## King County Cannabis, Tobacco, and Vapor Prevention Community Grant Attachment C: Proposed Four Year Budget Template

**Instructions:** This budget template has four worksheets, each respresenting a separate year of your project. Please estimate the costs for each year of your proposed project (2 to 4 years) and leave any years blank that are not included in your proposed project timeline. Costs that you propose may be changed based on community and organizational need. You do not need to fill out every section - only the sections where you plan on having costs.

Please note that we have included formulas to total each budget section as you enter your line item costs. Additionally the yearly total will automatically fill in the year total line in the Annual Budget Summary on top of this worksheet. You should not have to manually enter the yearly totals on this page.

## Organization Name:

## Fiscal Contact Name/Email:

| Annual Budget Summary                            |    |   |  |  |
|--|----|---|--|--|
| YEAR 1 TOTAL (linked from each budget worksheet) | \$ | - |  |  |
| YEAR 2 TOTAL (linked from each budget worksheet) | \$ | - |  |  |
| YEAR 3 TOTAL (linked from each budget worksheet) | \$ | - |  |  |
| YEAR 4 TOTAL (linked from each budget worksheet) | \$ | - |  |  |
| Total Amount Requested                           | \$ | - |  |  |

| Year 1 Budget  |  | ·   |          |             |                                  |              |  |
|--|--|---|----------|-------------|----------------------------------|--------------|--|
| Personnel Cost:<br>Position title  | Position Description:<br>Position responsibilities and ways<br>position relates to project                 | Amount of Effort: Hours or percent of time position will spend on project in Year 1 |          |             | Hourly rate or salary            | Total Amount |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          | B           | 10                               |              |  |
|  |  |   |          | Persone     | l Costs Total                    | \$           |  |
| Fringe Benefits:<br>Describe types of benefits   | Describe calculation of fringe benefit   | Total Amount  |          |             |                                  |              |  |
|  |  |   |          | F.* D       | C <del>.</del>                   |              |  |
|  |  |   |          | Fringe B    | enefits Total                    | \$           |  |
| Consultants or Contracts:<br>Type of consultant, name(s)/<br>organization(s) if known                          | Describe consultant/contractor work  | c and relation to   | the pro  | posed proje | ct                               | Total Amount |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   | Consult  | ants and Co | ntracts Total                    | \$           |  |
|  |  |   |          |             |                                  |              |  |
| Supplies: Type of supplies (you can group things like office supplies, gift cards for youth, and refreshments) | Ype of supplies (you can group hings like office supplies, gift ards for youth, and  Number items if known |   |          |             | Cost of<br>item type if<br>known | Total Amount |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          | S           | upplies Total                    | \$           |  |
| Travel and/or Training: Name of travel and/or training   | Purpose of Travel or training and relation to project   ,  |   |          |             |                                  |              |  |
| rume or marer amay or mamming  |  |   |          | (age) iei   | 25, 210,                         |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             | Travel Total                     | \$           |  |
|  |  |   |          |             |                                  | •            |  |
| Other  | Description, relevance to project, de  | tail costs, and q   | uantity* |             | Costs                            | Total Amount |  |
|  |  |   |          |             |                                  |              |  |
|  |  |   |          |             |                                  |              |  |
|  | •  |   |          |             | Other Total                      | \$ -         |  |
|  |  |   | тот      | AL DIRECT   | CHARGES                          | \$ -         |  |
| Indirect Charges   | Description: Describe how indirect cl  | harges are  | Rate     | Base        |                                  | Total Amount |  |
|  |  |   |          | \$0         |                                  |              |  |
|  |  |   |          | \$0         | hanna Tit I                      | •            |  |
|  |  |   |          | indirect C  | harges Total                     | 5 -          |  |

