

DEVELOPING A COST ALLOCATION PLAN

1. Complete Budget Worksheet
 - A. List all funding source titles and amounts.
 - B. Identify eligible costs associated with each funding source.
 - C. List expenses.
 1. Total agency budget
 2. Line item descriptions
 - a. Administrative expenses
 - 1) Name
 - 2) Title (submit job description)
 - 3) Annual salary (note hours per week)
 - 4) Fringe benefits
 - b. Operating expenses
 - 1) List line items
 - c. Capital expenses
2. Enter Information on Chart.
 - A. Direct Expenses
 1. Allocate employee time per project.
 2. Calculate % of salary based on time per project.
 - B. Indirect expenses
 1. Calculate percentage of each funding source.
 2. Multiply each indirect expense by % of funding source.

**SAMPLE
COST ALLOCATION PLAN**

		CDBG	CDBG	CDBG			GWCF		Total	
FUNDING SOURCES	FY'2001	HSG.	ED	YIP	DHCD	BrkBS	min	GWCF	Donations	Budget
AMOUNTS		67,800	30,000	12,000	20,000	8,000	2,500	15,000	4,000	159,300
DIRECT EXPENSES										
Job Title	Director									
Annual Salary	45,000	20,000	10,000		6,000	6,500		2,500		45,000
Insurance	5,800	200	600		5,000					5,800
Fringe Benefits/Tax	5,100	50	5,050							5,100
Job Title 30 hrs.	Comm. Org.									
Annual Salary	15,000	12,000			1,000	1,500		500		15,000
Insurance	1,200	1,200								1,200
Fringe Benefits/Tax	1,600	1,600								1,600
Summer Internship	12,000			12,000						12,000
Project Manager	25,000	15,000			5,000			5,000		25,000
Insurance	5,000	2,500						2,500		5,000
Fringe Benefits/Tax	5,000	2,500						2,500		5,000
SUDA	4,200	3,700			500					4,200
Total Salary	124,900	58,750	15,650	12,000	17,500	8,000		13,000		124,900
INDIRECT EXPENSES										
Accounting	2,000		2,000							2,000
Bookkeeping	2,500	500	2,000							2,500
Rent	3,600		2,900		700					3,600
Gas	2,500	2,000			500					2,500
Phone	3,200	2,200						1,000		3,200
Insurance	3,700		3,400		300					3,700
Supplies-Office	2,500	1,000			500			1,000		2,500
Garden Supplies	2,500						2,500			2,500
Dup/Repro	500				500					500
Postage	700		700							700
Fees/Dues	1,000		1,000							1,000
Travel	2,700	350	2,350							2,700
Equip/Copier	3,000	3,000								3,000
Misc. Office Supplies	4,000								4,000	4,000
Total O.M.	33,400	9,050	14,350		2,500		2,500	2,000	4,000	34,400
DIRECT TOTAL	124,900									
INDIRECT TOTAL	33,400									
TOTAL	158,300	67,800	30,000	12,000	20,000	8,000	2,500	15,000	4,000	159,300

BUDGET WORKSHEET

A. Funding Source titles & Amounts

CDBG	\$	50,000.00
Emergency Shelter	\$	25,000.00
Transitional Housing	\$	70,000.00
City HOME Funds	\$	150,000.00
GWCF	\$	9,700.00
Arts Lottery	\$	2,500.00
Banks/Foundation	\$	17,000.00
WCAC	\$	19,700.00
Local Business Donations	\$	1,500.00
LLEBG	\$	<u>2,500.00</u>

TOTAL BUDGET \$ 347,900.00

B. Identify Eligible Costs

City HOME funds are for Rehab costs only.

C. Expenses

1. **Total Agency Budget** \$ 347,900.00

2. Line Item Descriptions

a. Administrative Costs

Employee Name	Cheryl Norman		
Job Title	Agency Director		
Hours Per Week	40		
Annual Salary	\$ 40,500.00	\$	40,500.00
Fringe Benefits	\$ 10,935.00	\$	10,935.00

Employee Name	John Smith		
Job Title	Program Monitor		
Hours Per Week	40		
Annual Salary	\$ 31,500.00	\$	31,500.00
Fringe Benefits	\$ 8,505.00	\$	8,505.00

Employee Name	Sue Jones		
Job Title	Clerk		
Hours Per Week	35		
Annual Salary	\$ 16,750.00	\$	16,750.00
Fringe Benefits	\$ 4,522.50	\$	<u>4,522.50</u>

TOTAL ADMIN \$ 112,712.50

b. Operating Expenses

Rent	\$	27,500.00
Phone	\$	1,200.00
Electric	\$	1,500.00
Gas	\$	2,400.00
Printing Costs	\$	900.00
Travel	\$	1,000.00
Maintenance	\$	2,300.00
Postage	\$	2,587.50
Consultants	\$	<u>20,800.00</u>

Name	Joan Johnson
Project	Accountant
Hours Per Week	25
Contract Amount	\$ 20,800.00
Contract Period	7/1/98-6/30/99

TOTAL OPERATING \$ 60,187.50

c. Capital Expenses

Rehab Project	\$	150,000.00
Computer System	\$	<u>25,000.00</u>
TOTAL CAPITAL	\$	175,000.00

TOTAL EXPENSES \$ 347,900.00