



# DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

## Supplemental Nutrition Assistance Program Access and Information Plan

State: Arizona

State Agency: Department of Economic

Security Fiscal Year: 2022

### Primary Contacts

Name	Title	Phone	Email
Jeffrey Morley	Assistant Director	(602) 542-7596	jmorley@azdes.gov
Shannon Kavanagh	Business Administrator	(602) 542-8266	skavanagh@azdes.gov
Betsy Long	Program Administrator: Hunger, Domestic Violence, Community Action and Homeless Programs	(480) 201-5664	blong@azdes.gov
Gloria Garcia-Hernandez	Hunger Relief Program Manager	(480) 521-5700	ggarcia-hernandez@azdes.gov

## 1. Acronyms and Definitions

Acronym or Term	Definition
ADES	Arizona Department of Economic Security; the State SNAP Agency.
ACAA	Arizona Community Action Association, subrecipient.
DOTS	DES On-the-Spot.
Churning	As applied to SNAP, a cycle of losing and regaining eligibility in a short period of time, generally no more than four months, due to client inaction or lack of timely recertification.
Client	A person requesting information on or receiving ADES services.
Colleague	A person with whom one works or collaborates, especially in a profession or business, regardless of paid or volunteer status.
De Minimis Indirect Cost Rate	10 percent of modified total reasonable, allowable and necessary direct program costs not readily assignable to budget line items specifically benefitted without effort disproportionate to the results achieved; to be used only when an agency does not have a federally negotiated indirect cost rate agreement.
Federally Negotiated Indirect Cost Rate	The percentage of approved base expenditures not readily assignable to the line items specifically benefitted without effort disproportionate to the results achieved; negotiated through the requesting agency's cognizant federal authority.
FFY	Federal Fiscal Year; a 12-month period beginning on October 1 and ending on September 30 of the following calendar year.
Food Insecurity	A household-level economic and social condition of limited or uncertain access to adequate food.
Hotspot	A mobile device used to obtain internet access via cellular networks, typically using Wi-Fi technology or physical tethering, to allow an internet connection to be established in remote locations.
ICR	Indirect Cost Rate.

Indirect Cost Base	The approved direct cost categories per an agency's individual federally negotiated indirect cost rate agreement to which the indirect cost rate is applied or 10 percent of an agency's modified total direct program costs when the agency does not have a federally negotiated indirect cost rate agreement.
IRS	Internal Revenue Service.

Acronym or Term	Definition
MOU	Memorandum of Understanding; an agreement held between the state SNAP contractor and a participating agency detailing requirements and allowing or disallowing reimbursement for expenditures directly related to SNAP access and information activities.
Plan	Arizona's Supplemental Nutrition Assistance Program Access and Information Plan.
SCP	SNAP Community Partner; a non-profit or governmental agency performing SNAP access and information operations in coordination with ADES and the state SNAP contractor.
SNAP	Supplemental Nutrition Assistance Program (formerly known as the "Food Stamp Program").
TANF-CA	Cash assistance through the federal Temporary Assistance for Needy Families program.
TIN	Taxpayer Identification Number: a tracking number used by the IRS in the administration of tax laws.
USCIS	United States Citizenship and Immigration Services.
USDA/FNS	United States Department of Agriculture/Food and Nutrition Service.

## 1. Statement of Need

As the State of Arizona continues its Supplemental Nutrition Assistance Program (SNAP) in building economic strength, households that were once in need of SNAP benefits are regaining self-sufficiency. However, vulnerable populations and underserved regions in Arizona continue to experience pervasive levels of food insecurity. In FFY 2022, the Plan will continue its focus on specific vulnerable populations and regions with a need to access SNAP application assistance and information services, learn about the benefits and requirements of participating in SNAP and maintain certification without allowing unnecessary gaps in enrollment.

The Arizona Department of Economic Security (ADES) mission is to make Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need and care for the vulnerable, while its vision is to provide all Arizonans with timely ADES services. In the spirit of the ADES mission and vision, ADES views SNAP access and information services as critical in fulfilling its goals of:

- Serving Arizonans with integrity, humility, and kindness;
- Supporting Arizonans to reach their potential through social services that train, rehabilitate, and connect them with job creators;
- Providing temporary assistance to Arizonans in need while they work toward greater self-sufficiency; and
- Providing children with food, health care, and parental financial support; providing services to individuals with disabilities; and protecting the vulnerable by investigating allegations of abuse, neglect, and exploitation.

### Vulnerable Populations

While retaining its foremost goal of serving Arizonans who are struggling to achieve food security, regardless of race, color, national origin, gender, religious creed, disability, age, political beliefs or any prior civil rights activity, the Plan specifically focuses on the following vulnerable populations:

- American Indians;
- Asylees, immigrants, refugees and speakers of English as a second language;
- Children and adults with mental or physical disabilities;
- Ex-offenders transitioning from incarceration to the community;

- Individuals and families experiencing homelessness or near homelessness;
- Military veterans;
- Senior citizens;
- Single parents; and
- Victims of domestic violence.

#### Areas of Need

Poverty has been identified as a common causal mechanism when comparing rates of food insecurity and chronic disease.<sup>1</sup> As such, the identification of areas of need was determined by using U.S. Census poverty rate information at the county level. The ADES Plan will maintain the work in all counties with specific focus on counties with the highest level of poverty.

See Appendix B - Arizona Percent of Total Population in Poverty

## 2. Executive Summary

The ADES Plan allows a formal structure for statewide SNAP access and information services and secures federal funding that provides a 50 percent reimbursement on approved SNAP Community Partner (SCP) reasonable, allowable, and necessary administrative expenditures. The Plan is divided into four projects with each having its own unique activities and evaluation metrics.

**Project number one**, Application Assistance, provides help to vulnerable Arizonans who are not able to complete an ADES application for benefits on their own. The inability to complete the application can be attributed to a number of factors such as a lack of Internet access for online application submission, not understanding how to complete the application, general uncertainty regarding the application submission process, a physical or mental disability or a lack of access to technology used to submit the application and required verification documents. SCPs self-select their assistance model. Assistance model options consist of the following:

- **Full-Service:** a SCP colleague submits the application and verification documents on behalf of the client and may contact ADES, with the client's permission, to relay problems associated with the application. When applying on behalf of the client, the client must be the person who signs the application. SCPs are prohibited from signing any document on the client's behalf, and all information collected from the client must be stored in accordance with ADES confidentiality guidelines (see Appendix A for more information on data storage requirements). Under this model and all following models, SCPs are not considered authorized representatives and are prohibited from interfering with the interview process in accordance with United States Department of Agriculture/Food and Nutrition Services (USDA/FNS) regulations.
- **Self-Service:** a SCP makes available equipment used to submit an online or paper application and verification documents to ADES. The SCP does not actively assist the client with the application but may assist with the usage of the equipment itself.

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<sup>1</sup> Laraia, B. Food Insecurity and Chronic Disease. *Adv. Nutr.* March 2013;**4**: 203-12

Types of equipment used consist of computers with internet access, fax machines, telephones, document scanners and any other equipment needed to aid in providing ADES with information needed for the SNAP eligibility determination.

- **Both Full and Self-Service:** this model combines full and self-service assistance to provide a holistic application assistance experience for the client.

**Project number two**, Information Distribution and Client Education, is a mandatory project for all SCPs and provides vulnerable Arizonans with the up-to-date, accurate and culturally relevant information needed to complete the following:

- Understand the SNAP application and eligibility process;
- Make an informed decision on whether to apply to ADES for participation in SNAP. When the client makes an informed decision not to apply for SNAP, the SCP should refrain from continuing to pressure or attempting to convince the client to apply;
- Receive necessary information to assist the client in understanding and being confident in their SNAP participation. Breaking through myths and outdated information that continue to prevent potentially eligible clients from applying due to inaccurate information being spread in a community by those not familiar with current program requirements;
- Understand the detrimental effects of allowing a certification period to lapse while the household is still in need of SNAP benefits and the cycle of losing and regaining eligibility due to not reapplying for SNAP (i.e., churning prevention); and
- Understand what may be required of the client during the application and eligibility phase of participation in SNAP. Examples of such requirements are:
  - Completing an eligibility interview with an ADES state merit colleague;
  - Providing accurate, truthful information to ADES on the application, during the interview and throughout the certification period;
  - Reporting changes that have occurred between application submission and the interview and understanding the need to report changes throughout the certification period; and
  - Reading and understanding, or obtaining help to read and understand, all communication sent from ADES regarding the application and eligibility determination.



**Project number three**, Partnership Coordination, involves the administrative and support functions required to ensure SCPs are provided with the services necessary to perform at their fullest capacity. As the duties under this project are numerous, see the Project Details section of this document for information regarding coordination functions.

**Project one through three**, Partnership Collaboration, involves collaboration between subrecipient and ADES to ensure SCPs within rural areas are provided with required support for the community they serve. Please see Project Details section of this document for information regarding Partner Collaboration functions.

ADES contracts with a qualified non-profit organization for Plan administration on the local level. The contractor (hereinafter "Subrecipient") holds an individual Memorandum of Understanding (MOU) with each SCP and acts as the entity responsible for passing through drawn down federal funds. Contracts and MOUs are kept on file and available for review.

In addition to Subrecipient, ADES will partner with **57** local agencies. The total projected program budget is **\$ 8,542,024.00** resulting in a projected maximum reimbursement request of **\$ 4,271,012.00** which is 50 percent of planned expenditures. All SNAP funding under the Plan will remain under the administrative control of ADES. Financial and other program records are maintained on file with ADES, Subrecipient and SCPs for a minimum of three years after the close of the relevant FFY.

Project Summary

Project Number	Title	Geographic Area	Target Audience	Contracted or In-House?
1	Application Assistance and Partnership Collaboration	Statewide	Vulnerable populations and regions as identified in the Project Details	Contracted and In- House
2	Information Distribution, Client Education, and Partnership Collaboration	Statewide	Vulnerable populations and regions as identified in the Project Details	Contracted and In- House
3	Partnership Coordination, and Partnership Collaboration	Statewide	Participating SCPs and other agencies interested in starting SNAP access and information operations	Contracted and In- House

### 3. Project Details

Project Number	1 – Application Assistance
Goal	<p>Arizonans will be provided with SNAP application access options outside of the traditional ADES local eligibility office, assistance with completing applications and the equipment necessary to submit applications. SCPs will assist clients with providing verification documents electronically and completing telephone interviews in place of travelling to a local eligibility office. ADES anticipates that SCP assistance will result in applications and proper verification documents being submitted at the same time, which will lead to an increase in both case accuracy and timely eligibility determination timeliness. This project will serve to expand access to SNAP for clients who lack the electronic resources for an online application, are homebound or lack a means of transportation for travelling to a local eligibility office.</p>
Target Audience	Potentially eligible vulnerable populations throughout Arizona
Timeline	October 1, 2021 through September 30, 2022
Description of Activity	<p>SCPs will perform full-service, self-service or both full and self-service application assistance dependent upon the SCP's resources and the availability of paid colleagues or volunteers. SCPs include, but are not limited to, faith-based organizations, health centers, food banks, domestic violence shelters, community action organizations and other agencies committed to providing application assistance in communities with a high number of vulnerable, potentially eligible persons.</p>
Subrecipient	ACAA October 1, 2021 through September 30, 2022 provides support and oversight for each SCP participating below:

- Adelante Healthcare
- Against Abuse
- Arizona Baptist Children's Services
- Arizona Justice Center
- Aster Aging
- AZCEND (Formerly Chandler Christian Community Center)
- AZ Women's Recovery Center
- Banner Olive Branch Senior Center
- Catholic Community Services of Southern Arizona
- Chandler CARE Center
- Chicanos Por La Causa (CPLC)
- Community Food Bank of Southern Arizona
- Cornerstone Mission Project
- Cultural Cup Food Bank
- Dress for Success
- Empowerment Systems
- Father Matters
- Foothills Food Bank
- Goodwill Industries of Southern Arizona, Inc.
- Greater Phoenix Urban League
- Helping Families in Need
- ICM Food and Clothing Bank
- Interfaith Community Services
- International Sonoran Desert Alliance
- Live and Learn Program
- Lutheran Social Services of the Southwest
- Manzanita Outreach
- Maricopa County Community Colleges
- Mountain Park Health Center
- Northern Arizona Council of Governments (NACOG)
- Native American Community Health Center
- Neighborhood Ministries
- Neighborhood Outreach Access to Health (NOAH)
- Nogales Community Development Corporation
- North Country Healthcare
- Northland Family Help Center
- Old Town Mission
- Phoenix Dream Center
- Phoenix Indian Center
- Pilgrim Rest Foundation
- Pinnacle Prevention
- Regional Center for Border Health
- Refugee and Immigrant Community Center (RICE)
- Rio Vista Center
- Sahuarita Food Bank
- Salvation Army – Phoenix
- Seniors Personal Assistance Corporation

	<ul style="list-style-type: none"> <li>• Sun Life Family Health Center</li> <li>• Sunset Community Health Center</li> <li>• Tanner Community Development Corporation</li> <li>• Tempe CAA</li> <li>• The Primavera Foundation, Inc.</li> <li>• U of A Campus</li> <li>• Unlimited Potential</li> <li>• Valley Assistance Services</li> <li>• Western Arizona Council of Governments – WACOG</li> <li>• World Hunger Ecumenical Arizona Task Force</li> </ul>
Subrecipient TIN	860311619
Role of the Subrecipient	<p>Subrecipient will recruit agencies in underserved communities, maintain MOUs with participating SCPs, offer financial oversight, pass through federal reimbursement funds, maintain current SCP SNAP training curriculum, develop additional training materials, and provide training and technical assistance to SCPs requiring such support.</p>

Role of the State Agency	<p>ADES will continuously monitor and correct as needed Subrecipient and SCP performance by providing SNAP policy support, approving</p> <p>SCP-generated marketing materials intended to increase the number of potentially eligible clients visiting an SCP for service, performing desk audits, and reviewing monthly SCP activity reports to ensure expenditures are reasonable, allowable and necessary prior to approving SCP reimbursement requests.</p>
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Project Number	1 – Application Assistance
State/ Subrecipient Funding Source(s)	<p>All funding under the Plan is sourced from the USDA/FNS 50 percent reimbursement of reasonable, allowable and necessary program expenditures. ADES retains a total of eight percent of the 50 percent reimbursement to fund its program activity, Subrecipient retains 12 percent of the reimbursement and the remaining 80 percent is disbursed to SCPs. There are no state matching funds or other federal funds allocated to the Plan. SCPs source private dollars through fundraising efforts and are prohibited from requesting reimbursement for Plan expenditures paid with funds from other federal awards.</p>
Volunteers	<p>Are volunteers involved in this activity: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Volunteers under this project complete frontline activities such as assistance with applications, submitting verification documents and contacting ADES for the eligibility interview. Volunteers, as with paid staff, must complete annual civil rights training and SNAP application assistance training modules. Volunteers must have a confidentiality agreement on file with the SCP and comply with the agreement.</p>
Evaluation	<p>ADES will consider this project successful when identified areas of need experience a decrease in food insecurity rates. A successful outcome is achieved when:</p> <ul style="list-style-type: none"> <li>• SNAP participation growth in identified counties outpaces growth in lower poverty counties by a reasonable margin; or</li> <li>• Participation in high poverty counties increases or remains stable, while lower poverty counties experience a participation decrease.</li> <li>• SCPs will provide monthly reports to subrecipient that identify SNAP outreach activity: Number of applications, number of screenings, and assistance with applications. These are collected and shared with ADES each month; in addition, subrecipient will provide quarterly and annual reports to ADES.</li> <li>• Tracking of agency capability through comparing monthly reports with the initial application assistance goals of the SCPs (as indicated in their partnership applications) and providing technical assistance as needed.</li> </ul>

<b>Project Number</b>	<b>2 - Information Distribution and Client Education</b>
Goal	<p>Vulnerable Arizonans will be provided with the information necessary to make an informed decision on whether to apply for SNAP and guidance on the application and eligibility process. Myths regarding SNAP will be eliminated and current, accurate information about SNAP will be spread among potentially eligible clients. SCPs will continue to inform legal immigrants that participation in SNAP does not cause the person to be classified as a "public charge," which would potentially hinder their ability to become naturalized United States citizens. Ineligible foreign nationals in Arizona without permission from United States Citizenship and Immigration Services (USCIS) will no longer fail to apply for SNAP for their United States citizen children or legally residing children due to misunderstandings about SNAP eligibility requirements. Clients will no longer allow cyclic participation (i.e., churning) to occur due to client inaction or failure to read and understand information being sent from ADES.</p>
Target Audience	Potentially eligible vulnerable populations throughout Arizona
Timeline	October 1, 2021 through September 30, 2022
Subrecipient	ACAA October 1, 2021 through September 30, 2022 provides support and oversight for each SCP participating below:



- Adelante Healthcare
- Against Abuse
- Arizona Baptist Children's Services
- Arizona Justice Center
- Aster Aging
- AZCEND (Formerly Chandler Christian Community Center)
- AZ Women's Recovery Center
- Banner Olive Branch Senior Center
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- Dress for Success
- Empowerment Systems
- Father Matters
- Foothills Food Bank
- Goodwill Industries of Southern Arizona, Inc.
- Greater Phoenix Urban League
- Helping Families in Need
- ICM Food and Clothing Bank
- Interfaith Community Services
- International Sonoran Desert Alliance
- Live and Learn Program
- Lutheran Social Services of the Southwest
- Manzanita Outreach
- Maricopa County Community Colleges
- Mountain Park Health Center
- Northern Arizona Council of Governments (NACOG)
- Native American Community Health Center
- Neighborhood Ministries
- Neighborhood Outreach Access to Health (NOAH)
- Nogales Community Development Corporation
- North Country Healthcare
- Northland Family Help Center
- Old Town Mission
- Phoenix Dream Center
- Phoenix Indian Center
- Pilgrim Rest Foundation
- Pinnacle Prevention
- Regional Center for Border Health
- Refugee and Immigrant Community Center (RICE)
- Rio Vista Center
- Sahuarita Food Bank
- Salvation Army – Phoenix
- Seniors Personal Assistance Corporation

	<ul style="list-style-type: none"> <li>• Sun Life Family Health Center</li> <li>• Sunset Community Health Center</li> <li>• Tanner Community Development Corporation</li> <li>• Tempe CAA</li> <li>• The Primavera Foundation, Inc.</li> <li>• U of A Campus</li> <li>• Unlimited Potential</li> <li>• Valley Assistance Services</li> <li>• Western Arizona Council of Governments – WACOG</li> <li>• World Hunger Ecumenical Arizona Task Force</li> </ul>
Subrecipient TIN	860311619
Role of the Subrecipient	Subrecipient will produce and maintain targeted information materials and training presentations. Subrecipient will assist in communicating SNAP policy updates and resource information as well as providing pre-approval of SCP-generated marketing material before sending the material to ADES for final approval.

