

## INSTRUCTIONS

### ATTACHMENT B 1

#### CSBG BUDGET SUPPORT – PERSONNEL COSTS

NCIDC 425 1.1 (REV. 3/14)

Enter the identifying information requested at the top of the report form: contractor's name, contract number, contract amount, contract term and amendment number (*if applicable*). Enter the preparer's name, telephone number, fax number, date and e-mail address.

#### **ADMINISTRATIVE and PROGRAM COSTS – SALARIES and WAGES:**

Complete Section 10: Administrative Costs and Section 20 Program Costs for those costs, which are directly related to CSBG contract. Provide the specific positions for the salaries and wages (Budget Summary 902 S) and Fringe Benefits (Budget Summary 902 S).

#### **Column A: Number of Positions**

Specify the number of positions for each Position Title in Column B that are directly related to the administrative (Section 10) and/or program (Section 20) costs of the CSBG contract.

#### **Column B: Position Title**

Specify the position title. Do not abbreviate.

#### **Column C: Annual Salary for each position**

Specify the total dollar amount of salaries and wages for staff performing CSBG administrative and/or program activities. Include all payments made to administrative/program staff, permanent or temporary, as well as, all regular and overtime pay, as approved by the contract authority.

#### **Column D: Percent (%) of CSBG Time allocated for each position**

Specify the amount of time (in percent) for the position dedicated to the CSBG administrative and/or program activities.

#### **Column E: Number of CSBG months allocated for Each Position**

Specify the number of months allocated for each position listed in Column A.

#### **Column F: Total CSBG funds budgeted for each position**

Calculate the totals (See page 2).

#### **Fringe Benefits**

Specify the total dollar amount of fringe benefits for staff performing administrative and/or program duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability insurance, sick leave and accrued vacation should be included.

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**Listed below are the formulas to calculate Annualized Salary, Percentage of CSBG Time, Number of CSBG Months and CSBG Funds:**

***Annualized Salary:*** The total dollar amount of salary or wage paid to an employee from all sources.

***Percentage of CSBG Time:*** The percentage of time an employee is projected to perform CSBG-related activities.

***Number of Months:*** The number of months the employee is projected to perform CSBG-related activities.

***CSBG Funds:*** Annualized Salary divided by 12 months multiplied by the number of months, times percentage (%) of time.