YEAR 1 TOTAL \$

| Year 2 Budget   |  |                    |          |                       |                            |        |        |
|---|--|--------------------|----------|-----------------------|----------------------------|--------|--------|
| Personnel Cost: Position title  | Position Description: Position responsibilities and ways position relates to project Amount of Effort: Hours or percent of t |                    |          | Hourly rate or salary | Total                      | Amount |        |
|   |  |                    | _        |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          | Persone               | el Costs Total             | \$     |        |
|   |  |                    |          |                       | 00010 10101                | 7      |        |
| Fringe Benefits:  Describe types of benefits  | Describe calculation of fringe benefits  | s                  |          |                       |                            | Total  | Amount |
|   |  |                    |          | Fringe B              | enefits Total              | \$     |        |
| Consultants or Contracts:   |  |                    |          |                       |                            |        |        |
| Type of consultant, name(s)/ organization(s) if known   | Describe consultant/contractor work  | and relation to    | the prop | osed proj             | ect                        | Total  | Amount |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  | С                  | onsultan | ts and Co             | ntracts Total              | \$     |        |
| Supplies:<br>Type of supplies (you can group<br>things like office supplies, gift<br>cards for youth, and | Describe how supplies will be used in  | ı project          |          | Number<br>of items    | Cost of item type if known | Total  | Amount |
| refreshments)   |  |                    |          | known                 | Known                      |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          | Sı                    | upplies Total              | \$     |        |
|   |  |                    |          |                       |                            |        |        |
| Travel and/or Training:<br>Name of travel and/or training   | Purpose of Travel or training and  | d relation to pro  | ject     | Travel or costs (mi   | training<br>ilage, fees,   | Total  | Amount |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       | Travel Total               | \$     |        |
|   |  |                    |          |                       |                            | *      |        |
| Other   | Description, relevance to project, det   | tail costs, and qu | antity*  |                       | Costs                      | Total  | Amount |
|   |  |                    |          |                       |                            |        |        |
|   |  |                    |          |                       | Other Total                | \$     | -      |
|   |  |                    | TOTAL    | . DIRECT              | CHARGES                    | \$     | -      |
| Indirect Charges  | Description: Describe how indirect ch  | narges are         | Rate     | Base                  |                            | Total  | Amount |
|   |  |                    |          | \$0                   |                            |        |        |
|   |  |                    |          | \$0<br>Indirect C     | harges Total               | \$     | -      |
|   |  |                    |          |                       | R 2 TOTAL                  |        |        |

| Year 3 Budget  |  |  |            |                                   |                            |              |   |
|--|--|--|------------|-----------------------------------|----------------------------|--------------|---|
| Personnel Cost: Position title   | Position Description: Position responsibilities and ways | Amount of E<br>Hours or per<br>position will | rcent of t |                                   | Hourly rate or salary      | Total Amount |   |
|  | position relates to project                              | position will                                | spena o    | n project                         |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            | Persone                           | el Costs Total             | \$           | _ |
|  |  |  |            | reisone                           | i costs rotar              | ş            | _ |
| Fringe Benefits:<br>Describe types of benefits   | Describe calculation of fringe benefits                  |  |            |                                   |                            | Total Amount |   |
|  |  |  |            | Fringe B                          | enefits Total              | \$           | - |
| Consultants or Contracts:  |  |  |            |                                   |                            |              | _ |
| Type of consultant, name(s)/ organization(s) if known  | Describe consultant/contractor work                      | and relation to                              | the prop   | osed proj                         | ect                        | Total Amount |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  | oncultan   | ts and Co                         | ntracts Total              | \$           |   |
|  |  |  | Olisuitali | ts and Co                         | illiacts iotai             | ş            | _ |
| Supplies: Type of supplies (you can group things like office supplies, gift cards for youth, and refreshments) | Describe how supplies will be used in                    | project                                      |            | Number<br>of items<br>if<br>known | Cost of item type if known | Total Amount |   |
| renesiments  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            | Sı                                | upplies Total              | \$           | _ |
|  |  |  |            | 3,                                | арриса тотаг               | Ţ            |   |
| Travel and/or Training:<br>Name of travel and/or training  | Purpose of Travel or training and                        | relation to pro                              | ject       | Travel or costs (mi               | training<br>lage, fees,    | Total Amount |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   | Travel Total               | \$           | - |
| Other  | Description, relevance to project, deta                  | ail costs and au                             | antity*    |                                   | Costs                      | Total Amount | _ |
| Other  | Description, relevance to project, deta                  | an costs, and qu                             | lairtity   |                                   | COSES                      | Total Amount |   |
|  |  |  |            |                                   |                            |              |   |
|  |  |  |            |                                   | Other Total                | \$ -         |   |
|  |  |  | TOTAL      | DIDECT                            | CHARCES                    | <b>A</b>     | _ |
|  |  |  | TOTAL      | . DIKECI                          | CHARGES                    | \$ -         |   |
| Indirect Charges   | Description: Describe how indirect chacalculated         | arges are                                    | Rate       | Base                              |                            | Total Amount |   |
|  |  |  |            | \$0<br>\$0                        |                            |              |   |
|  |  |  |            |                                   | harges Total               | \$ -         |   |
|  |  |  |            | YEA                               | R 3 TOTAL                  | \$ -         |   |