Role of the  
State  
Agency

ADES will provide policy, data, and development support to Subrecipient to create training curriculum and presentations. ADES will review and provide final approval of training material and SCP-generated marketing materials. ADES will ensure all SNAP related materials contain the appropriate funding credit and nondiscrimination statements and encourage the proper use of the SNAP logo. ADES will only approve materials that follow USDA/FNS guidelines.

<b>Project Number</b>	<b>2 - Information Distribution and Client Education</b>
State/Subrecipient Funding Source(s)	<p>All funding under the Plan is sourced from the USDA/FNS 50 percent reimbursement of reasonable, allowable and necessary program expenditures. ADES retains a total of eight percent of the 50 percent reimbursement to fund its program activity, Subrecipient retains 12 percent of the reimbursement and the remaining 80 percent is disbursed to SCPs. There are no state matching funds or other federal funds allocated to the Plan. SCPs source private dollars through fundraising efforts and are prohibited from requesting reimbursement for Plan expenditures paid with funds from other federal awards.</p>
Volunteers	<p>Are volunteers involved in this activity: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Volunteers under this project complete frontline activities such as providing information about the SNAP application process and benefits of participation. Volunteers may also create informational materials, conduct home visits and complete administrative tasks. Volunteers, as with paid staff, must complete annual civil rights training and SNAP application assistance training modules. Volunteers and staff must have a confidentiality agreement on file with the SCP and comply with the agreement.</p>
Evaluation	<p>ADES will base the evaluation of this project on:</p> <ul style="list-style-type: none"> <li>• The observation of reasonable efforts made to increase the number of clients who receive information about SNAP in SCP offices or at community engagement events;</li> <li>• The continuation of home visits made to potentially eligible, homebound clients; and</li> <li>• Subjective evidence of potentially eligible clients, under the impression that they or other members of their household do not qualify for SNAP, being educated on program benefits and requirement with subsequent enrollment in the program.</li> </ul>

<b>Project Number</b>	<b>3 - Partnership Coordination</b>
Goal	<p>SCPs will be provided with up-to-date training, technical assistance, program compliance monitoring, goal setting and accomplishment assistance, facilitation of networking meetings and site visits to identify areas of SCP strength and improvement opportunities. New SCPs will receive education on SNAP guidelines, monthly reporting requirements and guidance on reasonable, allowable and necessary expenditures as well as allowable and non-allowable activities. Returning SCPs will be provided with the same level of support as new SCPs, as needed. SCPs will receive reimbursement on approved expenditures in a timely manner. All SCPs will attend mandatory partnership orientation and monthly conference calls. SCPs will report a minimum satisfaction rating of 90 percent after attending a training or conference call.</p>
Target Audience	<p>SCP program managers, financial staff, frontline staff and supervisors, as well as nonparticipating agencies seeking information about participating in the Plan as an active SCP.</p>
Timeline	<p>ACAA October 1, 2021 through September 30, 2022 provides support and oversight for each SCP participating below:</p>

- Adelante Healthcare
- Against Abuse
- Arizona Baptist Children's Services
- Arizona Justice Center
- Aster Aging
- AZCEND (Formerly Chandler Christian Community Center)
- AZ Women's Recovery Center
- Banner Olive Branch Senior Center
- Catholic Community Services of Southern Arizona
- Chandler CARE Center
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- Salvation Army – Phoenix

- Seniors Personal Assistance Corporation
- Sun Life Family Health Center
- Sunset Community Health Center
- Tanner Community Development Corporation
- Tempe CAA
- The Primavera Foundation, Inc.
- U of A Campus
- Unlimited Potential
- Valley Assistance Services
- Western Arizona Council of Governments – WACOG
- World Hunger Ecumenical Arizona Task Force

Description of Activity	Subrecipient will maintain the partnership policy manual and issue updates as directed by ADES, provide initial review of SCP activity reports and reimbursement requests, maintain a mentorship system and encourage all SCPs to participate as either mentors or mentees, review and revise as needed training curriculum modules one through six (i.e., SNAP training modules). Community Partner Certification Curriculum and continue production of new modules, develop content for and host mandatory monthly partnership calls in conjunction with ADES, conduct site visits at a minimum of 20 percent of returning SCPs and at all new SCPs, act as a liaison between SCPs and ADES when issues are raised that do not pertain to specific client cases and maintain connections to other state agencies to ensure the maximum amount of collaboration and information is provided to SCPs. Subrecipient is prohibited from viewing or storing client case information.
Subrecipient	ACAA October 1, 2021 through September 30, 2022
Subrecipient TIN	860311619
Role of the Subrecipient	Subrecipient will conduct all activities as indicated in the Description of Activity section of this table.



<b>Project Number</b>	<b>3 - Partnership Coordination</b>
Role of the State Agency	<p>ADES will co-host and present SNAP information during mandatory monthly conference calls, collaborate and co-present with Subrecipient at partnership orientations to provide support and offer a question and answer session to enhance SCP SNAP knowledge, assist Subrecipient in resolving SCP issues involving ADES or USDA/FNS regulations, act as a direct liaison between SCPs and ADES client advocates to protect Subrecipient from unintentionally receiving confidential case information, accompany Subrecipient on site visits and during SCP recruitment activities on Subrecipient request and review and assist in the development of SCP training curriculum, modules and materials. ADES will assist Subrecipient in connecting to other divisions and work units within ADES and other state agencies as requested by Subrecipient. ADES will also provide a minimum of two live civil rights trainings via webinar to subrecipient.</p>
State/Subrecipient Funding Source(s)	<p>All funding under the Plan is sourced from the USDA/FNS 50 percent reimbursement of reasonable, allowable and necessary program expenditures. ADES retains a total of eight percent of the 50 percent reimbursement to fund its program activity, Subrecipient retains 12 percent of the reimbursement and the remaining 80 percent is disbursed to SCPs. There are no state matching funds or other federal funds allocated to the Plan. SCPs source private dollars through fundraising efforts and are prohibited from requesting reimbursement for Plan expenditures paid with funds from other federal awards.</p>
Volunteers	<p>Are volunteers involved in this activity: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Volunteer duties under this project consist of attending annual civil rights training, completing application assistance training modules and, at the SCP's discretion, participating in the annual partnership orientation.</p>

Project Number	3 - Partnership Coordination
Evaluation	<p>ADES will consider this project successful when:</p> <ul style="list-style-type: none"> <li>• SCPs report that they are satisfied with the training and support received from Subrecipient at a rate of at least 90 percent of post-event survey respondents;</li> <li>• Errors and omissions in SCP-generated informational materials are identified by Subrecipient prior to forwarding to ADES for final review at a rate of at least 95 percent of items submitted;</li> <li>• Subrecipient has conducted site visits to include, at a minimum, 20 percent of SCPs that are at least in their second year of Plan participation and 100 percent of SCPs in their first year of participation;</li> <li>• ADES has conducted 10 site visits to SCPs currently participating in the program;</li> <li>• 100 percent of SCP frontline staff, supervisors and volunteers complete annual civil rights training; and</li> <li>• 100 percent of SCP application assistors complete the SNAP training modules.</li> </ul>

<b>Project Number</b>	<b>1-3: Partnership Collaboration</b>
Goal	ADES will partner with the subrecipient to determine where further SCP expansion can occur for the enrollment of interested organizations within Coconino County. ADES will also launch a pilot project that includes placing a state merit colleague through the DOTS program within Coconino County. Upon successful completion further replication will occur in other counties.
Target Audience	Potentially eligible vulnerable populations throughout Arizona
Timeline	October 1, 2021 through September 30, 2022
Description of Activity	Partnership Collaboration between subrecipient and ADES resulted from recent SCP site visits that determined SCPs within rural areas require further support. The partnership will include where additional SCP expansion can occur for the enrollment of interested organizations within Coconino County. In addition, through internal collaboration, ADES will launch a pilot project within Coconino County, to integrate a state merit colleague through the DOTS program. The DOTS colleague will be placed on site within SCP location and determine eligibility on site. ADES will not request reimbursement for DOTS colleague activities, salaries, or benefits under the Plan.

	This project will serve to expand access to SNAP for clients who lack the electronic resources for an online application, are homebound or lack a means of transportation for travelling to a local eligibility office.
<b>Project Number</b>	<b>4 - Partnership Collaboration</b>
Subrecipient	ACAA October 1, 2021 through September 30, 2022
Subrecipient TIN	860311619
Role of the Subrecipient	Subrecipient will recruit agencies in underserved communities, maintain MOUs with enrolled SCPs, offer financial oversight, pass through federal reimbursement funds, maintain current SCP SNAP training curriculum, develop additional training materials and provide training and technical assistance to SCPs requiring such support.
Role of the State Agency	ADES through continuous internal collaboration will establish additional support to current SCPs within rural locations through the DOTS program. While establishing where DOTS may be best suited, ADES will partner with subcontractor to determine further SCP enrollment to organizations that demonstrate interest in the focused counties.
State/ Subrecipient Funding Source(s)	All funding under the Plan is sourced from the USDA/FNS 50 percent reimbursement of reasonable, allowable and necessary program expenditures. ADES retains a total of eight percent of the 50 percent reimbursement to fund its program activity, Subrecipient retains 12 percent of the reimbursement and the remaining 80 percent is disbursed to SCPs. There are no state matching funds or other federal funds allocated to the Plan. SCPs source private dollars through fundraising efforts and are prohibited from requesting reimbursement for Plan expenditures paid with funds from other federal awards.
Volunteers	Are volunteers involved in this activity: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Volunteers under this project complete frontline activities such as assistance with applications, submitting verification documents and contacting ADES for the eligibility interview. Volunteers, as with paid staff, must complete annual civil rights training and SNAP application assistance training modules. Volunteers must have a confidentiality agreement on file with the SCP and comply with the agreement.



<b>Project Number</b>	<b>4 – Partnership Collaboration</b>
Evaluation	<p>ADES will consider this project successful when identified areas of need experience a decrease in food insecurity rates. A successful outcome is achieved when:</p> <ul style="list-style-type: none"> <li>• SNAP participation growth in identified counties outpaces growth in lower poverty counties by a reasonable margin; or</li> <li>• Participation in high poverty counties increases or remains stable, while lower poverty counties experience a participation decrease.</li> <li>• SCPs will provide monthly reports to subrecipient that identify SNAP outreach activity: Number of applications, number of screenings, and assistance with applications. These are collected and shared with ADES each month; in addition, subrecipient will provide quarterly and annual reports to ADES.</li> <li>• Tracking of agency capability through comparing monthly reports with the initial application assistance goals of the SCPs (as indicated in their partnership applications) and providing technical assistance as needed.</li> </ul>

## Non-Reimbursable Activities

SCPs may not request reimbursement for expenditures related to any of the following activities:

- Recruiting designed to persuade a client to apply for SNAP benefits after the client has made an informed decision not to apply;
- Placing radio, television, and billboard advertisements that promote SNAP benefits and enrollment;
- Establishing or working under any agreements with foreign governments designed to promote SNAP benefits and enrollment;

- Authorizing retailers for Electronic Benefits Transaction card acceptance;
- Performing activities that solely benefit programs other than SNAP;
- Acting as an authorized representative for applying, receiving SNAP benefits at issuance or food purchasing; and
- Transporting clients to or from an ADES local eligibility office or providing tokens, vouchers, or similar items for transportation of clients to or from the local office.

#### Unallowable Activities

SCPs may not complete any of the following activities, regardless of the funding source supporting the function:

- Compensating staff based on the number of people who apply for SNAP as a result of that worker's efforts; and
- Interfering during the certification interview or at other times to campaign on behalf of specific clients.



Project 00						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(e) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)	\$0.00	\$0.00	\$ 250,604.00	\$250,604	\$250,604	\$501,208
Other Direct Cost	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(h) Copying/Printing/Materials	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(i) Internet/Telephone	\$0.00	\$0.00	\$ 1,000.00	\$1,000	\$1,000	\$2,000
(j) Equipment	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(k) Supplies and Non-Capital Expenditures	\$0.00	\$0.00	\$ 1,000.00	\$1,000	\$1,000	\$2,000
((k) Supplies and Non-Capital Expenditures)	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(l) Building/Space	\$0.00	\$0.00	\$ 1,000.00	\$1,000	\$1,000	\$2,000
(m) Other	\$0.00	\$0.00	\$ 5,000.00	\$5,000	\$5,000	\$10,000
(n=h+i+j+k+l+m) Subtotal Other Direct Cost	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 8,000.00</b>	<b>\$8,000</b>	<b>\$8,000</b>	<b>\$16,000</b>
Travel	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(o) Long Distance	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(p) Local (Inside Arizona) Travel	\$0.00	\$0.00	\$ 2,400.00	\$2,400	\$2,400	\$4,800
(q=o+p) Subtotal Travel	\$0.00	\$0.00	\$ 2,400.00	\$2,400	\$2,400	\$4,800
(r) Contractual	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual	\$0.00	\$0.00	\$ 261,004.00	\$261,004	\$261,004	\$522,008
(t=Indirect cost rate x s) Indirect 31%	\$0.00	\$0.00	\$ 80,677.00	\$80,677	\$80,677	\$161,354
<b>(u=s+t) TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 341,681.00</b>	<b>\$341,681</b>	<b>\$341,681</b>	<b>\$683,362</b>
Indirect Rate			30.91025%	30.91025%	30.91025%	30.91025%

Project Number 1						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(e) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)	\$0.00	\$0.00	\$ 1,004,880.00	\$1,004,880	\$1,004,880	\$2,009,760
Other Direct Cost	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(h) Copying/Printing/Materials	\$0.00	\$0.00	\$ 35,731.00	\$35,731	\$35,731	\$71,462
(i) Internet/Telephone	\$0.00	\$0.00	\$ 28,820.00	\$28,820	\$28,820	\$57,640
(j) Equipment	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(k) Supplies and Non-Capital Expenditures	\$0.00	\$0.00	\$ 16,668.00	\$16,668	\$16,668	\$33,336
((k) Supplies and Non-Capital Expenditures)	\$0.00	\$0.00		\$0	\$0	\$0
(l) Building/Space	\$0.00	\$0.00	\$ 66,908.00	\$66,908	\$66,908	\$133,816
(m) Other	\$0.00	\$0.00	\$ 8,377.00	\$8,377	\$8,377	\$16,754
(n=h+i+j+k+l+m) Subtotal Other Direct Cost	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 156,504.00</b>	<b>\$156,504</b>	<b>\$156,504</b>	<b>\$313,008</b>
Travel	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(o) Long Distance	\$0.00	\$0.00	\$ 3,826.00	\$3,826	\$3,826	\$7,652
(p) Local (Inside Arizona) Travel	\$0.00	\$0.00	\$ 46,919.00	\$46,919	\$46,919	\$93,838
(q=o+p) Subtotal Travel	\$0.00	\$0.00	\$ 50,745.00	\$50,745	\$50,745	\$101,490
(r) Contractual	\$0.00	\$0.00	\$ 80,770.00	\$80,770	\$80,770	\$161,540
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual	\$0.00	\$0.00	\$ 1,292,899.00	\$1,292,899	\$1,292,899	\$2,585,798
(t=Indirect cost rate x s) Indirect 7.51%	\$0.00	\$0.00	\$ 97,130.00	\$97,130	\$97,130	\$194,260
<b>(u=s+t) TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 1,390,029.00</b>	<b>\$1,390,029</b>	<b>\$1,390,029</b>	<b>\$2,780,058</b>
Indirect Rate			7.51257%	7.51257%	7.51257%	7.51257%

Project Number 2						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(e) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)	\$0.00	\$0.00	\$ 975,325.00	\$975,325	\$975,325	\$1,950,650
Other Direct Cost	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(h) Copying/Printing/Materials	\$0.00	\$0.00	\$ 34,680.00	\$34,680	\$34,680	\$69,360
(i) Internet/Telephone	\$0.00	\$0.00	\$ 27,972.00	\$27,972	\$27,972	\$55,944
(j) Equipment	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(k) Supplies and Non-Capital Expenditures	\$0.00	\$0.00	\$ 16,177.00	\$16,177	\$16,177	\$32,354
((k) Supplies and Non-Capital Expenditures)	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(l) Building/Space	\$0.00	\$0.00	\$ 64,940.00	\$64,940	\$64,940	\$129,880
(m) Other	\$0.00	\$0.00	\$ 8,131.00	\$8,131	\$8,131	\$16,262
(n=h+i+j+k+l+m) Subtotal Other Direct Cost	\$0.00	\$0.00	\$ 151,900.00	\$151,900	\$151,900	\$303,800
Travel	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(o) Long Distance	\$0.00	\$0.00	\$ 3,714.00	\$3,714	\$3,714	\$7,428
(p) Local (Inside Arizona) Travel	\$0.00	\$0.00	\$ 45,540.00	\$45,540	\$45,540	\$91,080
(q=o+p) Subtotal Travel	\$0.00	\$0.00	\$ 49,254.00	\$49,254	\$49,254	\$98,508
(r) Contractual	\$0.00	\$0.00	\$ 78,394.00	\$78,394	\$78,394	\$156,788
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual	\$0.00	\$0.00	\$ 1,254,873.00	\$1,254,873	\$1,254,873	\$2,509,746
(t=Indirect cost rate x s) Indirect 7.51%	\$0.00	\$0.00	\$ 94,273.00	\$94,273	\$94,273	\$188,546
<b>(u=s+t) TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 1,349,146.00</b>	<b>\$1,349,146</b>	<b>\$1,349,146</b>	<b>\$2,698,292</b>
Indirect Rate			7.51255%	7.51255%	7.51255%	7.51255%

Project Number 3						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(e) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)	\$0.00	\$0.00	\$ 975,324.00	\$975,324	\$975,324	\$1,950,648
Other Direct Cost	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(h) Copying/Printing/Materials	\$0.00	\$0.00	\$ 34,680.00	\$34,680	\$34,680	\$69,360
(i) Internet/Telephone	\$0.00	\$0.00	\$ 27,972.00	\$27,972	\$27,972	\$55,944
(j) Equipment	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(k) Supplies and Non-Capital Expenditures	\$0.00	\$0.00	\$ 16,177.00	\$16,177	\$16,177	\$32,354
((k) Supplies and Non-Capital Expenditures)	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(l) Building/Space	\$0.00	\$0.00	\$ 64,940.00	\$64,940	\$64,940	\$129,880
(m) Other	\$0.00	\$0.00	\$ 8,131.00	\$8,131	\$8,131	\$16,262
(n=h+i+j+k+l+m) Subtotal Other Direct Cost	\$0.00	\$0.00	\$ 151,900.00	\$151,900	\$151,900	\$303,800
Travel	\$0.00	\$0.00	\$ -	\$0	\$0	\$0
(o) Long Distance	\$0.00	\$0.00	\$ 3,714.00	\$3,714	\$3,714	\$7,428
(p) Local (Inside Arizona) Travel	\$0.00	\$0.00	\$ 45,540.00	\$45,540	\$45,540	\$91,080
(q=o+p) Subtotal Travel	\$0.00	\$0.00	\$ 49,254.00	\$49,254	\$49,254	\$98,508
(r) Contractual	\$0.00	\$0.00	\$ 78,395.00	\$78,395	\$78,395	\$156,790
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual	\$0.00	\$0.00	\$ 1,254,873.00	\$1,254,873	\$1,254,873	\$2,509,746
(t=Indirect cost rate x s) Indirect 7.51%	\$0.00	\$0.00	\$ 94,272.00	\$94,272	\$94,272	\$188,544
<b>(u=s+t) TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 1,349,145.00</b>	<b>\$1,349,145</b>	<b>\$1,349,145</b>	<b>\$2,698,290</b>
Indirect Rate			7.51247%	7.51247%	7.51247%	7.51247%

## Budget Review Methodology

ADES received FFY 2021 Plan participation applications from XX agencies. Budget projections were evaluated and approved according to guidance and requirements set forth by Title 2, Subtitle A, Chapter II, Part 200 of the Code of Federal Regulations (2 CFR § 200), United States Department of Agriculture State Plan Guidance issued July 2017 and ADES program policy.

