctional facilities

Directions:

In the "Item Description" field, identify what the expense covers (generally).

In the "Program Supported" field, identify the specific program/project the expense supports.

In the "Organization / Contracted Organization," identify the entity that will provide the housing & facilities or the contractual service provider that will provide the housing & facilities service.

Item Description	Program Supported	Organization / Contracted Organization	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals with another behavioral health disorder or co-occurring disorders, and who often have other service needs.
1			Select Option			0.00	1.)
2			Select Option			0.00	2.)
3			Select Option			0.00	3.)
4			Select Option			0.00	4.)
5			Select Option			0.00	5.)
6			Select Option			0.00	6.)
7			Select Option			0.00	7.)
8			Select Option			0.00	8.)
9			Select Option			0.00	9.)
10			Select Option			0.00	10.)
Housing & Facilities Total:						\$ -	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

Directions:

In the "Item Description" field, identify the name/type of equipment to be purchased.

In the "Program Supported" field, identify the specific program/project the equipment supports.

In the "Organization Served / Contracted Organization" field, identify the entity that will own and operate the equipment as well as the contractual service provider, if applicable.

In the "# of Units Required" field, indicate the number of individual items to be purchased.

Item Description	Program Supported	Organization Served / Contracted Organization	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals with another behavioral health disorder or co-occurring disorders, and who often have other service needs.
1					0.00	1.)
2					0.00	2.)
3					0.00	3.)
4					0.00	4.)
5					0.00	5.)
6					0.00	6.)
7					0.00	7.)
8					0.00	8.)
9					0.00	9.)
10					0.00	10.)
Equipment Total:					\$ -	

Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category

Directions:

In the "Item Description" field, identify the name/type of supplies to be purchased.

In the "Program Supported" field, identify the specific program/project the supplies supports.

In the "Organization Served / Contracted Organization" field, identify the entity that will use the supplies as well as the contractual service provider, if applicable.

In the "# of Units Required" field, indicate the number of individual items to be purchased.

Item Description	Program Supported	Organization Served / Contracted Organization	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals with another behavioral health disorder or co-occurring disorders, and who often have other service needs.
1 general office supplies	Columbia County Deflection program	Columbia County Community Justice	346.00	23.0	7,958.00	This will keep our office supplies stocked within our deflection space.
2 client supplies	Columbia County Deflection program	Columbia County Community Justice	400.00	23.0	9,200.00	This will allow us to provide certain client supplies, dial ride vouchers, clothing vouchers etc.
3 Small non capital equipment items	Columbia County Deflection program	Columbia County Community Justice	400.00	23.0	9,200.00	This will allow us to furnish our deflection dedicated office space.
4					0.00	4.)

5								0.00	5.)
6								0.00	6.)
7								0.00	7.)
8								0.00	8.)
9								0.00	9.)
10								0.00	10.)

Supplies Total: \$ 26,358.00

Direct Services: Any service that is provided directly to participants or program operations whose main purpose does not fit within personnel, housing & facilities, or supplies (for example: SUD treatment, detox services, hauling services)

Directions:
 Items should be limited to non-billable services.
 In the "Program Supported" field, identify the specific program/project the direct participant service supports.
 In the "Organization / Contracted Organization," identify the entity that will deliver the direct participant service or the contractual service provider that will provide the services.

Item Description	Program Supported	Organization / Contracted Organization	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Direct Services Narrative:
1 Peer support	Columbia County Deflection program	Columbia Community Mental Health	Monthly	1,739.00	23.0	39,997.00	This money will help support our CCMH peer support team with warm hand offs, initial screenings/assessments and participant engagement.
2			Select Option			0.00	2.)
3			Select Option			0.00	3.)
4			Select Option			0.00	4.)
5			Select Option			0.00	5.)
6			Select Option			0.00	6.)
7			Select Option			0.00	7.)
8			Select Option			0.00	8.)
9			Select Option			0.00	9.)
10			Select Option			0.00	10.)

Direct Services Total: \$ 39,997.00

Training/Associated Travel: Eligible expenses for transportation, lodging, per diem, and registrations for trainings that support grant purposes

Directions:
 Each line item should be dedicated to a single training cost or travel cost.
 All travel expenses must follow state DAS and federal GSA regulations; luxury expenses are not allowed (e.g. first-class seating).
 In the "Program Supported" field, identify the specific program/project the training supports.
 In the "Organization Served / Contracted Organization" field, identify the entity that will have personnel attending training as well as the contractual service provider, if applicable.
 In the "Is this a Training or Travel Cost?" field, select to which this line item relates from the dropdown menu.
 In the "Training or Travel Costs (Per Individual)" field, input the estimated individual travel cost or registration cost for one attendee.

Training Title	Program Supported	Organization Served / Contracted Organization	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1				Select Option			0.00	1.)
2				Select Option			0.00	2.)
3				Select Option			0.00	3.)
4				Select Option			0.00	4.)
5				Select Option			0.00	5.)
6				Select Option			0.00	6.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)

Training/Travel Total: \$ -

Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, reporting, accounting and staff services

Directions:
 Total Administrative Costs may not exceed 10% of total funds requested, unless an exception is granted by the Commission.
 In the "Item Description" field, identify the specific activities to be conducted.
 In the "Program Supported" field, identify the specific program/project the expense supports.
 In the "Organization Served / Contracted Organization" field, identify the entity that will be conducting the administrative activities (this might be a contractual service provider if activities associated with administering the grant is contracted out).

Item Description	Program Supported	Organization Served / Contracted Organization	Total Amount Requested	Administrative Costs Narrative:
1 Administrative costs	Columbia County Deflection program	Columbia County Community Justice	\$ 32,801.00	1.)
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)

Administrative Total: \$ 32,801.00