| Year 4 Budget   | Position Posseintion:  | Amount of F              | ffort.       |            |                         | Tatal Amazint       |  |
|---|--|--------------------------|--------------|------------|-------------------------|---------------------|--|
| Personnel Cost:<br>Position title   | Position responsibilities and ways Hours or percent of                   |                          |              | nt of time |                         | Total Amount        |  |
|   | position relates to project  | position will spend on p |              |            | ,                       |                     |  |
|   | +  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   | -  |                          | P            | ersone     | l Costs Total           | \$                  |  |
|   |  |                          |              |            |                         |                     |  |
| Fringe Benefits:<br>Describe types of benefits                                  | Describe calculation of fringe benefits                                  | <b>Total Amount</b>      |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          | F            | ringe B    | enefits Total           | \$                  |  |
| Committee of Combination  |  |                          |              |            |                         |                     |  |
| Consultants or Contracts: Type of consultant, name(s)/ organization(s) if known | Describe consultant/contractor work and relation to the proposed project |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  | Co                       | onsultants a | and Co     | ntracts Total           | \$                  |  |
| Supplies:   |  |                          |              |            |                         |                     |  |
| Type of supplies (you can group   |  |                          |              | umber      | Cost of                 |                     |  |
| things like office supplies, gift   | Describe how supplies will be used in pr                                 | oject                    | of           | items      | item type if            | Total Amount        |  |
| cards for youth, and  |  |                          |              | nown       | known                   |                     |  |
| refreshments)   |  |                          | Ki           | iowii      |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   | +  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              | Sı         | ipplies Total           | \$                  |  |
| /   |  |                          | -            |            |                         |                     |  |
| Travel and/or Training:<br>Name of travel and/or training                       | Purpose of Travel or training and re                                     | elation to proj          |              |            | training<br>lage, fees, | <b>Total Amount</b> |  |
| wante of traver and/or training   |  |                          |              | 7363 (1111 | iage, iees,             |                     |  |
|   | +  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            | Travel Total            | \$                  |  |
|   |  |                          |              |            |                         |                     |  |
| Other   | Description, relevance to project, detail                                | costs, and qua           | antity*      |            | Costs                   | Total Amount        |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            |                         |                     |  |
|   |  |                          |              |            | Other Total             | \$ -                |  |
|   | Other rotal  |                          |              |            |                         |                     |  |
|   |  |                          | TOTAL D      | IRECT      | CHARGES                 | \$ -                |  |
|   |  |                          |              |            |                         |                     |  |
| Indirect Charges  | Description: Describe how indirect charge                                | ges are                  | Rate         | Base       |                         | Total Amount        |  |
|   | calculated   |                          |              |            |                         |                     |  |
|   |  |                          |              | \$0        |                         |                     |  |
|   | \$0 Indirect Charges Total   |                          |              |            |                         | •                   |  |
|   |  |                          | Inc          | iirect C   | narges Total            | \$ -                |  |
|   |  |                          |              | YFΛ        | R 4 TOTAL               | ¢ -                 |  |
| * - if applicable   |  |                          |              | ILA        | TIOIAL                  | -                   |  |