

BUDGET WORKSHEET

Please complete the following budget breakdown. Check and complete the category(s) that apply to your proposal. Following is a brief definition of each category.

	<u>Requested Funding</u>	<u>Match</u>	<u>Project Total</u>
<input type="checkbox"/> 1. Construction of a new HHW facility:			
SALARIES	\$ N/A	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
CAPITAL EQUIPMENT	\$ _____	\$ _____	\$ _____
PROFESSIONAL SERVICES	\$ _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____	\$ _____

2. Expansion or improvement of an existing HHW facility or program:

SALARIES	\$ N/A	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
CAPITAL EQUIPMENT	\$ _____	\$ _____	\$ _____
PROFESSIONAL SERVICES	\$ _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____	\$ _____

3. Public education and advertising:

SALARIES	\$ N/A	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
CAPITAL EQUIPMENT	\$ _____	\$ _____	\$ _____
PROFESSIONAL SERVICES	\$ _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____	\$ _____

	<u>Requested Funding</u>	<u>Match</u>	<u>Project Total</u>
□ 4. Training:			
SALARIES	\$ N/A	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
CAPITAL EQUIPMENT	\$ _____	\$ _____	\$ _____
PROFESSIONAL SERVICES	\$ _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____	\$ _____

□ 5. Other: _____ (specify)

SALARIES	\$ N/A	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
CAPITAL EQUIPMENT	\$ _____	\$ _____	\$ _____
PROFESSIONAL SERVICES	\$ _____	\$ _____	\$ _____
OTHER _____	\$ _____	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____	\$ _____
TOTAL	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

BRIEF DESCRIPTION OF EACH CATEGORY:

1. Construction of a new HHW facility:

This category includes all expenditures expected to be incurred with the construction and equipment/supplies required for a new permitted HHW facility. Construction may be performed by either an independent contractor or city/county employees. Salaries paid to city/county employees are accounted as the in-kind match. Examples of eligible grant expenditures include: contractor's expenses, building equipment/supplies, safety equipment/supplies, hazardous waste reference manual, computer, drums, etc. Items to be included on the Capital Expenditures line would be any expenditures(s) with a useful life of one year or greater and a cost of \$500 or greater.

2. Expansion of an existing HHW facility or program:

This category includes all expenditures expected to incur with the expansion of an existing HHW facility or program. Examples of such activities/expenditures include: purchasing a mobile trailer or storage cabinets, building expansions, updating/improving safety equipment, computer, reference materials, etc. Ongoing operational expenditures are not eligible. Capital expenditures are any expenditure(s) with a useful life of one year or greater and a cost of \$500 or greater.

3. Public education and advertising:

This category includes all expenditures related to new program development and distribution of public education materials and advertising. Examples of such activities/expenditures include: printing costs of brochures, postage for mailing educational materials, fees paid for the development of educational brochures or advertisements, newspaper, radio or other media advertising, etc. Please note: Ongoing public education expenses are ineligible. Public education will only be funded to educate and promote an expansion of services. Typical in-kind expenditures in this section may include: salaries paid to employees creating or presenting program educational materials, travel for employees presenting educational materials within grant area, etc. Capital expenditures in this section may include presentation booths or other presentation equipment.

4. Training:

This category includes expenditures related to training of HHW staff members, training aids for in-house training programs, etc. Examples of such expenditures include: training costs, television, DVD player, camcorder, projector, course manuals, etc. Typical in-kind expenditures in this section may include: salaries, mileage, etc. paid to employees attending training sessions and/or salaries paid to employees for developing in-house training programs. KDHE reserves the right to contract directly with a qualified trainer to conduct 24 hour HHW specific training. If such a contract is in place, training related grant expenditures may be adjusted accordingly.

5. Other:

This category includes expenditures related to any "other" activity not listed in any of the above categories. Examples of potentially eligible projects/expenditures include: HHW program surveys/assessments for program development/improvement, etc. This category is ranked as lowest in priority for funding eligibility.

ADDITIONAL INSTRUCTIONS/INFORMATION:

- A. A narrative is required for any type of HHW grant application. See the narrative checklist.
- B. All proposed projects should be completed within the State Fiscal Year 2017 (July 1, 2016 to June 30, 2017). List the proposed project START DATE: _____ and the COMPLETION DATE: _____
- C. The local match requirement is intended to show local commitment, which can be met through in-kind and/or financial obligations. Although securing additional funding sources for program development is encouraged, it is prohibited to match state dollars with state dollars.
- D. If this proposal requires a permit application to be filed no grant funds will be disbursed by KDHE until such paperwork is submitted.

CERTIFICATION:

The undersigned is an official authorized to represent the applicant. The applicant certifies that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records will be maintained and submitted when requested, and KDHE is hereby granted access to inspect project sites and/or records.

Authorized Representative (please print)

Title

Signature of Authorized Representative

Date