

SNAP2WORK - Third Party Reimbursement Program
Local Agency Budget Estimate

Local Agency Name: _____
Operational Period: _____

1. SALARY COSTS (Employees directly involved in SNAP E&T activities or administrative support)							
Position Title	Name	% FTE	Salary	E&T Salary	Fringe % Rate	E&T Fringe Amount	Total E&T Cost
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
TOTAL			\$0.00	\$0.00		\$0.00	\$0.00

2. GOODS, SERVICES, Other	BUDGET NARRATIVE
a. Office Equipment/Supplies _____	
b. Postage _____	
c. Copying/Printing _____	
d. Lease /Space Rental _____	
e. Utilities _____	
f. SNAP Program Marketing _____	
g. Training _____	
h. Accounting/Audit Services _____	
i. Support Svcs (Childcare/Transportation) _____	
j. Tuition/Fees _____	
k. Books _____	
l. Maintenance/Repairs _____	
m. SNAP Related Travel _____	
n. Other (Explain in budget narrative) _____	
TOTAL \$0.00	

3. INDIRECT COSTS (Please indicate the indirect cost rate and the methodology used to determine indirect costs)	
Indirect Costs _____	Federally approved indirect cost rate of _____% applied to the following costs:
TOTAL \$0.00	

4. PROGRAM COSTS SUMMARY	
Budget Category	Total Program Costs
a. Personnel (Salary & Fringe) _____	\$0.00
b. Goods, Services, Other _____	\$0.00
c. Indirect Costs _____	\$0.00
TOTAL BUDGET \$0.00	

*Submit Local Match Certification Form to identify the source and amount of non-Federal funds available to operate the program