All approved administrative costs have been determined to be reasonable, allowable and necessary. Individual SCP itemized service budgets and staffing details are included in the Agency Service Budgets tab of the accompanying FFY 2021 Informational Workbook. All SCP application documents, including individual SCP budget narratives, are kept on file with ADES and available for review.

### Personnel (Salary and Benefits)

Staff wages and benefits are set on a reasonable hourly basis in line with the duties being performed for SNAP access and information operations (see Attachment 1, ADES Policy Memo # PM 15-03 – Staff Wages and Benefits Allowable Cost Policy). All staffing budgets must be calculated on the percentage of time allocated to SNAP activities, and SCP budget narratives must explain the SNAP activities to be performed. SCPs are prohibited from compensating staff based upon the number of applications submitted or the number of clients completing an integrated application. All SCPs must provide additional justification for staff with time allocated to more than 50 percent SNAP activity. SCP staff track time spent on allowable SNAP activities via ADES approved electronic or paper tracking forms.

### Calculation Method

$(\text{Total Annual Cash Compensation} + \text{Employee Related Expense Rate}) = \text{Total Compensation (Total Compensation)} \times (\text{SNAP Activity Percentage}) = \text{SNAP Salary}$

Total SNAP Cost for this Line Item: **\$ 6,094,288.00**

### Copying/Printing/Materials

Expenses in the Copying/Printing/Materials line item consist of costs related to the in-house and outsourced production of SNAP informational material such as flyers, newsletters, pamphlets, brochures, and newspaper advertisements. All informational material produced with the support of USDA funding must contain the current USDA/FNS-approved nondiscrimination and funding statements. SCPs are prohibited from requesting reimbursement for expenditures on radio, television, and billboard advertisements in accordance with § 4018 of the Agricultural Act of 2014 (Pub. L. 113-79).

### Calculation Method

$(\text{Number of Items} \times \text{Item Cost} \times \text{Frequency} \times \text{SNAP Activity Percentage}) = \text{SNAP Cost}$

**Total SNAP Cost for this Line Item: \$ 210,182.00**

## Internet/Telephone

Expenses in the Internet and Telephone line item consist of costs related to cellular phone monthly charges, desk phone (i.e., landline) monthly charges, and Internet connectivity monthly charges. Internet connectivity can refer to Internet connections delivered to the SCP through physical means such as cabled networks or through wireless devices such as mobile hotspots.

ADES determines the maximum allowable cost of cellular phone and mobile device plans by considering the features of the device (see Attachment 2, ADES Policy Memo # PM 15-01 – Cell

Phone and Data Plan: Allowable Use and Cost Policy). Smart phones and mobile hotspot

devices are capped at a maximum reimbursement of \$50.00 per device per month, and mobile phones without smart features or hotspot capability are capped at a maximum of \$25.00 per device per month.

### Calculation Method

For cellular phones and mobile hotspots:

$(\text{Number of Devices} \times \text{Monthly Charge} \times 12 \text{ Months} \times \text{SNAP Activity Percentage}) = \text{SNAP Cost}$

For cabled Internet connections and landline service:

$(\text{Monthly Charge} \times 12 \text{ Months} \times \text{SNAP Activity Percentage}) = \text{SNAP Cost}$

**Total SNAP Cost for this Line Item: \$ 171,528.00**

### Equipment and Other Capital Expenditures

SCPs are prohibited from requesting reimbursement for equipment or capital expenditures.

### Supplies and Non-Capital Expenditures

Expenses in the Supplies and Non-Capital Expenditures line item consist of costs associated with the purchase of computing devices such as laptops, printers and scanners and supplies used during SCP SNAP access and information operations. Examples of supplies allocated to this line item include pens, pencils, paperclips, files folders, business cards and notepads. All SCP computing device expenditures must be approved by ADES

and evidenced by a sales receipt. SCPs must provide a copy of the sales receipt to ADES. Reinforcement items purchased with program funds must have a direct relationship to program directives and are capped at a maximum value of \$5.00 per item. Reinforcements may not be used to incentivize clients to apply for benefits and must be of an educational or informational nature. SCPs are prohibited from purchasing the following items as reinforcements:

- Commemorative items;

- Food;
- Items for staff;
- Items that cost more than \$5.00;
- Items intended as rewards for prescreening or completing an application;
- Items used to incentivize potentially eligible people to apply for benefits;
- Items with no outreach messages; and
- Unreasonable or unnecessary items.

SCPs are encouraged to avoid reinforcements resembling food items to aid in the prevention of potential problems caused by children accidentally ingesting the items.

**Calculation Method**

(Number of Items X Item Cost X Frequency (if applicable) X SNAP Activity Percentage) = SNAP Cost

**Total SNAP Cost for this Line Item: \$ 100,044.00**

Building/Space

Expenses in the Building/Space line item are based upon the percentage of square footage (ft<sup>2</sup>) used for SNAP access and information operations. SCPs requesting reimbursement under this line item must calculate projected expenses in accordance with § 4.17 of the United States Department of Agriculture State Plan Guidance issued July 2017. SCPs may not apply a use allowance to projections, nor include building/space expenditures as both a direct and indirect cost. All calculations involving staff are based on full-time equivalency (FTE). For example, a colleague who works 40 hours per week and spends half the time at one location and half the time at a second location would count as one-half FTE for each location. Staff salaries are not factored into the calculation for this line item. When the SCP rents the occupied space from another entity, rent is the principle occupancy cost on which the SCP claims reimbursement.

When the SCP owns the occupied space, building-related costs are the principle occupancy costs on which the SCP claims reimbursement.

**Calculation Method**

(Total ft<sup>2</sup> Occupied by All Staff X (On-Site SNAP Staff ÷ Total On-Site Staff)) = Base ft<sup>2</sup>  
 (Base ft<sup>2</sup> X Average On-Site Staff SNAP Percentage) = ft<sup>2</sup>Chargeable to SNAP

(Annual Rent or Building-Related Costs X (ft<sup>2</sup> Chargeable to SNAP ÷ Total ft<sup>2</sup> Occupied by All Staff)) = SNAP Cost

**Total SNAP Cost for this Line Item: \$ 395,576.00**

Other

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Expenses in the Other line item consist of costs associated with expenses that

cannot be allocated to a different direct cost category or to indirect costs. In general, Arizona SCPs allocate the allowable, reasonable and necessary costs of professional memberships, dues and subscriptions and costs associated with outsourced services such as information technology support and accounting. SCPs may also charge other costs to this line item as long as the costs are determined to be reasonable, allowable and necessary and are not obviously allocable to an alternative direct cost category.

### **Calculation Method**

(Number of Items X Item Cost X Frequency X SNAP Activity Percentage) = SNAP Cost

**Total SNAP Cost for this Line Item: \$ 59,278.00**

### Long Distance (Out-of-State) Travel

Expenses in the Long-Distance Travel line item consist of costs associated with travel to training and conferences outside of Arizona. SCPs must itemize out-of-state travel expenses.

Additionally, SCPs must provide a copy of the training or conference agenda to ADES for review. ADES determines the percentage of SNAP activity allocable to the training or conference based on the agenda. Mileage expenses for out of state travel are reimbursed according to IRS guidelines. The current IRS mileage reimbursement rate for business travel is

\$0.575 per mile. SCPs must comply with current fiscal year per diem rates as published by the United States General Services Administration (see Attachment 3, ADES Policy Memo # PM 15-02 – Travel Allowable Cost Policy).

### **Calculation Method**

(Itemized Expense X Number of Staff Travelling X Frequency X SNAP Activity Percentage) = SNAP Cost

**Total SNAP Cost for this Line Item: \$ 22,508.00**

### Local (In-State) Travel

Expenses in the Local Travel line item consist of costs associated with business-related travel inside of Arizona and costs related to registration and lodging for Wildfire’s annual conference. All claims in this line item are subject to Arizona’s maximum reimbursement rates for state employees (see Attachment 3, ADES Policy Memo # PM 15-02 – Travel Allowable Cost Policy). In-state business miles are reimbursed at a rate of

\$0.445 per mile. The maximum lodging and meal reimbursements are based on the traveler’s destination. When claiming multiple types of expenses in this line item, SCPs must itemize the expenses as they would for the Long-Distance Travel line item.

### **Calculation Method**

For mileage expenses:



(Number of Round-Trip Business Miles Traveled per Trip X Number of Trips X SNAP Activity Percentage X 0.445) = SNAP Cost

**For expenses other than mileage:**

(Itemized Expense X Number of Staff Travelling X Frequency X SNAP Activity Percentage) = SNAP Cost

**Total SNAP Cost for this Line Item: \$ 280,798.00**

Contractual

Expenses in the Contractual line item consist of cost associated with outsourced services. In general, SCPs allocate the costs of accounting services, contract staff, web hosting and information technology support to this line item.

**Calculation Method**

(Combined Cost of the Services per Month X 12 Months X SNAP Activity Percentage) = SNAP Cost

**Total SNAP Cost for this Line Item: \$ 475,118.00**

Indirect Costs

SCPs electing to use the de minimis Indirect Cost Rate (ICR) may do so without the provision of an ICR agreement and must justify the allocation of traditionally indirect expenditures to a direct cost line item.

SCPs with a federally approved ICR must provide a copy of the agreement to ADES. SCPs without a federal ICR agreement may choose to allocate all expenses to direct costs and forego the use of an ICR. ADES allows only approved SNAP access and information administrative expenses to be factored into the ICR calculation. See the Agency Program Budgets tab of the accompanying FFY 2021 SCP Informational Workbook for a listing of SCP indirect cost information. See Attachment 4 – Indirect Cost Details and Agreements for a table of SCP indirect cost details and copies of federally negotiated ICR agreements.

**Calculation Method**

(SCP Modified Total Direct Program Costs or SCP ICR base expenditures X ICR) = SNAP Cost

**Total SNAP Cost for this Line Item: \$ 732,704.00**

Project Totals (1, 2, and 3)						
(b) Cost Category	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(e) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)	\$0.00	\$0.00	\$ 3,206,133.00	\$ 3,206,133.00	\$ 3,206,133.00	\$ 6,412,266.00
Other Direct Cost	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
(h) Copying/Printing/Materials	\$0.00	\$0.00	\$ 105,091.00	\$ 105,091.00	\$ 105,091.00	\$ 210,182.00
(i) Internet/Telephone	\$0.00	\$0.00	\$ 85,764.00	\$ 85,764.00	\$ 85,764.00	\$ 171,528.00
(j) Equipment	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
(k) Supplies and Non-Capital Expenditures	\$0.00	\$0.00	\$ 50,022.00	\$ 50,022.00	\$ 50,022.00	\$ 100,044.00
(l) Building/Space	\$0.00	\$0.00	\$ 197,788.00	\$ 197,788.00	\$ 197,788.00	\$ 395,576.00
(m) Other	\$0.00	\$0.00	\$ 29,639.00	\$ 29,639.00	\$ 29,639.00	\$ 59,278.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs	\$0.00	\$0.00	\$ 468,304.00	\$ 468,304.00	\$ 468,304.00	\$ 936,608.00
Travel	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
(o) Long Distance	\$0.00	\$0.00	\$ 11,254.00	\$ 11,254.00	\$ 11,254.00	\$ 22,508.00
(p) Local (Inside Arizona) Travel	\$0.00	\$0.00	\$ 140,399.00	\$ 140,399.00	\$ 140,399.00	\$ 280,798.00
(q=o+p) Subtotal Travel	\$0.00	\$0.00	\$ 151,653.00	\$ 151,653.00	\$ 151,653.00	\$ 303,306.00
(r) Contractual	\$0.00	\$0.00	\$ 237,559.00	\$ 237,559.00	\$ 237,559.00	\$ 475,118.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual	\$0.00	\$0.00	\$ 4,063,649.00	\$ 4,063,649.00	\$ 4,063,649.00	\$ 8,127,298.00
(t=Indirect cost rate x s) Indirect	\$0.00	\$0.00	\$ 366,352.00	\$ 366,352.00	\$ 366,352.00	\$ 732,704.00
<b>(u=s+t) TOTAL</b>			<b>\$ 4,430,001.00</b>	<b>\$ 4,430,001.00</b>	<b>\$ 4,430,001.00</b>	<b>\$ 8,860,002.00</b>
			<b>\$ 4,430,001.00</b>	<b>\$ 4,430,001.00</b>	<b>\$ 4,430,001.00</b>	<b>\$ 8,860,002.00</b>
			<b>\$ 4,430,001.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Indirect rate percentage			9.01535%	9.01535%	9.01535%	9.01535%

#### 4. Assurances

Check to Indicate You Have Read and Understand the Assurance Statement	Assurance Statement
<input type="checkbox"/>	The State SNAP agency is accountable for the content of the State outreach plan and will provide oversight of any sub-grantees.
<input type="checkbox"/>	The State SNAP agency is fiscally responsible for outreach activities funded under the Plan and is liable for repayment of unallowable costs.
<input type="checkbox"/>	Outreach activities are targeted to those potentially eligible for benefits.
<input type="checkbox"/>	Cash or in-kind donations from other non-federal sources have not been claimed or used as a match or reimbursement under any other federal program.
<input type="checkbox"/>	If in-kind goods and services are part of the budget, only public in-kind services are included. No private in-kind goods or services are claimed.
<input type="checkbox"/>	Documentation of State agency costs, payments and donations for approved outreach activities are maintained by the State agency and available for USDA review and audit.
<input type="checkbox"/>	Contracts are procured through competitive bid procedures governed by State procurement regulations.
<input type="checkbox"/>	Program activities are conducted in compliance with all applicable federal laws, rules and regulations including Civil Rights and OMB regulations governing cost issues.
<input type="checkbox"/>	Program activities do not supplant existing outreach programs, and where operating in conjunction with existing programs, enhance and supplement them.

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- Program activities are reasonable and necessary to accomplish outreach goals and objectives.

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By signature on the cover page of this document, the state SNAP agency director and financial representative certify that the above assurances are met.

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## 5. Attachments

Attachment 1 – Policy Memo #15-03 – SNAP Wages and Benefits Allowable Cost Policy

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Policy Memo # PM 15-03 – Staff Wages and Benefits Allowable Cost Policy  
Program: Supplemental Nutrition Assistance Program (SNAP) Community  
Partnership **Effective Date:** 10/01/2014

**Issue Date:** 10/01/14

**Revised Date:** 2/23/2015

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This Policy Memo is being issued to inform SNAP Community Partners of allowable cost for salaries and benefits of personnel that directly support planning and implementation of the activities in the State SNAP Information and Application Assistance Plan. All costs must be allowable, reasonable and necessary.

A. **Reasonable Costs** are those that:

- Provide a program benefit generally commensurate with the amount incurred;
- Are in proportion with other program costs for the function; and
- Have a high priority relative to other demands.

B. **Necessary Costs** are those that:

- Are needed to carry out essential functions;
- Cannot be avoided without adverse impact on program operations; and
- Do not duplicate existing efforts.

C. **Allowable Activities:**

- Salaries and benefits for personnel that directly support planning and implementation of

the activities outlined in the State SNAP Outreach and Information Plan.

- Organizations should refer to their individual scope of work for allowable activities.
- See USDA SNAP Outreach Plan Guidance for further clarification of allowable activities.

**D. Staff Wages and Benefits:**

- Staff wages and benefits are set on a reasonable hourly basis in line with the duties being performed for the outreach plan, or the Federal minimum hourly wages established by the United States Department of Labor.
- Their benefits and wages and percentage must relate directly to the outreach task they perform.

- Staff time claimed for outreach/application assistance cannot be used as a reimbursement item for any other Federal grant.

#### **E. Multiple Fund Sources and Multiple Program Objectives:**

- **All** organizations' Personnel Staffing Budgets must be based on the percent of time allocated to SNAP activities and require justification in the budget narrative for anticipated allocation of time.
- Organizations whose primary purpose is to support their community with food security are more likely to have positions where 100 percent of personnel cost would support SNAP outreach and applications assistance.
- Organizations whose primary purpose is healthcare related might require additional justification for positions allocating more than 50 percent of their time spent on conducting SNAP outreach and application assistance.

#### **Request for exception to Policy Memo #PM 15-03 – Staff Wages and Benefits Allowable Cost Policy:**

1. Explain the reason for your request (justification). The explanation must be clearly stated and provide sufficient information with which to fully evaluate the request.
2. Include each job description for staff whom you are requesting an increase in cost allocation.
  - a. Costs must be reasonable, necessary and allowable.
3. Provide documentation that should include historical data;
  - a. A time and activity tracker or time study of activities documenting percentage of time staff is engaged in SNAP related tasks.
    - At a minimum one month of data, showing the percentage of time related to the duties outlined in the job description and scope of work and or;
    - Data showing the percentage of applications that your organization assisted in which the customer applied for SNAP.

#### **Submit the Request for Exception to ACA for approval. If the exception is approved, then submit a revised:**

1. Budget Narrative
2. Staffing Budget
3. Line Item Budget

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**Policy Memo #PM 15-01** – Cell Phone and Data Plan: Allowable Use and Cost  
Policy **Program:** Supplemental Nutrition Assistance Program (SNAP)  
Community Partnership **Effective Date:** 10/01/2014

**Issue Date:** 09/30/14

**Revised Date:** 12/11/2014

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This Policy Memo is being issued to inform SNAP Community Partners of allowable cost related to cell phone and data plan use. All costs must be allowable, reasonable and necessary.

A. **Reasonable costs** are those that:

- Provide a program benefit generally commensurate with the amount incurred;
- Are in proportion with other program costs for the function; and
- Have a high priority relative to other demands.

