

King County Cannabis, Tobacco, and Vapor Prevention Community Grant

Attachment C : Proposed Four Year Budget Template

Instructions: This budget template has four worksheets, each representing 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: Position title	Position Description: Position responsibilities and ways 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
Personel Costs Total				\$ -

Fringe Benefits: Describe types of benefits	Describe calculation of fringe benefits	Total Amount
Fringe Benefits Total		\$ -

Consultants or Contracts: Type of consultant, name(s)/ organization(s) if known	Describe consultant/contractor work and relation to the proposed project	Total Amount
Consultants and Contracts Total		\$ -

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 of items if known	Cost of item type if known	Total Amount
Supplies Total				\$ -

Travel and/or Training: Name of travel and/or training	Purpose of Travel or training and relation to project	Travel or training costs (milage, fees, etc)	Total Amount
Travel Total			\$ -

Other	Description, relevance to project, detail costs, and quantity*	Costs	Total Amount
Other Total			\$ -

TOTAL DIRECT CHARGES \$ -

Indirect Charges	Description: Describe how indirect charges are calculated	Rate	Base	Total Amount
			\$0	
			\$0	
Indirect Charges Total				\$ -

YEAR 1 TOTAL \$ -

* = if applicable

Year 2 Budget

Personnel Cost: Position title	Position Description: Position responsibilities and ways position relates to project	Amount of Effort: Hours or percent of time position will spend on project	Hourly rate or salary	Total Amount
Personel Costs Total				\$ -

Fringe Benefits: Describe types of benefits	Describe calculation of fringe benefits	Total Amount
Fringe Benefits Total		\$ -

Consultants or Contracts: Type of consultant, name(s)/ organization(s) if known	Describe consultant/contractor work and relation to the proposed project	Total Amount
Consultants and Contracts Total		\$ -

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 of items if known	Cost of item type if known	Total Amount
Supplies Total				\$ -

Travel and/or Training: Name of travel and/or training	Purpose of Travel or training and relation to project	Travel or training costs (milage, fees,	Total Amount
Travel Total			\$ -

Other	Description, relevance to project, detail costs, and quantity*	Costs	Total Amount
Other Total			\$ -

TOTAL DIRECT CHARGES \$ -

Indirect Charges	Description: Describe how indirect charges are calculated	Rate	Base	Total Amount
			\$0	
			\$0	
Indirect Charges Total				\$ -

YEAR 2 TOTAL \$ -

* = if applicable

Year 3 Budget

Personnel Cost: Position title	Position Description: Position responsibilities and ways position relates to project	Amount of Effort: Hours or percent of time position will spend on project	Hourly rate or salary	Total Amount
Personel Costs Total				\$ -

Fringe Benefits: Describe types of benefits	Describe calculation of fringe benefits	Total Amount
Fringe Benefits Total		\$ -

Consultants or Contracts: Type of consultant, name(s)/ organization(s) if known	Describe consultant/contractor work and relation to the proposed project	Total Amount
Consultants and Contracts Total		\$ -

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 of items if known	Cost of item type if known	Total Amount
Supplies Total				\$ -

Travel and/or Training: Name of travel and/or training	Purpose of Travel or training and relation to project	Travel or training costs (milage, fees,	Total Amount
Travel Total			\$ -

Other	Description, relevance to project, detail costs, and quantity*	Costs	Total Amount
Other Total			\$ -

TOTAL DIRECT CHARGES \$ -

Indirect Charges	Description: Describe how indirect charges are calculated	Rate	Base	Total Amount
			\$0	
			\$0	
Indirect Charges Total				\$ -

YEAR 3 TOTAL \$ -

* = if applicable

Year 4 Budget

Personnel Cost: Position title	Position Description: Position responsibilities and ways position relates to project	Amount of Effort: Hours or percent of time position will spend on project	Hourly rate or salary	Total Amount
Personel Costs Total				\$ -

Fringe Benefits: Describe types of benefits	Describe calculation of fringe benefits	Total Amount
Fringe Benefits Total		\$ -

Consultants or Contracts: Type of consultant, name(s)/ organization(s) if known	Describe consultant/contractor work and relation to the proposed project	Total Amount
Consultants and Contracts Total		\$ -

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 of items if known	Cost of item type if known	Total Amount
Supplies Total				\$ -

Travel and/or Training: Name of travel and/or training	Purpose of Travel or training and relation to project	Travel or training costs (milage, fees,	Total Amount
Travel Total			\$ -

Other	Description, relevance to project, detail costs, and quantity*	Costs	Total Amount
Other Total			\$ -

TOTAL DIRECT CHARGES \$ -

Indirect Charges	Description: Describe how indirect charges are calculated	Rate	Base	Total Amount
			\$0	
			\$0	
Indirect Charges Total				\$ -

YEAR 4 TOTAL \$ -

* = if applicable