

**BUDGET**  
**CHECKLIST**

**DIRECT COST BUDGET ITEMS**

**PERSONNEL**

\_\_\_\_\_ All staff salaries/wages are listed as a % of the FTE (IE. 25%)  
\_\_\_\_\_ Level of FTE is included  
\_\_\_\_\_ Total of staff wages and salary covered by grant funds

(Travel reimbursement is not permitted for non-direct services other than training grants)

**FRINGE BENEFITS**

\_\_\_\_\_ Cost or % of salary for each benefit is listed  
\_\_\_\_\_ Fringe benefits do not exceed 35% of personnel costs

**TRAVEL**

\_\_\_\_\_ Reimbursement rates do not exceed .45/mile  
\_\_\_\_\_ # of anticipated miles are included  
\_\_\_\_\_ Max meal per diems have been researched  
\_\_\_\_\_ Lodging is confirmed as an allowable expense  
\_\_\_\_\_ Max lodging rates by region have been reviewed  
\_\_\_\_\_ Lodging is not more than 45 miles away from staff's residence

(<http://obm.ohio.gov/TravelRule/>)

([www.gsa.gov/perdiem](http://www.gsa.gov/perdiem))

**EQUIPMENT**

\_\_\_\_\_ Equipment/computers are for grant-related work only  
\_\_\_\_\_ Purchases over \$5,000 have been pre-approved by OHMHAS  
\_\_\_\_\_ Furniture is for grant programming/providers only  
\_\_\_\_\_ Assets are worth at least \$1,000 each  
\_\_\_\_\_ Assets meet code requirements

(OHMHAS policy FIN-02, Ohio Revised Code Section 125.16 and DAS Directives GS-05 & GS-D-06)

**SUPPLIES**

\_\_\_\_\_ Bus passes/travel vouchers are listed under Printing/Copying line item  
\_\_\_\_\_ Cost per pass/voucher included  
\_\_\_\_\_ Estimated total to be purchased is included  
\_\_\_\_\_ Subscriptions and Publications are included

**CONTRACTUAL**

\_\_\_\_\_ Vendor payments are included (Honorariums are not permitted)

**OTHER**

\_\_\_\_\_ Reimbursement for conferences is not permitted

**INDIRECT COST BUDGET ITEMS**

\_\_\_\_\_ Indirect costs do not exceed 10% of total budget

\_\_\_\_\_ Rent and/or lease amounts are included

\_\_\_\_\_ Number of people served is included

\_\_\_\_\_ Justification of need for leased vehicles is included

Fleet/leased vehicle information includes:

\_\_\_\_\_ Name of dealership

\_\_\_\_\_ Year, make and model of vehicle

\_\_\_\_\_ Length/term of lease

\_\_\_\_\_ Monthly lease payment amount

\_\_\_\_\_ Fuel costs

**MAINTENANCE/REPAIR**

\_\_\_\_\_ Facility and office equipment maintenance costs are included

\_\_\_\_\_ Administrative and audit fees are included in the Maintenance/Repair section

**INSURANCE**

\_\_\_\_\_ Car, office and business/liability insurance are included (health insurance is listed under fringe benefits)

\_\_\_\_\_ Cost per month is included

\_\_\_\_\_ Number of months being covered by the grant is included

**PHONE BILL/ UTILITIES**

\_\_\_\_\_ Phones, cell phones, voicemail, gas, electric, and water for facilities are included and broken down into monthly charges

**FUNDS**

\_\_\_\_\_ OHMHAS and other Department funds are included

**GRAND TOTAL**

\_\_\_\_\_ Total of all funds is included

**NARRATIVES/JUSTIFICATIONS**

\_\_\_\_\_ Narratives are included throughout the budget for any justifications (Overages are not permitted)