B. **Necessary costs** are those that:

- Are needed to carry out essential functions;
- Cannot be avoided without adverse impact on program operations; and
- Do not duplicate existing efforts.

C. **Allowable Activities:**

1. Cell phone usage is an allowable cost when travelling to remote locations where landline service is not available
    - Cell phone use is allowable when used to support activities **such as:**
      - Contacting ADES eligibility interview or questions regarding case status.
      - Scheduling appointments for SNAP application.
-



- Follow-up with applicants regarding SNAP application.

Note: Justification is required when requesting multiple cell phones.

2. Mobile Hotspot: A small personal device that creates a small area of Wi-Fi coverage allowing nearby Wi-Fi devices to connect to the Internet. In other words, the device serves as a link between nearby Wi-Fi devices and a cellular data network.

➤ Used for Internet access on laptop to support activities **such as**:

- Submitting application online via Health-e-Arizona PLUS (HEAplus)
- Upload documents to HEAplus
- Locating verification documents
- Accessing SNAP eligibility prescreening tools such as ArizonaSelfHelp

**D. Cost:**

The following table provides the maximum cost a partner organization may invoice for each month.

Type of Plan	Maximum Allowable Monthly Cost
Phone – Voice only	\$25 per month
Smartphone – Voice and Data	\$50 per month
Mobile Hotspot, Wi-Fi, or modem	\$50 per month

**Request for exception to # PM 15-01 – Cell Phone and Data Plan: Allowable Use and Cost Policy:**

1. Explain the reason for your request (justification). The explanation must be clearly stated and provide enough information with which to fully evaluate the request.
2. Include job description for staff for whom you are requesting an increase in the costs related to cell phone and data plans and or multiple cell phones.

- a. Costs must be reasonable, necessary and allowable.
3. Provide documentation that should include historical data;
  - a. A time and activity tracker or time study of activities documenting percentage of time cell phones and or data plans/Hotspots are necessary for staff to accomplish SNAP related tasks.
  - b. At a minimum one month of data, showing the percentage of time used related to the duties outlined in the job description and scope of work.

**Submit the Request for Exception to ACAA for**

**approval. If the exception is approved, then**

**submit a revised:**

1. Budget Narrative
2. Staffing Budget
3. Line Item Budget

**Policy Memo #PM 15-02 – Travel Allowable Cost Policy**

**Program:** SNAP and

**TEFAP Effective**

**Date:** 10/01/2014

**Issue Date:** 09/30/14

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This Policy Memo is being issued to inform SNAP Community Partners and TEFAP Regional Food Banks of the allowable cost related to in-state and out-of-state travel when reimbursement is being requested from ADES Coordinated Hunger Relief Program. All costs must be allowable, reasonable and necessary.

A. **Reasonable costs** are those that:

- Provide a program benefit generally commensurate with the amount incurred;
- Are in proportion with other program costs for the function; and
- Have a high priority relative to other demands.

B. **Necessary costs** are those that:

- Are needed to carry out essential functions;
- Cannot be avoided without adverse impact on program operations; and
- Do not duplicate existing efforts.

C. **Allowable activities:**

1. In-State Travel: Travel within the state of Arizona is subject to State Reimbursement Rates. Mileage will not be reimbursed in excess of the state personal vehicle mileage reimbursement.
  - The mileage reimbursement rate is \$ .445 per mile.
  - A traveler may claim reimbursement for business-related miles traveled in a personal vehicle.

- Mileage will not be reimbursed in excess of the state personal vehicle mileage reimbursement.
- Reimbursement for mileage is allowable for business-related miles but not for commuting miles.
- Commuting is travel between a personal residence and a regular duty post. The cost of commuting is considered a personal expense and is not reimbursable. Commuting expenses are not reimbursable no matter how far the residence is from the regular duty post (work location). This would include travel from personal residence to various sites as part of regular duty. (For examples, see Business Miles versus Commuting Miles attachment)

- Hotel/Per Diem

Lodging will not be reimbursed in excess of the state per diem rates: See the attached Supplemental I Maximum Transportation and Meal Reimbursement Rates document.

2. Out-of-State Travel:

- Travel outside of the State of Arizona is subject to federal reimbursement rates. Maximum allowable Per Diem rates for lodging and meals can be obtained from the GSA U.S. General Services Administration website <http://www.gsa.gov/portal/content/104877>.

3. Conference fees and related travel expenses must be justified and reasonable. The conference or training must have a direct link to the planning and implementation of the activities in the State SNAP Outreach Plan.

**IMPORTANT**

Prior approval is required for all reimbursement requests related to conference and training attendance. Partners must submit conference/training agenda in advance of the event when reimbursement is being requested from ADES Coordinated Hunger Relief Program.

Attachment 4 – Indirect Cost Rate Details and Agreements

SCP Agency Name	Indirect Cost Rate	Indirect Cost Rate Agreement Authority*
Against Abuse	10%	ADES
Aster Aging	10%	ADES
Catholic Community Services	10%	ADES
Chandler CARE Center	10%	AZED
Chicanos Por la Causa (CPLC)	10%	ADES
Community Food Bank of Southern Arizona	10%	ADES
Empowerment Systems	10%	ADES
Friendly House	10%	ADES
Greater Phoenix Urban League	10%	ADES
Helping Families in Need	10%	ADES
ICM Food and Clothing Bank	10%	ADES
Keogh Health Connection	10%	ADES
Lutheran Social Services of the Southwest	10%	ADES
Manzanita Outreach	10%	ADES
Native American Community Health Center	39%	HHS
Neighborhood Outreach Access to Health - NOAH	10%	ADES
Nogales Community Development Corporation	20.12%	HUD
North Country Healthcare	23.60%	HHS
Phoenix Indian Center	17.37%	DOL
Salvation Army Phoenix	25.50%	HHS
Tanner Community Development Corporation	10%	ADES

Tempe Community Action Agency	10%	ADES
Valley Assistance Services	10%	ADES

**\*Indirect Cost Rate Agreement Authority Key**

- ADES Department of Economic Security under the authority of 2 C.F.R. § 200.414 (f)
- AZED Department of Education under the authority of the United States Department of Education
- DOL United States Department of Labor
- HHS United States Department of Health and Human Services
- HUD United States Department of Housing and Urban Development

# Native American Community Health ICR Agreement



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

90 7<sup>th</sup> Street, Suite 4-600  
San Francisco, CA 94103-6705  
PHONE: (415) 437-7820  
FAX: (415) 437-7823  
EMAIL: [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov)

November 22, 2019

Walter Murillo, Chief Executive Officer  
Native Health  
(dba: Native American Community Healthcare)  
4041 North Central Ave., Building C  
Phoenix, AZ 85012

Dear Mr. Murrillo:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement should be sent to me by email, while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for the fiscal year ending 09/30/19, is due in our office by 03/31/20. Please submit your next proposal electronically via email to [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov).

Sincerely,

Arif M. Karim –S  
Digitally signed by Arif M. Karim -S  
DN: c=US, o=U.S. Government, ou=HRIC,  
ou=PSI, ou=People, ou=Arif M. Karim -S,  
2.5.4.251.1.0=1001110200112005  
Date: 2019.11.29 08:01:35 -0600  
Arif Karim, Director  
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL





ORGANIZATION: Native Health dba: Native American Community  
Healthcare

AGREEMENT DATE: 11/22/2019

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

The following fringe benefits are treated as direct costs:

FICA, HEALTH/DENTAL INSURANCE, AND TAX-SHELTERED ANNUITY.

NEXT PROPOSAL DUE DATE

A proposal based on actual costs for fiscal year ending 09/30/2019, will be due no later than 03/31/2020.

ORGANIZATION: Native Health dba: Native American Community Healthcare

AGREEMENT DATE: 11/22/2019

**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Native Health dba: Native American Community Healthcare

(INSTITUTION)  
Walter M. Murillo  
(SIGNATURE)  
Walter Murillo  
(NAME)  
CEO  
(TITLE)  
11-25-19  
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)  
Arif M. Karim -S  
(SIGNATURE)  
Arif Karim  
(NAME)  
Director, Cost Allocation Services  
(TITLE)  
11/22/2019  
(DATE) 4843

Digitally signed by Arif M. Karim -S  
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, cn=Arif M. Karim -S,  
c=US, postalCode=20503, serial=11, number=000012885  
Date: 2019.11.24 07:59:23 -0600

HHS REPRESENTATIVE: Cora Coleman  
Telephone: (415) 437-7820

# Nogales Community Development Corporation ICR Agreement

## INDIRECT COST NEGOTIATION AGREEMENT

DATE: September 30, 2010

FILING REFERENCE: Replaces Original Agreement Dated May 27, 2008

NON-PROFIT AGENCY:

Nogales Community Development Corporation  
PO 421  
Nogales, AZ 85628

The indirect cost rates contained herein are for use on grants and contracts with the Federal Government to which Office of Management and Budget Circular A-122 applies subject to the limitations contained in Section II, A. of this agreement. The rates were negotiated by the Nogales Community Development Corporation, Nogales, Arizona and the U.S. Department of Housing and Urban Development in accordance with the authority contained in the Circular.

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### Section I: Rates

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Type	Effective Period		Rate*	Applicable
	From	To		To
Final	7/1/07	6/30/08	27.09	All
Final	7/1/08	6/30/09	20.12	All
Provisional	7/1/09	Until Amended	20.12	All

\*Base: Direct salaries and benefits

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### Section II: General

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A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor or allocated to the grantee/contractor via an approved Central Service cost allocation plan were included in its indirect cost pool as finally accepted and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, and (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate.

B. AUDIT: Adjustments to amounts resulting from audit of the indirect cost rate upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation.


C. CHANGES: If a fixed or predetermined rate(s) is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal offices as a means of notifying them of the agreement contained herein.

E. SPECIAL REMARKS: Federal programs currently reimbursing indirect costs to this Department/Agency by means other than the rates cited in this agreement should be credited for such costs and the applicable rate cited herein applied to the appropriate base to identify the proper amount of indirect costs allocable to the program.

By the Non-profit Agency:

Nogales CDC

  
Signature


Yvonne C. Delgado  
Name

Executive Director  
Title

9-30-2010  
Date

By the Responsible Agency for  
the Federal Government:

U.S. Department of Housing and  
Urban Development

  
Signature

Angelo Tom  
Name

Director, Program Support  
CPD Division  
Title

September 30, 2010  
Date

# North Country HealthCare ICR Agreement

## NONPROFIT RATE AGREEMENT

EIN: 860663432

DATE: 04/30/2019

ORGANIZATION:

FILING REF.: The preceding

North Country HealthCare, Inc.

agreement was dated

2920 N 4th St.

01/18/2018

Flagstaff, AZ 86004

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

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### SECTION I: INDIRECT COST RATES

RATE TYPES:      FIXED              FINAL              PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

#### EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2017	06/30/2018	23.60	All	All Programs
PROV.	07/01/2018	06/30/2021	23.60	All	All Programs

#### \*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

ORGANIZATION: North Country HealthCare, Inc.

AGREEMENT DATE: 4/30/2019

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

The following fringe benefits are treated as direct costs: FICA Taxes, 401(k) Contribution-Employer Match, Medical, Dental, Vision, Long and Short Term Disability, Unemployment, Life, and Workers' Compensation Insurance.

NEXT PROPOSAL DUE DATE

A proposal based on actual costs for fiscal year ending 06/30/19, will be due no later than 12/31/19.

ORGANIZATION: North Country HealthCare, Inc.

AGREEMENT DATE: 4/30/2019

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**SECTION III: GENERAL**

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**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

North Country HealthCare, Inc.

\_\_\_\_\_  
(INSTITUTION)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

**Arif M. Karim -S**

Digitally signed by Arif M. Karim -S  
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, cn=Arif M. Karim -S,  
0.9.2342.19200300.100.1.1=#2000212885  
Date: 2019.05.02 12:13:05 -0500

\_\_\_\_\_  
(SIGNATURE)

Arif Karim

\_\_\_\_\_  
(NAME)

Director, Cost Allocation Services

\_\_\_\_\_  
(TITLE)

4/30/2019

\_\_\_\_\_  
(DATE) 5025

HHS REPRESENTATIVE: Cora Coleman

Telephone: (415) 437-7820

# Phoenix Indian Center ICR Agreement

## NEGOTIATED INDIRECT COST RATE AGREEMENT NONPROFIT ORGANIZATION

**ORGANIZATION:**  
Phoenix Indian Center, Inc.  
4520 N. Central Avenue, Ste. 250  
Phoenix, AZ 85012  
EIN 86-6006566

**DATE:** February 12, 2020  
**FILE REF:** This replaces the  
Agreement dated: February 8, 2019

The indirect cost rate(s) contained herein are for use on grants, contracts, and other agreements with the Federal Government, to which 2 CFR, Part 200 applies, subject to the conditions in Section II, A, below. The rate(s) were negotiated by the Phoenix Indian Center, Inc., and the U.S. Department of Labor in accordance with the authority contained in Appendix IV, C.2.

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### SECTION I: RATES

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<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE*</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
Final	07/01/18	06/30/19	17.37%	All	All Programs
Provisional	07/01/19	06/30/20	19.34%	All	All Programs
Provisional	07/01/20	06/30/21	17.37%	All	All Programs

(SEE SPECIAL REMARKS)

\***BASE:** Total direct costs excluding emergency assistance payments, purchase of lease of equipment, and participant allowances/support costs.

**TREATMENT OF FRINGE BENEFITS:** Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed in the Special Remarks Section of this agreement.

**TREATMENT OF PAID ABSENCES:** Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made



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## SECTION II: GENERAL

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- A. **LIMITATIONS:** Use of the rate(s) contained in the Agreement is subject to all statutory or administrative limitations and is applicable to a given Federal award or contract only to the extent that funds are available. Acceptance of the rate(s) agreed to herein is predicated upon the following conditions:
- (1) that no costs other than those incurred by the non-Federal entity or contractor were included in its indirect cost pool as finally accepted and that such incurred costs are legal obligations of the non-Federal entity and allowable under the governing cost principles,
  - (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs,
  - (3) that similar types of costs have been accorded consistent treatment, and
  - (4) that the information provided by the non-Federal entity or contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate by the Federal government. In such situations, the rate(s) may be subject to renegotiation at the discretion of the Federal government.
  - (5) The rates cited in this Agreement are subject to audit.
- B. **ACCOUNTING CHANGES:** This agreement is based on the accounting system purported by the non-Federal entity or contractor to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval from the Office of Cost Determination. Such changes include, but are not limited to changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.
- C. **NOTIFICATION TO FEDERAL AGENCIES:** A copy of this document is to be provided by the non-Federal entity or contractor to other Federal funding sources as a means of notifying them of the Agreement contained herein.
- D. **PROVISIONAL-FINAL RATES AND ADJUSTMENTS:** When seeking initial reimbursement of indirect costs using the provisional/final rate methodology, a provisional proposal must be submitted within 90 days of receiving a Federal award (financial assistance, grants, cooperative agreements, and cost reimbursable contracts) that requires accounting for actual costs incurred. The non-Federal entity or contractor must submit an indirect cost rate proposal within six (6) months after the end of their fiscal year to establish a final rate.

Once a final rate is negotiated, billings and charges to Federal awards must be adjusted if the final rate varies from the provisional rate. If the final rate is greater than the provisional rate and there are no funds available to cover the additional indirect costs, the non-Federal entity or contractor may not recover all indirect costs. Conversely, if the final rate is less than the provisional rate, the non-Federal entity or contractor will be required to reimburse the funding agency for the excess billings.

Non-Federal entities or contractors receiving a Federal cost reimbursable contract(s) - Must adhere with FAR 52.216-7(d)(2)(v), to settle final indirect cost rates typically on an annual basis:

Page 2 of 5

“The contractor shall update the billings on all contracts to reflect the final settled rates and update the schedule of cumulative direct and indirect costs claimed and billed, as required in paragraph (d)(2)(iii)(I) of this sections, within 60 days after settlement of final indirect cost rates.”

In addition, the contractor shall provide to the Contracting Officer the noted cumulative costs schedule within 60 days of the execution of this agreement.

If the non-Federal entity or contractor has completed performance under any of the contracts covered by this Agreement, a final invoice or voucher must be submitted no later than 120 days from the date on which this Agreement is executed, following guidance from FAR 52.216-7(d)(5) and FAR 52.216-7(h).

Non-Federal entities receiving Federal awards (financial assistance, grants, and cooperative agreements) – Note that even if Federal awards are administratively closed prior to the settlement of final indirect cost rates, non-Federal entities still must comply with the following 2 CFR Part 200 clauses stating, in part:

§200.344 Post-closeout adjustments and continuing responsibilities

(a) The closeout of a Federal award does not affect any of the following:

- (1) The right of the Federal awarding agency or pass-through entity to disallow costs and recover funds on the basis of a later audit or other review. The Federal awarding agency or pass-through entity must make any cost disallowance determination and notify the non-Federal entity within the record retention period.
- (2) The obligation of the non-Federal entity to return any funds due as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments.

§200.345 Collection of amounts due

(a) Any funds paid to the non-Federal entity in excess of the amount to which the non-Federal entity is finally determined to be entitled under the terms of the Federal award constitute a debt to the Federal Government.

(b) Except where otherwise provided by statutes or regulations, the Federal awarding agency will charge interest on an overdue debt in accordance with the Federal Claims Collection Standards (31 CFR parts 900 through 999). The date from which interest is computed is not extended by litigation or the filing of any form of appeal.

E. SPECIAL REMARKS:

1. Indirect costs charged to Federal grants/contracts by means other than the rate(s) cited in this Agreement should be adjusted to the applicable rate(s) cited herein and be applied to the appropriate base to identify the proper amount of indirect costs allocable to the program.

2. Grants, contracts and other agreements providing for ceilings as to the indirect cost rate(s) or amount(s) which are indicated in Section I above, will be subject to the ceilings stipulated in the grant or contract agreements. The ceiling rate(s) or the rate(s) cited in this Agreement, whichever is lower, will be used to determine the maximum allowable indirect cost on the contract or grant agreement.

3. Administrative costs consist of all Direct and Indirect costs associated with the management of an organization's programs. Organizations should refer to their contracts/grants terms and specific program legislation for the applicable definition of "Administrative Costs" and any related limitations.

4. The indirect cost pool includes the salaries and fringe benefits for positions, such as:

Executive Director	Financial Officer
Executive Assistant	

The pool also includes non personal service costs, such as:

Professional Fees	Travel & Conferences	Occupancy Costs
Miscellaneous Expenses	Materials and Supplies	Other Operating Costs

5. Fringe benefits include FICA, health/dental/life insurance, unemployment compensation, workers' compensation, and retirement.

6. The rates for FYE 6/30/19 comply with the applicable ETA salary cap and Technical Employment Guidance Letter (TEGL) 5-06.

ACCEPTANCE

BY THE ORGANIZATION:

Phoenix Indian Center, Inc.  
(Grantee)

  
(Signature)

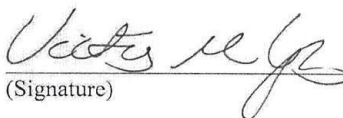
Patricia K. Hebbeler  
(Name)

C.E.O.  
(Title)

Date: 02.14.2020

BY THE COGNIZANT AGENCY ON BEHALF OF  
THE FEDERAL GOVERNMENT:

U.S. Department of Labor  
(Agency)

  
(Signature)

Victor M. Lopez  
(Name)

Director, Office of Cost Determination  
(Title)

Date: February 12, 2020

Negotiated By: Dr. James Turkvant  
Telephone No.: (202) 693-4105  
Turkvant.James.B@dol.gov



**NONPROFIT RATE AGREEMENT**

EIN: DATE: 05/21/2020  
 ORGANIZATION: FILING REF.: The preceding  
 Salvation Army Western Territory agreement was dated  
 180 East Ocean Blvd. 10/14/2016  
 Long Beach, CA 90802-4709

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

**SECTION I: INDIRECT COST RATES**

RATE TYPES:      FIXED              FINAL              PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	10/01/2018	09/30/2019	23.20	All	All Programs
PRED.	10/01/2019	09/30/2022	25.50	All	All Programs
PROV.	10/01/2022	09/30/2025	25.50	All	All Programs

**\*BASE**

Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000.

ORGANIZATION: Salvation Army Western Territory

AGREEMENT DATE: 5/21/2020

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**SECTION II: SPECIAL REMARKS**

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**TREATMENT OF FRINGE BENEFITS:**

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

**TREATMENT OF PAID ABSENCES**

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

**DEFINITION OF EQUIPMENT**

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

The following fringe benefits are treated as direct costs:

FICA TAXES, WORKERS COMPENSATION, HEALTH INSURANCE, UNEMPLOYMENT INSURANCE, AND RETIREMENT.

**PREDETERMINED RATES**

Upon receipt of any Federal awards that may significantly impact the existing rates, you must contact CAS immediately, as rate adjustments may be required. In addition, predetermined rates cannot be used for Federal cost reimbursement contracts. Therefore, if you receive a Federal cost reimbursement contract, you must also notify CAS immediately.

**NEXT PROPOSAL DUE DATE**

A proposal based on actual costs for fiscal year ending 09/30/21, will be due no later than 03/31/22.

ORGANIZATION: Salvation Army Western Territory  
AGREEMENT DATE: 5/21/2020

**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Salvation Army Western Territory

(INSTITUTION)

(SIGNATURE)

KENNETH HODDER  
(NAME)

PRESIDENT  
(TITLE)

6/4/2020  
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Arif Karim  
(NAME)

Director, Cost Allocation Services  
(TITLE)

5/21/2020

(DATE) 5864

HHS REPRESENTATIVE: Jeffrey Warren

Telephone: (415) 437-7820



## 6. Appendices

### Appendix A – Data Storage Requirements

Confidential case information includes, but is not limited to, the following:

- Any participant or applicant's name, date of birth, Social Security number, address, telephone number, benefit amount and participation status and child support information;
- Employer names and addresses, salary information, leave accrual and other information regarding employment;
- Medical or health information; and
- Any information not generally available to the public.

The following physical security precautions must be observed when storing confidential case information:

- File cabinets containing confidential information must remain locked when not being accessed by an authorized colleague;
- File room doors must be closed and locked when not being accessed by an authorized colleague; and
- Confidential information must never be placed where the public can access the information. Such places include, but are not limited to, the following:
  - On printer output trays;
  - On top of desks; and
  - On top of file cabinets.

#### **Confidential information must be destroyed before disposal.**

SCPs storing confidential case information electronically must ensure their information systems are in compliance with generally accepted principles and practices for securing information technology systems. SCPs are encouraged to use the ADES application and case management system (Health-e-Arizona PLUS) in place of storing confidential case information locally.

Appendix B – Arizona Percent of Total Population in Poverty

			All people in poverty (2016)			Children ages 0-17 in poverty (2016)		
				90% confidence interval of estimate			90% confidence interval of estimate	
FIPS*	Name	RUC Code	Percent	Lower Bound	Upper Bound	Percent	Lower Bound	Upper Bound
04000	Arizona		16.4	16.1	16.7	23.6	22.9	24.3
04001	Apache	6	33.2	30.2	36.2	41.1	35.7	46.5
04003	Cochise	3	21.1	18.4	23.8	33.2	28.3	38.1
04005	Coconino	3	17.8	15.5	20.1	20.7	16.7	24.7
04007	Gila	4	20.3	16.7	23.9	33.5	26.4	40.6
04009	Graham	7	22.9	19.1	26.7	26.5	21.4	31.6
04011	Greenlee	7	12.0	10.0	14.0	13.6	11.3	15.9
04012	La Paz	6	24.8	20.3	29.3	37.9	30.7	45.1
04013	Maricopa	1	15.0	14.6	15.4	21.5	20.6	22.4
04015	Mohave	3	18.3	15.8	20.8	28.7	22.9	34.5
04017	Navajo	4	28.2	25.2	31.2	37.7	32.5	42.9
04019	Pima	2	18.2	17.2	19.2	26.8	24.5	29.1
04021	Pinal	1	15.4	13.8	17.0	21.5	18.6	24.4
04023	Santa Cruz	4	20.9	16.9	24.9	34.5	26.8	42.2
04025	Yavapai	3	13.3	11.3	15.3	19.7	15.1	24.3
04027	Yuma	3	19.3	16.5	22.1	29.0	24.1	33.9

See the county-level [poverty rates](#) from the 1990 and 2000 Census of Population.

See [important notes about intercensal model-based poverty estimates](#).

The 2013 rural-urban continuum codes classify metropolitan counties (codes 1 through 3) by size of the Metropolitan Statistical Area (MSA), and nonmetropolitan counties (codes 4 through 9) by degree of urbanization and proximity to metro areas. See [rural-urban continuum codes](#) for precise definitions of each code. Source: Census Bureau, [Small Area Income and Poverty Estimates](#).



# ADELANTE HEALTHCARE

## SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

1. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
2. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
3. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

### Organization Name: Adelante Healthcare

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**g. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

1. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**
  - Adelante Eligibility Specialist will fill out a daily tracking form to capture all of the appointment details. At the end of the month, each staff member will submit a report detailing their total appointments, how many were SNAP, how many SNAP flyers/brochures were handed out and how many times education was provided to our patients on SNAP. This report will be used to calculate how much time was spent for SNAP related activities.
  - The Outreach Coordinators will keep a monthly report of what outreach was done, how many events were hosted, and how many events were attended but not hosted. They will also track how many people they interacted with along with how many handouts about SNAP were provided. This report will be used to calculate how much time was spent on for SNAP related activities.
  - The Adelante Eligibility Manager will keep a monthly report tracking time spent on SNAP related training, the time spent on SNAP Outreach, and the time spent working the SNAP Report prior to submitting it to the accounting associate for financial invoicing.
2. Total SNAP Expense: \$ 230,354.00
3. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:
  - The Adelante Eligibility Manager for all Adelante Health Centers will dedicate 20 percent of

her time to oversee the implementation of the SNAP program within the current eligibility process. The Eligibility Manager will also coordinate SNAP program activities, conduct SNAP outreach, and manage a team of 9 Eligibility Specialists.

- Each of the 9 Eligibility Specialist will dedicate 50 percent of their time conducting SNAP applications, activities, community outreach, and education.
- The Adelante Outreach Coordinator will dedicate 5 percent of their time to provide outreach and SNAP education. They will also distribute SNAP informational handouts and Adelante brochures at nearby schools, job fairs, food banks, neighborhood community associations, and other outreach partners. They will also conduct presentations and network with other private, public, faith-based, and community agencies on services, including SNAP that Adelante offers to the residents of Maricopa County.
- The Accounting Associate will dedicate 5 percent of their time creating and finalizing a monthly financial invoice for SNAP reimbursement.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

---

#### **h. Copying/Printing/Materials:**

1. Total SNAP Expense: \$ 2,350
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
  - Staff will use in-house copying and printing equipment to facilitate the SNAP application process for clients and patients.
  - SNAP specific material will be designed and produced for the purposes of creating marketing collateral and educational materials that will be used while conducting outreach in the community.
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*
  - Copies and Maintenance Cost: (\$470 per employee X 10 X 50% = \$2,350)

---

#### **i. Internet/Telephone:**

1. Total SNAP Expense: \$ 10,050
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
  - The SNAP Specialists will utilize Adelante's internet and telephone to facilitate SNAP enrollment, support SNAP activities, contact patients, share data, schedule patient appointments, and any additional approved activities for the SNAP Program's successful implementation.
  - The average annual cost for telephone equipment, telephone, and internet service per Adelante employee is \$2,010.

3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)
  - Telephone equipment, telephone and internet service cost: (\$2,010 X 10 staff X 50% SNAP= \$10,050)

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**j. Equipment (individual items exceeding \$5K):**

1. Total SNAP Expense: \$ 0.00
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)
  - No other equipment will be purchased for the purpose of SNAP Applications.
3. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

---

**k. Supplies and Non-Capital Expenditures:**

1. Total SNAP Expense: \$ 0.00
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) *Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*
  - No supplies and non-capital expenditures will be used or purchased for the purpose of SNAP Applications.
3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

---

**l. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

1. Total SNAP Expense: \$ 39,123.00

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**m. Other:**

1. Total SNAP Expense: \$ 0.00
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your*

description.)

- No other expenditures will be used or purchased for the purpose of SNAP Applications.
3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**n. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

1. Total SNAP Expense: \$ 0.00
2. Purpose of Travel (*Do not use symbols in your description*):
- No long distance expenditures will be used or purchased for the purpose of SNAP Applications.
3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)
- |                        |  |
|------------------------|--|
| Destination:           | Name of Conference/Meeting/Etc.                |
| Airfare:               | Average Cost X # of People X # of Trips        |
| Lodging:               | Average Cost X # of People X # of Trips        |
| Per Diem:              | Average Cost X # of People X # of Trips        |
| Ground Transportation: | <u>Average Cost X # of People X # of Trips</u> |
|                        | <u>= \$Total Program Cost</u>                  |

Total cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

---

**o. Local Travel (In-State Travel):**

1. Total SNAP Expense: \$ 7,979.00
2. Purpose of Travel (*Do not use symbols in your description*):
- The Buckeye SNAP Specialist will travel at least once a week between Buckeye and Gila Bend. The Surprise SNAP Specialist will travel at least once a week from Surprise to Wickenburg. Both SNAP Specialist will travel to provide SNAP outreach and SNAP application assistance.
3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:
- Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense
- Local travel: Total Roundtrips 104 X 137 miles X \$0.56/mile = \$7,978.88

---

**q. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the



program.

1. Total SNAP Expense: \$ 0.00
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
  - No contractual expenditures will be used or purchased for the purpose of SNAP Applications.
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)*

**s. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$ 0.00
2. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***
  - No indirect expenditures will be used or purchased for the purpose of SNAP Applications.
3. Calculation: *(acceptable symbols: X; #; \$; %, =; +; -)*  
 Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 – Adelante Healthcare							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Outreach Salary (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Eligibility Manager	Brenda Cardenas - All Sites	20.00%	\$ 66,109.00	\$ 13,221.80	18.00 %	\$ 2,379.92	\$ 15,601.72
Eligibility Specialist	Luisa Lara - Buckeye/Gila Bend	50.00%	\$ 45,526.00	\$ 22,763.00	18.00 %	\$ 4,097.34	\$ 26,860.34
Eligibility Specialist	Adolfo Lopez - Surprise/Wickenburg	50.00%	\$ 35,715.00	\$ 17,857.50	18.00 %	\$ 3,214.35	\$ 21,071.85

Eligibility Specialist	Lizdebeth Garcia - Peoria	50.00%	\$ 41,241.00	\$ 20,620.50	18.00 %	\$ 3,711.69	\$ 24,332.19
Eligibility Specialist	Maria Acuna - WPhx	50.00%	\$ 38,563.00	\$ 19,281.50	18.00 %	\$ 3,470.67	\$ 22,752.17
Eligibility Specialist	Teresa Delgado - Central	50.00%	\$ 36,420.00	\$ 18,210.00	18.00 %	\$ 3,277.80	\$ 21,487.80
Eligibility Specialist	Eisbey Romero - Mesa	50.00%	\$ 36,420.00	\$ 18,210.00	18.00 %	\$ 3,277.80	\$ 21,487.80
Eligibility Specialist	Diana Rivera - Mesa	50.00%	\$ 36,420.00	\$ 18,210.00	18.00 %	\$ 3,277.80	\$ 21,487.80
Eligibility Specialist	Sonia Alcantar - Goodyear	50.00%	\$ 47,132.00	\$ 23,566.00	18.00 %	\$ 4,241.88	\$ 27,807.88
Eligibility Specialist	Open- Float for all sites	50.00%	\$ 38,000.00	\$ 19,000.00	18.00 %	\$ 3,420.00	\$ 22,420.00
Accountant	Viviana Mora	5.00%	\$ 41,124.00	\$ 2,056.20	18.00 %	\$ 370.12	\$ 2,426.32
Outreach Coordinator	Lucrecia Castaneda	5.00%	\$ 44,376.00	\$ 2,218.80	18.00 %	\$ 399.38	\$ 2,618.18

Project Number 1, 2, 3 – Adelante Healthcare						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(e) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 115,177.00		\$115,177	\$230,354.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,175.00		\$1,175	\$2,350.00
(i) Internet/Telephone			\$ 5,025.00		\$5,025	\$10,050.00
(j) Equipment					\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 19,562.00		\$19,562	\$39,124.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 25,762.00		\$25,762	\$51,524.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00

(p) Local (Inside Arizona) Travel			\$ 3,990.00		\$3,990	\$7,980.00
(q=o+p) Subtotal Travel			\$ 3,990.00		\$3,990	\$7,980.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 144,929.00		\$144,929	\$289,858.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 144,929.00</b>		<b>\$144,929</b>	<b>\$289,858.00</b>

**AGAINST ABUSE**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

4. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
5. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
6. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Against Abuse, Inc.**

---

n. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

4. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
Staff will complete a SNAP Time and Activity Log Sheet for each two week period which coincides with our biweekly pay schedules. This log tracks time spent in 15 minute increments on SNAP allowable activities which can be check-marked for easy reporting. The log is electronic but can be printed out and signed by the employee and the supervisor. The check mark columns on the log list all SNAP eligible activities and also the date, time, number of hours, number of people, task or activity description, equipment or resources used and new or continuing application. Employees add the client number to the activity description if providing SNAP prescreening or application assistance. Employee hours provided for all SNAP program activities are totaled at the bottom. The time sheet is submitted to the SNAP Coordinator biweekly for review

of accuracy and approval. It is then turned in with the employee's regular time sheet where the Volunteer Finance Manager ensures SNAP hours are paid from non-federal sources for the days and hours indicated on the SNAP time sheet. All of this is reviewed by the Associate Director before billing. The SNAP Time and Activity Log (time sheet) is kept in the SNAP contract binder and used as backup for the monthly financial report. The provided services are listed on the monthly program activity reports.

5. Total SNAP Expense:     \$ 56,778
6. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Deputy Director is located in the Outpatient Office in Casa Grande and is responsible for approximately one fifth of all the presentations and outreach provided by our agency. Her time providing SNAP information to the public and to potential program participants in the community is estimated to take five percent of her time. This position can make presentations in either English or Spanish.

The Associate Director (AD) is located at the Outpatient Office in Casa Grande. She will contribute ten percent of her time to complete SNAP program reimbursement requests, tally monthly activities for the report, verify SNAP hours and funding sources, and attend monthly webinars. In addition, the AD works closing with the SNAP Coordinator to provide staff periodic updates on program goals versus current year to date activity status, sends out program reminders such as when surveys are due and attends monthly partner meetings to keep abreast of SNAP program. The AD is also responsible for maintenance of the SNAP contract file folder including all SNAP program compliance which is communicated to agency directors as well as the SNAP Coordinator to ensure staff are meeting grant deliverables. The AD reports financial and contract compliance issues to the Executive Director, and provides a summary of all agency programs to the Board of Directors monthly as well as works with the agency auditors on the annual financial audit for agency-wide compliance and accountability.

The Residential Services Director is located in the Casa Grande Outpatient Office. She provides oversight of all client service provision including SNAP and directly supervises the Shelter Directors. The Residential Services Director also provides approximately twenty percent of presentations to the public and potential program participants in the community which along with program oversight and training is estimated to take five percent of her time for SNAP eligible activities.

The M/CB Services Director is located in the Casa Grande Outpatient Office and provides oversight of all non-shelter services and personnel for mobile/community-based victims who do not need shelter, but still require DV/SV services due to being a victim of a crime. This position will not only supervise some agency staff and volunteers but will also provide outreach and presentations to various groups and tabling at various community events as these open up more as the pandemic's effect is mitigated. It is estimated that five percent of this position's time will be billed for SNAP eligible activities.

The Shelter Directors listed in this budget will supervise staff at their locations – one in Casa Grande and one in Maricopa. They will contribute five percent of their time to oversee direct service staff in their areas to ensure compliance with SNAP program services, education and assistance. Each shelter director assists with weekly house meetings as well as attends SNAP trainings and monthly partner calls.

The Child Care/Nutrition Specialists are located at both shelter locations – one in Casa Grande and the other in Maricopa. They will provide at least five percent of their time on the SNAP program. Each will provide eligibility prescreening and educate clients in their respective locations of the benefits of the SNAP program. These positions also assist with copying, faxing and screening,

placing phone calls or scheduling appointments related to the SNAP program, ensure posters are displayed and conduct weekly House Management meetings where clients are reminded or informed of the benefits of the SNAP program.

The four DV Advocates listed in this budget are located in Casa Grande (2) and Maricopa (2). They provide direct services to clients as needed 24 hours per day, 7 days per week including referrals and information, empathetic listening, DV education and resources, and general assistance as needed during the clients stay in shelter. DV Advocates also provide an overview of SNAP, information/brochures and prescreening services for SNAP benefits. They help with SNAP faxing, copying, phone calls and attend monthly partner meetings to stay abreast of the SNAP program requirements. It is anticipated they will spend two percent of their time on SNAP eligible activities.

One DV Educator, located in the Casa Grande shelter will spend approximately two percent of her time on SNAP eligible activities, including bilingual English/Spanish services; and the other DV Educator located at the Maricopa shelter will also spend two percent of her time on SNAP activities. DV Educator positions provide group education and one-on-one support/crisis counseling to victims in shelter, as well as community education and presentations. Each position has worked with SNAP Outreach since our agency was funded with the program and assist with eligibility prescreening, verification letters and online application support. The city of Maricopa is opening up more/relaxing COVID protocols and it is expected the Maricopa staff person will be providing more tabling outreach for SNAP.

The SNAP Coordinator/DV Advocate III will spend ten percent of her time overseeing the SNAP program and assisting all agency personnel to understand SNAP. She is designated as the go-to staff person for SNAP questions, training of new staff and re-training of current staff on SNAP, review of Time/Activity Reports for accuracy of SNAP eligible activities, ordering of materials, ensuring surveys are conducted and entered, and that SNAP correspondence and monthly meeting notices are distributed to appropriate staff. She recently started a monthly SNAP virtual meeting for agency staff. As a DV Advocate III she will also provide direct client assistance including food insecurity, SNAP pre-screening, assistance with online applications, contacting DES, etc. as well as community education and outreach as needed. This position is bilingual English/Spanish.

The four DV Advocate III positions are located at follows: one at the Maricopa shelter, two mobile/community-based, and the fourth in the Casa Grande shelter. It is estimated they will spend between two and five percent of their time on SNAP eligible activities including services to limited English proficient clients, as they are all bilingual English/Spanish. DV Advocates III provide case management and lay legal advocacy services to clients, including food insecurity resources such as SNAP. These positions also present agency programs in the community and distribute brochures at community outreach events and to groups who request presentations on agency services such as: retirement communities, schools, and other social service organizations. DV Advocate III's will also provide SNAP application assistance, information/education, eligibility prescreening and attend monthly trainings to keep abreast of SNAP outreach services.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**o. Copying/Printing/Materials:**

4. Total SNAP Expense: \$ 2,472

5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your*

*description.*) Staff copy materials for both SNAP outreach and application documentation/ information for food insecure households. The staff utilize in-house copiers and printers to make copies of flyers, reminders about the program for clients, print Time and Activity Logs and copy documentation needed for client applications. Staff at all locations makes approximately 6,500 copies per year for the SNAP program. Approximately 15 percent of the maintenance cost for copiers in all locations where SNAP outreach is conducted is included in this line item.

6. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

Copies: 6,500 X \$0.13 = \$845.00 (100 percent SNAP)

Annual Copier Maintenance: \$10,844 X 15% = \$1,626.60 (15% SNAP cost)

(\$845.00 + \$1,626.60 = \$2,471.60)

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**p. Internet/Telephone:**

4. Total SNAP Expense: \$ 5,169

5. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) Costs associated with phone services is listed below based on past monthly cost multiplied by 15 percent estimated for SNAP application assistance and outreach for all agency locations where SNAP Outreach services are conducted. Wireless broadband service for computers is included in the phone costs. Agency cell phones are assigned to staff or they are reimbursed for use of their own personal cell phones to conduct agency business including SNAP services. The cost for SNAP phones for nineteen staff in the budget will not exceed the SNAP allowable allocation of 25 per month.

6. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Phones Outpatient CG office (Florence St) \$536.83 X 12 X 15% SNAP = \$966.29

Phones CG Shelter: \$1,005 per month X 12 months X 15% SNAP program = \$1,809.00

Phones Transitional Group Home: \$181.08 X 12 months X 15% SNAP program = \$325.94

Phones Maricopa Shelter \$386.50 per month X 12 months X 15% SNAP = \$695.70

Phones Maricopa Outpatient office \$287.50 X 12 months X 15% SNAP = \$517.50

Cell Phones: 19 staff X \$25/mo X 12 mos X 15% SNAP = \$855

(966.29 + 1809.00 + 325.94 + 695.70 + 517.50 + 855.00 = \$5,169.43)

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**q. Equipment (individual items exceeding \$5K):**

4. Total SNAP Expense: \$ -0-

5. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

6. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

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**r. Supplies and Non-Capital Expenditures:**

4. Total SNAP Expense:     \$ -0-
5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*
6. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**s. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

2. Total SNAP Expense:     \$ 5,170

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**t. Other:**

4. Total SNAP Expense:     \$ 9,831
5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* Insurance, Audit costs. The costs listed below are actual agency costs.
6. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

\$42,138 Agency Insurance annual cost plus \$23,400 Audit annual cost = \$65,538  
\$65,538 Annual Cost X 15% SNAP Activities = \$9,830.70

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**o. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

4. Total SNAP Expense:     \$ 7,727

Purpose of Travel *(Do not use symbols in your description)*: Expenses for the Associate Director or SNAP Coordinator/DV Advocate III and two direct service staff to attend one trip to Washington DC for the annual National Anti-Hunger Policy Conference in 2022. Flight, hotel and registration costs are estimated as they are unknown at this time. Ground transportation includes mileage to the airport and back at the agency rate of .44 per mile (we understand the

state rate is .56 cents per mile, but our agency board of directors has set the agency mileage at .44 cents per mile).

5. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination: National Anti-Hunger Conference in Washington, DC  
Airfare: \$545 X 3 People = \$1,635.00  
Lodging: \$315 X 5 nights X 3 Rooms = \$4,725.00  
Per Diem: \$71 per Conference Day X 4 days X 3 People = \$852.00  
Per Diem: \$53.25 per Travel Day X 2 days X 3 People = \$319.50  
Ground Transportation: \$.44 per mile X 120 miles to/from Airport X 2 cars = \$105.60  
Ground Transportation: \$90 Super Shuttle for 3 People X 1 Trip = \$90.00  
= \$7,727.10 Total Program Cost

Total Cost of line item \$7,727.10 X 100% of cost allocated to SNAP Outreach = \$7,727.10 Total SNAP Expense

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**o. Local Travel (In-State Travel):**

4. Total SNAP Expense: \$ 3,340

5. Purpose of Travel (*Do not use symbols in your description*):

Reimbursed mileage expenses for staff to use their personal vehicle to conduct SNAP outreach activities at the agency approved rate of .44 cents per mile, which is the rate our board of directors has set for our agency. Also, expenses for six staff to attend the annual Wildfire conference expected to be in the Phoenix area however hotel and registration costs are estimated as they are unknown at this time.

6. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.44/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

Local outreach activities X 20 Trips X 20 miles average X \$.44 = \$176.00 100% SNAP Expense

Phoenix area for Wildfire annual Conference 2022:

Lodging \$129/night X 2 nights X 6 People = \$1,548.00

Per Diem \$29/day X 2 days X 6 People = \$348.00

Ground Transportation 120 miles X .44 X 3 vehicles for 6 people = \$158.00

Registration Fees: \$185 X 6 People X 1 Conference = \$1,110.00

(176.00, 1,548.00 + 348.00 + 158.00 + 1,110.00 = \$3,340.00 100% SNAP Expense)

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**r. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

4. Total SNAP Expense: \$ 0

5. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description*.)

6. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of



$$\text{units} \times \$ \text{ cost/unit} \times \text{SNAP Activities \%} = \$\text{Total SNAP Expense of line item r}$$

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t. **Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$ 9,049

1. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Against Abuse, Inc. does not have a federally approved indirect cost rate agreement and has never had one, therefore we elect to utilize the 10% DeMinimus rate.

2. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: 10% X \$90,487 = \$9,048.70 – this amount was rounded up by the spreadsheet completed (Part 8).

**Project Number 1, 2, 3 – Against Abuse**

<b>Position Title</b>	<b>Staff Member Name</b>	<b>(a) FTE Outreach</b>	<b>(b) Salary</b>	<b>(c) Salary Outreach (a*b)</b>	<b>(d) Benefit Rate %</b>	<b>(e) Outeach Benefits (c*d)</b>	<b>(f) Total (c+e)</b>
Deputy Director	Maria-Elena Ochoa	5%	\$96,408.00	\$4,820.40	32.00%	\$1,542.53	\$6,362.93
Associate Director	Mary Duarte	10%	\$93,600.00	\$9,360.00	32.00%	\$2,995.20	\$12,355.20
Residential Svs Director	Dynia Abraham	5%	\$75,296.00	\$3,764.80	32.00%	\$1,204.74	\$4,969.54
M/CB Svs Director	Kiya Darlage	5%	\$71,500.00	\$3,575.00	32.00%	\$1,144.00	\$4,719.00
Shelter Director	Rene Carter	5%	\$52,230.00	\$2,611.50	32.00%	\$ 835.68	\$3,447.18
Shelter Director	Gabriela Markley	5%	\$52,230.00	\$2,611.50	32.00%	\$ 835.68	\$3,447.18
Child Care/Nutrition Specialist	Cassandra Teigen	5%	\$34,320.00	\$1,716.00	32.00%	\$ 549.12	\$2,265.12
Child Care/Nutrition Specialist	Melissa Meeches	5%	\$34,320.00	\$1,716.00	32.00%	\$ 549.12	\$2,265.12
DV Advocate	Valerie Villalpondo	2%	\$32,032.00	\$ 640.64	9.00%	\$ 57.66	\$ 698.30
DV Advocate	Sherry Dunn	2%	\$30,888.00	\$ 617.76	9.00%	\$ 55.60	\$673.36
DV Advocate	Tina Botely	2%	\$29,744.00	\$ 594.88	9.00%	\$ 53.54	\$ 648.42
DV Advocate	Sharon Nelson	2%	\$29,744.00	\$ 594.88	9.00%	\$ 53.54	\$ 648.42
DV Educator	Christina Vasquez	2%	\$51,480.00	\$1,029.60	32.00%	\$ 329.47	\$1,359.07
DV Educator	Holly Valdez-Bizon	2%	\$39,520.00	\$ 790.40	32.00%	\$ 252.93	\$1,043.33
SNAP Coordinator/DVAIII	Evelyn Veliz	10%	\$44,367.00	\$4,436.70	32.00%	\$1,419.74	\$5,856.44
DV Advocate III	Brianda Gastelum-Hernandez	2%	\$39,603.00	\$ 792.06	32.00%	\$ 253.46	\$1,045.52
DV Advocate III	Sylvia Procela	5%	\$43,992.00	\$2,199.60	32.00%	\$ 703.87	\$2,903.47
DV Advocate III	Hilda Granados	2%	\$43,992.00	\$ 879.84	9.00%	\$ 79.19	\$ 959.03
DV Advocate III	Diane Jaquez	2%	\$42,080.00	\$ 841.60	32.00%	\$ 269.31	\$1,110.91

Project Number 1, 2, 3 – Against Abuse						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non- Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 28,389.00		\$28,389	\$56,778.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,236.00		\$1,236	\$2,472.00
(i) Internet/Telephone			\$ 2,585.00		\$2,585	\$5,170.00
(j) Equipment					\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 2,585.00		\$2,585	\$5,170.00
(m) Other			\$ 4,915.00		\$4,915	\$9,830.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 11,321.00		\$11,321	\$22,642.00
Travel					\$0	\$0.00
(o) Long Distance			\$ 3,864.00		\$3,864	\$7,728.00
(p) Local (Inside Arizona) Travel			\$ 1,670.00		\$1,670	\$3,340.00
(q=o+p) Subtotal Travel			\$ 5,534.00		\$5,534	\$11,068.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 45,244.00		\$45,244	\$90,488.00
(t=Indirect cost rate x s) Indirect			\$ 4,525.00		\$4,525	\$9,050.00
<b>(u=s+t) TOTAL</b>			<b>\$ 49,769.00</b>		<b>\$49,769</b>	<b>\$99,538.00</b>

## ARIZONA BAPTIST CHILDREN'S SERVICES

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative

description, **do not use symbols in this section.**

9. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Arizona Baptist Children's Services**

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- g. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

1. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Our organization will track activity and time spent on SNAP through the use of an excel file that is on our shared drive. This file is accessible by all SNAP staff. Employees will enter their hours worked related to SNAP. At the end of every month, the hours will be reviewed for submission on the partnership document that is due.

2. Total SNAP Expense: \$ 22,284

3. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The **Director** of the Resource Centers will act as a liaison between ABCS and other partner agencies that seek more information about the SNAP program and how ABCS works to help the community. The Director will assist clients with applications, and work with Development to distribute materials that will make the largest impact. This person will also be the primary point of contact for all ministry support specialists regarding all SNAP materials and training and will manage all monthly billing and SNAP-related documentation. 10 percent of this person's time will be spent on SNAP activities.

The **Ministry Support Specialist's (1)** will devote 20 percent of their time to SNAP program duties. This role includes assisting clients with the application process. Answering any questions about the application. Also printing, faxing, and scanning documents that are requested for the application. Will also assist with scheduling appointments and administering the prescreening.

**Resource Center Support (1)** will devote 10 percent of their time on SNAP program duties. Other responsibilities will include assisting in scheduling appointments and administering the prescreening. They will be distributing the flyers and brochures. Also assists in filling out the monthly SNAP reports that are sent in.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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h. **Copying/Printing/Materials:**

1. Total SNAP Expense: \$ 398.00

2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* The copy machine is paid for monthly and has an extra fee for every page printed. We will attribute 15% of the cost of the copy machine towards SNAP activities. We estimate to print approximately 100 pages per month, which is approximately 1 full case of paper in the year.
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)
  - **Copier Rent: 182.06 X 12 X 15% = \$327.71**
  - **Printing cost per page is \$0.0293. \$0.0293/page X 1200 pages = \$35.16**
  - **Paper: \$35/case of paper X 1 = \$35.00**
  - **\$327.71 + \$35.16 + \$35.00 = \$397.87**

**i. Internet/Telephone:**

1. Total SNAP Expense:     \$ 514.00
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* 20 percent of the internet and phone bundle packages at our two location will be attributed to the SNAP program.
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)  
 Internet/phone for ABCS: **\$115.03 X 20% X 12 = 276.07**
  - Internet/phone for ABCS Manzo Mission Center: **\$99.00 X 20% X 12 = 237.60**
  - **\$276.07 + \$237.60 = \$513.67**

**j. Equipment (individual items exceeding \$5K):**

1. Total SNAP Expense:     \$ 0.00
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
3. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

**k. Supplies and Non-Capital Expenditures:**

1. Total SNAP Expense:     \$ 0.00
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**I. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

1. Total SNAP Expense: \$ 0.00

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**m. Other:**

1. Total SNAP Expense: \$ 0.00

2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**n. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

1. Total SNAP Expense: \$ 0.00

2. Purpose of Travel *(Do not use symbols in your description):*

3. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

1. Total SNAP Expense: \$408.00

2. Purpose of Travel *(Do not use symbols in your description):* ABCS operates another resource center offering SNAP services in another part of town. This center is open once per week, and the

mileage to that location is reflected.

3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

**Manzo Mission Center: 52 trips x 14 miles roundtrip x .56 = \$407.68**

**q. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

1. Total SNAP Expense: \$ 0.00
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)
3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**s. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$ 0.00
2. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***
3. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)  
Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Arizona Baptist Children's Services							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)

Director	Joshua Hanna	10.00%	\$ 74,136.84	\$ 7,413.68	13.15%	\$ 974.90	\$ 8,388.58
Ministry Support Specialist	Alex Bartholomew	20.00%	\$ 49,973.76	\$ 9,994.75	20.12%	\$ 2,010.94	\$ 12,005.70
Resource Center Support	Blake Werner	10.00%	\$ 18,895.20	\$ 1,889.52	0.00%	\$ -	\$ 1,889.52

Project Number 1, 2, 3 - Arizona Baptist Children's Services						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non- Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 11,142.00		\$11,142	\$22,284.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 199.00		\$199	\$398.00
(i) Internet/Telephone			\$ 257.00		\$257	\$514.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 456.00		\$456	\$912.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 204.00		\$204	\$408.00
(q=o+p) Subtotal Travel			\$ 204.00		\$204	\$408.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 11,802.00		\$11,802	\$23,604.00



(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 11,802.00</b>		<b>\$11,802</b>	<b>\$23,604.00</b>

**ASTER AGING, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

10. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
11. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
12. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Aster Aging, Inc.**

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n. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

4. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Project Timesheets that include a separate line for tracking daily time devoted to SNAP activities are used by all designated staff. This is also supported by case file notes for outreach and social service staff.

5. Total SNAP Expense: **\$ 78,281**

6. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

- Program Operations Director will contribute 5 percent of time to ensure SNAP program compliance, supervision of staff, and providing outreach presentations in the community.
- Director of Social Services will contribute 18 percent of time providing information and direct services to clients through eligibility prescreening, application assistance, documents assistance and community outreach.
- Outreach Specialists (2 positions– 1 each at Mesa Downtown and Red Mountain Senior Centers) will contribute 50 percent of time each through providing information and direct services to clients, including eligibility prescreening, application assistance, documents assistance and community outreach.

- Outreach Office Assistant will contribute 20 percent of time responding to inquiries, providing information, scheduling appointments, conducting follow-up, and preparing outreach materials.
- Senior Center Manager will contribute 3 percent of time providing information and direct services to clients, supervise staff and community outreach.
- Receptionists (2 positions – 1 each at Mesa Downtown and Red Mountain Senior Centers) will contribute 5 percent of time each providing information and application assistance to clients.
- Finance Director and Bookkeeper will contribute 3 percent of time processing and reporting financial information related to the SNAP program.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:** Not applicable

**o. Copying/Printing/Materials:**

4. Total SNAP Expense: \$ 1,100

5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

The cost of in-house copy machine usage and maintenance is pro-rated to SNAP activity, which includes making copies of outreach materials and SNAP applications. Brochures are printed through a, outside vendor.

6. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

- Copy machine usage & maintenance: \$12,000 total X 5% SNAP = \$600
- Brochures: 500 X \$1.00 = \$500 (100% cost for SNAP) = \$500

**TOTAL = \$1,100**

**p. Internet/Telephone:**

4. Total SNAP Expense: \$ 2,430

5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

In alignment with the Staffing Detail and percentages directly allocated for SNAP activities, there are 10 associated work stations of phone and internet: 2 work stations (Outreach Specialists) are 50 percent dedicated to SNAP, 1 work station (Outreach Office Assistant) is 20 percent dedicated to SNAP, 1 work station (Director of Social Services) is 18 percent dedicated to SNAP, 3 workstations (Program Operations Director, 2 Receptionists) are 5 percent dedicated to SNAP, and 3 workstations (Center Manager, Finance Director and Bookkeeper) are 3 percent dedicated to SNAP. The cost is 925 dollars for telephone and internet and 575 dollars for IT managed services for a total of 1,500 dollars per work station per year.

6. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

- Outreach Specialists – 2 work stations X \$1,500 X 50% = \$1,500
- Outreach Office Assistant – 1 work station x \$1,500 x 20% = \$300
- Director of Social Services - 1 work station X \$1,500 X 18% = \$270
- Program Operations Director & 2 Receptionists - 3 work stations X \$1,500 X 5% = \$225
- Center Manager, Finance Director & Bookkeeper - 3 workstations x \$1,500 X 3% = \$135

TOTAL =

\$2,430

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**q. Equipment (individual items exceeding \$5K):**

4. Total SNAP Expense: \$ 0
5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
6. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

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**r. Supplies and Non-Capital Expenditures:**

4. Total SNAP Expense: \$ 0
5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*
6. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**s. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

2. Total SNAP Expense: \$ 0

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**t. Other:**

4. Total SNAP Expense: \$ 0
5. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
6. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**o. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

4. Total SNAP Expense: \$ 0
5. Purpose of Travel *(Do not use symbols in your description):*
6. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*  
Destination: Name of Conference/Meeting/Etc.  
Airfare: Average Cost X # of People X # of Trips  
Lodging: Average Cost X # of People X # of Trips

Per Diem: Average Cost X # of People X # of Trips  
 Ground Transportation: Average Cost X # of People X # of Trips  
 = \$Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

**o. Local Travel (In-State Travel):**

4. Total SNAP Expense: \$ 3,111

5. Purpose of Travel (*Do not use symbols in your description*):

Local travel costs represent mileage reimbursement for activities that include staff attending health fairs and outreach events, community presentation, home visits to clients, and community networking meetings.

6. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

*Please note: Aster's travel policy is to reimburse mileage at the State of Arizona's current rate of \$0.445.*

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

- Health Fairs/ Outreach Events: 40 RT X 50 miles X \$0.445 = \$890.00
- Community Presentations: 50 RT X 25 miles X \$0.445 = \$556.25
- Home Visits - Application Support: 50 RT X 20 miles X \$0.445 = \$445.00
- Community Networking: 50 RT X 50 miles X \$0.445 = \$1,112.50
- Required SNAP meetings: 4 RT X 60 miles X \$0.445 = \$106.80

**TOTAL = \$3,110.55, rounded to \$3,111.00**

**r. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

4. Total SNAP Expense: \$ 0

5. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

6. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**t. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

4. Total Expense for Indirect Cost: \$ 8,493

5. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Aster does not have a federally-approved ICR.

6. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% x \$84,922 = \$8,492.2 (Program Line Budget document created by DES automatically rounds to \$8,493 from pre-rounded figures)

Note: Rounding up is included in locked formula for indirect calculation in Part 8, Program Budget Template.

Project Number 1, 2, 3 – Aster Aging							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Program Operations Dir.	Carol Dopudja	5.00%	\$ 87,411.00	\$ 4,370.55	22.27%	\$ 973.32	\$ 5,343.87
Director - Social Service	Anne McFarland	18.00%	\$ 61,527.00	\$ 11,074.86	25.07%	\$ 2,776.65	\$ 13,851.51
Outreach Spec.- Bilingual	Melissa Urias	50.00%	\$ 33,207.00	\$ 16,603.50	39.57%	\$ 6,570.46	\$ 23,173.96
Outreach Specialist	Ashley May	50.00%	\$ 32,136.00	\$ 16,068.00	40.51%	\$ 6,508.48	\$ 22,576.48
Outreach Office Asst.	Dana Hintz	20.00%	\$ 16,710.00	\$ 3,342.00	27.31%	\$ 912.60	\$ 4,254.60
Senior Center Manager	Carolyn Chavez	2.50%	\$ 39,636.00	\$ 990.90	35.16%	\$ 348.36	\$ 1,339.26
CBS Receptionist – DT	Thelma Marston	5.00%	\$ 28,392.00	\$ 1,419.60	44.53%	\$ 632.14	\$ 2,051.74
CBS Receptionist – RM	Evea Lea Barnes	5.00%	\$ 20,085.00	\$ 1,004.25	58.19%	\$ 584.39	\$ 1,588.64
Finance Director	Craig Moeller	2.50%	\$ 84,858.00	\$ 2,121.45	22.55%	\$ 478.37	\$ 2,599.82
Bookkeeper	John Stefanac	2.50%	\$ 45,459.00	\$ 1,136.48	32.12%	\$ 365.07	\$ 1,501.54

Project Number 1, 2, 3 – Aster Aging

Expenses	(a) Public Cash	(b) Public In- Kind	(c) Private Cash	(d=a+b+c) Total Non- Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 39,141.00		\$39,141	\$78,282.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 550.00		\$550	\$1,100.00
(i) Internet/Telephone			\$ 1,215.00		\$1,215	\$2,430.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 1,765.00		\$1,765	\$3,530.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 1,556.00		\$1,556	\$3,112.00
(q=o+p) Subtotal Travel			\$ 1,556.00		\$1,556	\$3,112.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 42,462.00		\$42,462	\$84,924.00
(t=Indirect cost rate x s) Indirect			\$ 4,247.00		\$4,247	\$8,494.00
<b>(u=s+t) TOTAL</b>			<b>\$ 46,709.00</b>		<b>\$46,709</b>	<b>\$93,418.00</b>

## ARIZONA WOMEN'S RECOVERY CENTER

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

13. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
14. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
15. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Arizona Women's Recovery Center**

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u. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

7. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Our agency will track SNAP related time by having the staff working on SNAP related activities designate on their SNAP time on their timecards for payroll during the relevant pay periods. Our staff that will be working on SNAP related activities will also record which activities they engaged in on a monthly basis in our Electronic Health Records to track all SNAP related activities.

8. Total SNAP Expense: **\$27,053**

9. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**Case Manager:** Provide SNAP Outreach services & application assistance, participation in trainings and meetings as required, participation in evaluation of SNAP Outreach, retention of records supporting funds used for draw down, maintain case file information on SNAP recipients. **SNAP FTE percentage = 13.00 percent**

**IT Support:** IT support as needed to support the functions and requirements of the SNAP Outreach program, preparation and submission of monthly expenditure and activity reports, submission of audited financial statements as required. **SNAP FTE percentage = 2.50 percent**

**CEO:** The CEO will provide SNAP Outreach support by attending various agency, community, and industry events to educate colleagues and potential SNAP recipients on the SNAP services our organization provides. **SNAP FTE percentage = 5.00 percent**

**Director of Finance:** The Director of Finance will be responsible for tracking all of the activity and completing all of the financial reports and submitting the monthly SNAP invoices and all necessary supporting documents for payment. **SNAP FTE percentage = 10.00 percent**

**Vocational/Aftercare Specialist:** The Vocational/Aftercare Specialist will provide SNAP Outreach support by attending various agency, community, and industry events to educate colleagues and potential SNAP recipients on the SNAP services our organization provides. **SNAP FTE percentage = 5.00 percent**

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case: N/A**

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v. **Copying/Printing/Materials:**

7. Total SNAP Expense: **\$1,000**

8. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) This figure was obtained by taking 5 percent of our projected overall

copying/printing/materials expense for FFY21

Our staff will be printing supportive documents to aid clients with their SNAP applications (ie: income statements, utilities bills). Our staff will also be printing any required training materials to assist them as assistors in the SNAP program. This will also cover any copying/printing supplies (ie: printer paper and printer ink)

9. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

$$\mathbf{\$20,000 \times 5\% = \$1,000}$$

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**w. Internet/Telephone:**

7. Total SNAP Expense: **\$200**

8. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) This figure was obtained by taking 5 percent of our projected overall internet/telephone expense for FFY21.

9. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

$$\mathbf{\$4,000 \times 5\% = \$200}$$

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**x. Equipment (individual items exceeding \$5K):**

7. Total SNAP Expense: **\$XX,XXX**

8. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

9. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**y. Supplies and Non-Capital Expenditures:**

7. Total SNAP Expense: **\$250**

8. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

This figure was obtained by taking 5 percent of our projected overall supplies and non-capital expenditures expense for FFY21.

This will cover the cost of any necessary office supplies (ie: pens/pencils, notebooks, file folders, sticky notes, etc...).



9. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

**\$5,000 x 5% = \$250**

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**z. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

3. Total SNAP Expense: **\$1,434**

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**aa. Other:**

7. Total SNAP Expense: **\$ XX,XXX**

8. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

9. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**p. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

7. Total SNAP Expense: **\$ XX,XXX**

8. Purpose of Travel (*Do not use symbols in your description*):

9. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

7. Total SNAP Expense: **\$2,688**
8. Purpose of Travel (*Do not use symbols in your description*): In anticipation to (post pandemic) attend different agency, community, and industry events to share information about the SNAP program and the SNAP services we offer to the public through our agency.
9. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile: Community, Industry, Agency Events: 10 events x 480 miles roundtrip = \$4,800 x \$0.56 = \$2,688  
  
Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

**s. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

7. Total SNAP Expense: **\$ XX,XXX**
8. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)
9. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**u. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

7. Total Expense for Indirect Cost: **\$ XX,XXX**
8. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***
9. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)  
Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - AZ Women's Recovery Ctr							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e)Outreach Benefits (c*d)	(f) Total (c+e)

Case Manager	Karen Mullan	13.00%	\$ 59,425.60	\$ 7,725.33		\$ -	\$ 7,725.33
IT Support/Billing Administrator	Geri Koziba	2.50%	\$ 60,500.18	\$ 1,512.50		\$ -	\$ 1,512.50
CEO	Beverly Wohlert	5.00%	\$119,000.18	\$ 5,950.01		\$ -	\$ 5,950.01
Director of Finance	Eric Henderson	10.00%	\$ 88,650.12	\$ 8,865.01		\$ -	\$ 8,865.01
Vocational/Aftercare Specialist	Christina Valery	5.00%	\$ 60,000.20	\$ 3,000.01		\$ -	\$ 3,000.01

**Project Number 1, 2, 3 - AZ Women's Recovery Ctr**

Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 13,527.00		\$13,527	\$27,054.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 500.00		\$500	\$1,000.00
(i) Internet/Telephone			\$ 100.00		\$100	\$200.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 125.00		\$125	\$250.00
(l) Building/Space			\$ 717.00		\$717	\$1,434.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 1,442.00		\$1,442	\$2,884.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 1,344.00		\$1,344	\$2,688.00
(q=o+p) Subtotal Travel			\$ 1,344.00		\$1,344	\$2,688.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 16,313.00		\$16,313	\$32,626.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 16,313.00</b>		<b>\$16,313</b>	<b>\$32,626.00</b>

**AZCEND**

**SNAP Outreach Budget Justification**  
**FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

16. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
17. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
18. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: AZCEND**

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**bb. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

1. Employees will track time spent on SNAP activities and all other programs through timesheets. The number of hours spent each week are distributed among the programs to determine percentage of time spent each week on different programs. This is reviewed bi-weekly by supervisors and the CEO, and is provided to the Finance Director for processing of the monthly reimbursement.

Total SNAP Expense: \$257,497.00

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

A Benefits Coordinator will contribute 95 percent of their time to this program, providing direct services to clients through application assistance, pre-screening, documents assistance and community outreach.

The CAP Programs Manager will contribute 20 percent of their time to supervise staff and volunteers at both CAP sites.

The TBRA Case Manager will contribute 10 percent of their time to provide outreach and information to homeless clients for SNAP benefits as needed.

Two Eligibility Specialist I will contribute 15 percent of their time to do eligibility pre-screening and application assistance with clients, and outreach as needed.

Two Eligibility Specialist II will contribute 40 percent of their time to do eligibility pre-screening and application assistance with clients, provide case management and outreach as needed.

One Outreach Specialist will contribute 10 percent of their time to do eligibility pre-screening and application assistance with seniors, and outreach as needed.

The Senior Center Programs Manager will contribute 5 percent of their time to supervise staff and to help incorporate SNAP applications at both senior centers.

The Program Operations Director will contribute 15 percent of their time to ensure program compliance.

The I-HELP (Interfaith Homeless Emergency Lodging Program) Case Manager will contribute 50 percent of their time to provide information to homeless clients for SNAP benefits, and case management as needed.

The Finance Director will contribute 10 percent of their time to complete program reimbursement reports for program compliance.

The CEO will contribute 5 percent of their time to oversee and ensure program compliance and present information to the community as needed.

The Administrative Assistant will contribute 70 percent of their time to support this program by preparing copies of outreach materials, making reminder appointment calls, assisting clients with copying, printing, and faxing documents and contacting DES by phone.

The FRC Coordinator will contribute 20 percent of their time to support this program by preparing copies of information, making reminder appointment calls, assisting clients with copying, printing, and faxing documents and contacting DES by phone.

The Food Bank Manager will contribute 5 percent of their time to provide information to food bank clients about SNAP benefits and managing volunteers providing SNAP outreach.

The Volunteer Coordinator will contribute 10 percent of their time to recruit volunteers to conduct pre-screening assistance and SNAP outreach, both onsite at AZCEND locations and offsite at community events and other locations.

A FRC Navigator will contribute 30 percent of their time providing outreach to clients including creating outreach materials and producing quarterly mailings for our Chandler location.

A second FRC Navigator will contribute 30 percent of their time to providing outreach to clients including creating outreach materials and producing quarterly mailing for our expansion project in Gilbert.

The Family Resource Center Manager will contribute 10 percent of their time to supervise staff and volunteers, present information to the community and expand service providing locations, and to ensure overall program compliance.

The Homeless/Housing Program Manager will contribute 20 percent of their time to supervise staff.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

The Benefits Coordinator position is expected to spend 95 percent of their time on SNAP allowable activities because this position will focus mainly on SNAP outreach and application assistance. The benefits coordinator will schedule the majority of all SNAP appointments to assist people in applying through Health-e-Arizona Plus. They will also spend a large amount of time doing outreach in the community with school, shelter, food bank, and health care partners

and at home visits for populations without transportation.

The Administrative Assistant will contribute 70 percent of their time to support this program by preparing copies of outreach materials, making reminder appointment calls, and assisting clients with copying, printing, faxing documents and contacting DES by phone.

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**cc. Copying/Printing/Materials:**

10. Total SNAP Expense: \$2,200

Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This cost includes printing of flyers, brochures, mailers, as well as the cost of copying client documentation.

11. Show calculations for expense described in #1:

\$8,800 (total cost) X SNAP Activities 25% = \$2,200 Total SNAP Expense of line item h)

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**dd. Internet/Telephone:**

10. Total SNAP Expense: \$2,925

Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Internet/Phone cost based on 25 percent of total estimated annual cost for a phone and internet bundle.

11. Show calculations for expense described in #1:

\$11,700 X SNAP Activities 25% = \$2,925 Total SNAP Expense of line item i)

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**ee. Equipment (individual items exceeding \$5K):**

10. Total SNAP Expense: \$N/A

11. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

12. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**ff. Supplies and Non-Capital Expenditures:**

10. Total SNAP Expense: \$ 6,000

Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

Supply costs are based on supplies that support SNAP outreach and enrollment along with shared expenses of the agency. These supplies can include pens, paper clips, paper, sticky-notes, binders, file folders, cleaning supplies, copier/printer ink cartridge replacement, etc.

11. Show calculations for expense described in #1:  
(12 months X \$500/mo) X SNAP Activities 100 % = \$6,000 Total SNAP Expense of line item k)

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**gg. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

4. Total SNAP Expense: \$ N/A

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**hh. Other:**

10. Total SNAP Expense: \$ N/A

11. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

12. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**q. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

10. Total SNAP Expense: \$ N/A

11. Purpose of Travel (Do not use symbols in your description):

12. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -)
- |                        |   |
|------------------------|---|
| Destination:           | Name of Conference/Meeting/Etc.   |
| Airfare:               | Average Cost X # of People X # of Trips   |
| Lodging:               | Average Cost X # of People X # of Trips   |
| Per Diem:              | Average Cost X # of People X # of Trips   |
| Ground Transportation: | <u>Average Cost X # of People X # of Trips</u><br><u>= \$Total Program Cost</u> |

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

10. Total SNAP Expense: \$ 2,016

Purpose of Travel (*Do not use symbols in your description*):

Benefits Coordinator trips for SNAP assistance in Chandler and Gilbert.  
CAP Programs Manager trips to Gilbert CAP to supervise staff and program compliance.  
FRC Manager trips to SNAP assistance in Chandler and Gilbert and to supervise staff and program compliance.

11. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Benefits Coordinator -Chandler/Gilbert : (20 Roundtrips) X (10 Roundtrip Mileage) X (12 Months) X (\$0.56) = \$1,344 SNAP Expense.

CAP Programs Manager – Chandler/Gilbert : (5 Roundtrips) X (10 Roundtrip Mileage) X (12 Months) X (\$0.56) = \$336 SNAP Expense

FRC Manager – Chandler/Gilbert: (5 Roundtrips) X (10 Roundtrip Mileage) X (12 Months) X (\$0.56) = \$336 SNAP Expense

(1,344 + \$336 + \$336 = \$2,016)

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**t. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

10. Total SNAP Expense: \$ N/A

11. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

12. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**v. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.



10. Total Expense for Indirect Cost: \$ N/A

11. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

12. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - AZCEND							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Benefits Coordinator	Jessie Mendivil	95.00%	\$31,200	\$ 29,640.00	30.00%	\$ 8,892.00	\$ 38,532.00
CAP Programs Manager	Neida Koruh- Francisco	20.00%	\$43,260	\$ 8,652.00	30.00%	\$ 2,595.60	\$ 11,247.60
TBRA Case Manager	Victoria Disney	10.00%	\$37,502	\$ 3,750.20	30.00%	\$ 1,125.06	\$ 4,875.26
Eligibility Specialist I	Elizabeth Acosta	15.00%	\$15,600	\$ 2,340.00	30.00%	\$ 702.00	\$ 3,042.00
Eligibility Specialist I	Irene Leyva	15.00%	\$24,960	\$ 3,744.00	30.00%	\$ 1,123.20	\$ 4,867.20
Eligibility Specialist II	Eloise Peña	40.00%	\$36,900	\$ 14,760.00	30.00%	\$ 4,428.00	\$ 19,188.00
Eligibility Specialist II	Mychelle Arias	40.00%	\$33,260	\$ 13,304.00	30.00%	\$ 3,991.20	\$ 17,295.20
Outreach Specialist	Lisa Price	10.00%	\$36,056	\$ 3,605.60	30.00%	\$ 1,081.68	\$ 4,687.28
Sr. Center Programs Manager	Kelly Delgado	5.00%	\$54,031	\$ 2,701.55	30.00%	\$ 810.47	\$ 3,512.02
Program Operations Director	Shawna Fellenz	15.00%	\$82,462	\$ 12,369.30	30.00%	\$ 3,710.79	\$ 16,080.09
I-HELP Case Manager	Leandra Reels	50.00%	\$35,006	\$ 17,503.00	30.00%	\$ 5,250.90	\$ 22,753.90
Finance Director	Julie Swartling	10.00%	\$78,575	\$ 7,857.50	30.00%	\$ 2,357.25	\$ 10,214.75
CEO	Trinity Donovan	5.00%	\$144,895	\$ 7,244.75	30.00%	\$ 2,173.43	\$ 9,418.18
Administrative Assistant	Monica Luna	70.00%	\$31,200	\$ 21,840.00	30.00%	\$ 6,552.00	\$ 28,392.00

FRC Coordinator	Vanessa Larsen	20.00%	\$31,200	\$ 6,240.00	30.00%	\$ 1,872.00	\$ 8,112.00
Food Bank Manager	Paula Knight	5.00%	\$45,021	\$ 2,251.05	30.00%	\$ 675.32	\$ 2,926.37
Volunteer Coordinator	Lisa Law	10.00%	\$38,563	\$ 3,856.30	30.00%	\$ 1,156.89	\$ 5,013.19
FRC Navigator	Leslie Peralta	30.00%	\$36,420	\$ 10,926.00	30.00%	\$ 3,277.80	\$ 14,203.80
FRC Navigator	Jennifer Varela	30.00%	\$38,626	\$ 11,587.80	30.00%	\$ 3,476.34	\$ 15,064.14
FRC Manager	Donna Beedle	10.00%	\$49,014	\$ 4,901.40	30.00%	\$ 1,470.42	\$ 6,371.82
Housing/ Housing Program Manager	Priscilla Acero	20.00%	\$45,000	\$ 9,000.00	30.00%	\$ 2,700.00	\$ 11,700.00

Project Number 1, 2, 3 - AZCEND						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non- Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 128,749.00		\$128,749	\$257,498.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,100.00		\$1,100	\$2,200.00
(i) Internet/Telephone			\$ 1,463.00		\$1,463	\$2,926.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 3,000.00		\$3,000	\$6,000.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 5,563.00		\$5,563	\$11,126.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 1,008.00		\$1,008	\$2,016.00
(q=o+p) Subtotal Travel			\$ 1,008.00		\$1,008	\$2,016.00
(r) Contractual			\$ -		\$0	\$0.00

(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 135,320.00		\$135,320	\$270,640.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 135,320.00</b>		<b>\$135,320</b>	<b>\$270,640.00</b>

**ARIZONA JUSTICE CENTER (AZJC)**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 19. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 20. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 21. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: ARIZONA JUSTICE CENTER (AZJC)**

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ii. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

10. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Staff will have an excel spreadsheet where they log their daily activities and time pertaining to SNAP activities. At the end of each month these forms will be emailed to the Staff Administrator and used for monthly reports.

11. Total SNAP Expense:     \$ 78,260.00

12. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

13. **NOTE:** While all 9 of the staff contribute to SNAP activities, only 6 of the 9 work onsite.

1. **The executive director** will contribute thirty percent of his time to oversee the outreach

activities and ensure SNAP program compliance as well as coordinate and build key relationships in the Glendale and surrounding west valley presenting SNAP information. He will do speaking arrangements educating the community about SNAP and creating a vision to help meet the needs of the poor in the west valley. .

**The president** will contribute ten percent of his time to working on media material for advertising and public broadcast announcements; with the prior approval of Wildfire and Department of Economic Security (DES). He will also oversee the volunteers that attend outreach events to provide materials and participate in speaking engagements educating the community about SNAP in addition to sending out newsletter approximately 6 times per year. He will also assist the Life Coach manager with any training materials.

**The office assistant** will contribute fifty percent of their time and will be responsible for providing materials and informing the community in the west valley and clients that come into the office for other services; that the organization can pre-screen for SNAP and help community members apply online for direct services to clients through application assistance, pre-screening, and documents assistance. They will participate in the monthly webinars and help with the monthly reports. They will also be responsible for tracking clients and appointment scheduling as well as overseeing our “sack-lunch” program.

**The staff administrator** will contribute thirty percent of their time to assist in the outreach events, keep track of all employee time records, help in training new volunteers, participate in the monthly conference calls and/or webinars and turn in the monthly reports. She will do speaking engagements to educate the community and other organizations about services of AZJC, which include SNAP.

**Our outreach specialist** will contribute fifty percent of his time in outreach activities by engaging fully with the needs of the public. This will be done by partnering with other organizations in helping with distributing food boxes where SNAP brochures will be placed in each box. In addition to holding compassion clinics (again, partnering with other organizations) 4 to 6 times per year and with Project Connect approximately 2 to 5 times per year. They will prepare and facilitate all the ground work in connection with these events. He will also be directly involved with hitting the local parks and engaging with the homeless in the west valley to educate them about the SNAP services that our organization can provide in assisting them with the pre-screening or renewing process. He will also assist the scheduling coordinator. City of Glendale has recently “pushed” homeless from local parks, thus we currently look for new areas that homeless communities gather.

**Our legal liaison** will contribute fifty percent of her time to SNAP services. While overseeing our legal department she will inform the clients about SNAP benefits. She will help the **outreach specialist** but engage more directly with families and children. She will also be available to participate in the monthly conference calls and / or webinars. We are providing landlord tenant advice and some limited court actions on behalf of vulnerable adults.

**Our scheduling coordinator** will coordinate SNAP and general business with the General Manager, Office Assistant and Staff Administrator. Fifty percent of their time will be allotted specifically to SNAP information sharing via outbound phone calls and e-mails to various churches and other organizations. They will also help process the SNAP applications with clients. They will participate in the monthly conference calls and/or webinars and assist the Outreach Specialist.

**The general manager** will contribute fifty percent of his time overseeing the in-house activities, training new volunteers and assisting in the local outreaches. He will also be available for speaking engagements and assisting SNAP applicants with navigating [www.arizonaselfhelp.org](http://www.arizonaselfhelp.org) and [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov) and My Family Benefits websites. He will also be available to participate in the monthly conference calls and /or webinars. This individual will outreach to

churches and community organizations to educate others as to AZJC and our partners including SNAP.

**The Life Coach manager** will contribute thirty percent of his time overseeing the in-house training of the advocates who will come along side the homeless in helping them navigate/learn new life skills. All advocates will be informed about SNAP and how that benefit can help the homeless make a transition to stability. He will also review any necessary reports related to AZJC and the connection of benefits related to SNAP.

2.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**jj. Copying/Printing/Materials:**

12. Total SNAP Expense: \$ 3,670.00

13. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* AZJC continues to work with Huntington University to help develop a social media presence. In addition we will do a monthly summary of our activities and involvement with the community. These communications go out to our partners and social service agencies and civic groups. AZJC will continue to mail / email out and distribute flyers in efforts to make SNAP availability known to potential customers. The cost will include writing content, preparation, labor, business cards, paper, printer/copier toner (for in-house copier/printer) and postage for mailings. SNAP will be one of the programs that AZJC will promote. The goal of Arizona Justice will be to utilize email to reduce direct communication costs. However, AZJC will still utilize flyer's at all outreach events and place in local businesses who we have partnered with.

14. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

High yield capacity toners \$75 x 4 toners per year x .50 SNAP cost= \$150.00

Business cards \$160 per month X 6 months X .75 SNAP costs = \$ 720.00

Flyers \$300 per month x12 months X .75 SNAP costs = \$2700

Case of Copy paper \$ 50.00 X 4 cases X .50 SNAP costs = \$100.00

(\$150 + \$720 + \$2,700 + \$100 = \$3,670.00)

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**kk. Internet/Telephone:**

12. Total SNAP Expense: \$ 1,440.00

13. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* Communications for telephone and internet costs associated with 5 computers / work stations of which 75 percent dedicated to SNAP application assistance and SNAP activities.

14. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Telephone / Fax / Internet \$160.00 per month X 12 months X .75 SNAP cost = \$1,440.00

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**II. Equipment (individual items exceeding \$5K):**

13. Total SNAP Expense: \$ 0

14. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* NONE

15. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*  
NONE

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**mm. Supplies and Non-Capital Expenditures:**

12. Total SNAP Expense: \$ 4,135.00

13. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies needed to operate the offices of the AZJC of which 50 percent will be to support the SNAP program administration, including maintenance of Arizona Justice Center computer network, website upkeep, eligibility pre-screening, application assistance, assistance obtaining application verification documents, information dissemination in locations where low income people gather, outreach exhibits at community events, development of printed educational or informational materials for clients, translation of materials and bilingual accommodation to convey eligibility requirements, program access activities, etc.

14. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

Clasp Envelopes 9 x 12, 100 per box, 4 X \$20 X .50 SNAP cost= \$40.00

Ballpoint pens, black (60 pack), 2 X \$8.50 X .50 SNAP cost = \$8.50

Ballpoint pens, retractable blue (doz count), 2 X \$12.50 X .50 SNAP cost = \$12.50

Appointment Book, 1 X \$18 X .50 SNAP cost = \$9.00

Message book 2 part carbonless, 6 X \$10.50 X .50 SNAP cost = \$31.50

Jumbo paper clips, smooth 100 count / 10pk, 4 X \$9.30 X .50 SNAP cost = \$18.60

Mailing envelopes #10, 500/box, 2 X \$32.00 X .50 SNAP cost = \$32.00

Legal manila folders 1/3 cut tab (100 box), 2 X \$22.50 X .50 SNAP cost = \$22.50

Website upkeep: 12 months X \$200.00 per month X .30 SNAP cost = \$720.00

Maintenance / Repair of AZJC computer network, \$80 per hour X 6 hours X 12 months X .50 SNAP cost = \$2,880.00

Maintenance / Repair of AZJC copier / printers, \$40 per month X 12 months X .75 SNAP cost = \$360.00

$(\$40 + \$8.50 + \$12.50 + \$9 + \$31.50 + \$18.60 + \$32.00 + \$22.50 + \$720 + 2,880 + 360) =$   
\$4,134.60

---

**nn. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

5. Total SNAP Expense: \$ 4011.00

Three of the nine staff dedicated to SNAP work outside of the office, therefore, are not listed on the building space calculator.

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**oo. Other:**

13. Total SNAP Expense: \$ 0

14. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) We do not foresee any other costs at this point.*

15. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

NONE

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**r. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

13. Total SNAP Expense: \$ 0

14. Purpose of Travel *(Do not use symbols in your description):* We do not currently anticipate and long distant travel at this point.

15. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

NONE

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**o. Local Travel (In-State Travel):**

12. Total SNAP Expense: \$ 0

13. Purpose of Travel *(Do not use symbols in your description):* Staff will attend and travel to

various outreaches and community involvement that we will put on or be a part of in the west valley to bring awareness to the AZJC and the services that it provides; including but not limited to pre-screening and processing SNAP applications. However, staff has chosen not to be reimbursed for their mileage.

14. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

**u. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

13. Total SNAP Expense: \$ 0

14. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) No Contractual budget items are planned at this time.

15. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**w. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

13. Total Expense for Indirect Cost: \$ 0

14. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

NONE

15. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

NONE

Project Number 1, 2, 3 – Arizona Justice Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach	(f) Total (c+e)



						Benefits (c*d)	
Executive Director	Dr. Joseph W. Charles	30.00%	\$ 52,000.00	\$ 15,600.00		\$ -	\$ 15,600.00
President	Dr. Mike Shepherd	10.00%	\$ 10,400.00	\$ 1,040.00		\$ -	\$ 1,040.00
Office Assistant	Sue Judy	50.00%	\$ 26,000.00	\$ 13,000.00		\$ -	\$ 13,000.00
Staff Administrator	Rhonda Charles	30.00%	\$ 22,100.00	\$ 6,630.00		\$ -	\$ 6,630.00
Legal Liaison	Gwen Kemnitz	50.00%	\$ 10,400.00	\$ 5,200.00		\$ -	\$ 5,200.00
Scheduling Coordinator	Ellyn Case	50.00%	\$ 17,940.00	\$ 8,970.00		\$ -	\$ 8,970.00
General Manager	John Fernandes	50.00%	\$ 26,000.00	\$ 13,000.00		\$ -	\$ 13,000.00
Outreach Specialist	Robin Charles	50.00%	\$ 17,940.00	\$ 8,970.00		\$ -	\$ 8,970.00
Life Coach Manager	D. Gary Pyles	30.00%	\$ 19,500.00	\$ 5,850.00		\$ -	\$ 5,850.00

Project Number 1, 2, 3 – Arizona Justice Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 39,130.00		\$39,130.00	\$78,260.00
Other Direct Cost					\$0.00	\$0.00
(h) Copying/Printing/Materials			\$ 1,835.00		\$1,835.00	\$3,670.00
(i) Internet/Telephone			\$ 720.00		\$720.00	\$1,440.00
(j) Equipment			\$ -		\$0.00	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 2,067.00		\$2,067.00	\$4,134.00
(l) Building/Space			\$ 2,006.00		\$2,006.00	\$4,012.00
(m) Other			\$ -		\$0.00	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,628.00		\$6,628.00	\$13,256.00
Travel					\$0.00	\$0.00
(o) Long Distance			\$ -		\$0.00	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0.00	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0.00	\$0.00
(r) Contractual			\$ -		\$0.00	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 45,758.00		\$45,758.00	\$91,516.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0.00	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 45,758.00</b>		<b>\$45,758.00</b>	<b>\$91,516.00</b>

## BANNER OLIVE BRANCH SENIOR CENTER

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

22. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
23. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions **justify exactly the cost and calculation for why expenses requested are needed**. This is a narrative description, **do not use symbols in this section**.
24. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### Organization Name: Banner Olive Branch Senior Center

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**pp. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

3. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Each employee will keep time logs to record their SNAP activity on a daily basis. These will be submitted to Director at the end of each month for review
4. Total SNAP Expense: \$ 41,130
5. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

Director will be responsible for monthly invoice preparation and submission, monitoring of target goals and daily oversight and support of program estimated time 2 hours per week, or 5% of time (works out of a separate building space, and Banner isn't claiming reimbursement for that building)

Community Outreach Rep will be responsible for outreach, awareness and individual client support for completing applications using the HEAplus program estimated at 16 hours per week, or 40% of time

Food Service Worker will support scheduling appointments with Outreach Rep as well as supporting events and education estimated at 4 hours per week, or 13% of time for this 30 hour per week employee

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**qq. Copying/Printing/Materials:**

15. Total SNAP Expense:     \$ 1,400

16. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

We do not anticipate an increase in copying/printing/materials budget. Staff will make 14,000 copies annually for education and community events utilizing 2 printers; one black and white and one color

17. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

14,000 copies per year x 0.10 per copy x 100% = 1,400

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**rr. Internet/Telephone:**

15. Total SNAP Expense:     \$ 900

16. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This expense will cover the use of one dedicated phone line for appointments and inquiry plus internet service to assist with direct support of submitting applications utilizing the HEAplus program. Telephone at rate of 25 per month and internet at the rate of 50 per month for a total of 75 dollars per month

17. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

12 months x \$75 per month x 100% = \$900

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**ss. Equipment (individual items exceeding \$5K):**

16. Total SNAP Expense:     \$ XX,XXX

17. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

18. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**tt. Supplies and Non-Capital Expenditures:**

15. Total SNAP Expense:     \$ XX,XXX

16. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your*

*description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

17. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**uu. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

6. Total SNAP Expense: \$ 2,929

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**vv. Other:**

16. Total SNAP Expense: \$ XX,XXX

17. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

18. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**s. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

16. Total SNAP Expense: \$ XX,XXX

17. Purpose of Travel (*Do not use symbols in your description*):

18. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

15. Total SNAP Expense: \$ XX,XXX

16. Purpose of Travel (*Do not use symbols in your description*):

17. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

---

v. **Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

16. Total SNAP Expense: \$ XX,XXX

17. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

18. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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x. **Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

16. Total Expense for Indirect Cost: \$ XX,XXX

17. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

18. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 Banner Olive Branch Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)

Director	Dawn Gielau	5%	\$ 110,955.00	\$ 5,547.75	30.00%	\$ 1,664.33	\$ 7,212.08
Community Outreach Rep	Julie Ash	40%	\$ 57,126.00	\$ 22,850.40	30.00%	\$ 6,855.12	\$ 29,705.52
Food Service Worker	Zamantha Reitz	13%	\$ 24,928.00	\$ 3,240.64	30.00%	\$ 972.19	\$ 4,212.83

Project Number 1, 2, 3 Banner Olive Branch Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 20,565.00		\$20,565	\$41,130.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 700.00		\$700	\$1,400.00
(i) Internet/Telephone			\$ 450.00		\$450	\$900.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 1,465.00		\$1,465	\$2,930.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 2,615.00		\$2,615	\$5,230.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 23,180.00		\$23,180	\$46,360.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 23,180.00</b>		<b>\$23,180</b>	<b>\$46,360.00</b>

**CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

25. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
26. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
27. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

### **Catholic Community Services of Southern Arizona:**

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**ww. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**6. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Employees prepare biweekly timesheets, based on actual hours worked for each activity they are involved in. These timesheets report how much time was spent on each activity, indicate holidays and paid time off, and include a narrative section, in which staff describe their daily activities. Separate cost centers have been established for each program to make it easier for staff to differentiate time spent on various grants.

7. Total SNAP Expense:     \$ 55,703

8. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

- a. The Associate Director will commit 5 percent of her time to SNAP. She will be responsible for program reporting, grant management, and staff support. She will also provide training for VITA program volunteers throughout Southern Arizona Volunteer Income Tax Assistance (VITA) sites to expand SNAP education and outreach through VITA and will provide outreach at various community events to both clients and other organizations.
- b. A Program Coordinator will dedicate 25 percent of her time to the SNAP project. She will participate in community fairs and events to promote SNAP, complete applications online using HEAPlus, train and supervise volunteers who will promote SNAP and screen clients through arizonaselfhelp.org, and share information at educational workshops, including agency-hosted workshops, in Douglas, AZ.
- c. A Case Worker will dedicate 30 percent of her time to provide SNAP information at educational workshops and community events, complete SNAP applications, and screen clients using arizonaselfhelp.org in Pima County. She will focus enrollment at senior housing facilities, Pio Decimo Center's Transitional Housing and Childcare programs, and other locations where screening and/or enrollment services are needed.
- d. A part-time Outreach Specialist in Sierra Vista will contribute 12 hours a week, or 60 percent of time to SNAP. He will participate in community fairs and events to promote SNAP, complete SNAP applications, screen individuals using arizonaselfhelp.org, and give information at educational workshops, including financial education workshops.

- e. A part-time Case Worker in Douglas will contribute 12 hours a week, or 60 percent of time to SNAP. She will schedule SNAP appointments, participate in community fairs and events to promote SNAP, complete SNAP applications, screen clients using arizonaselfhelp.org, and give information at educational workshops, including financial education workshops in Douglas, AZ and surrounding area of Elfrida, Bisbee and Sunsites.
- f. An on-call Program Aide will assist clients in the Douglas office, as needed, up to 10 hours per week. She will help handle overflow of clients referred by DES with application assistance, benefits screening using arizonaselfhelp.org, and answering basic questions regarding SNAP benefits.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

The Case Worker in Douglas and Outreach Specialist in Sierra Vista will commit 60% of their time to SNAP, however, they are part-time employees, budgeted at 40 hours per pay period. In terms of hours, each will only be committing 12 hours per week to SNAP. The Douglas office has a close-working relationship with DES. They often refer individuals to us who need additional assistance due to limited literacy or limited English-language skills.

An on-call employee is budgeted at 100 percent, but will be used as back up assistance only, working a maximum of 10 hours per week.

**xx. Copying/Printing/Materials:**

18. Total SNAP Expense: \$ 1,968

Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

Copier and printing costs include copier lease and allowed copy rates needed for completing and faxing SNAP applications and printing brochures and other information for community outreach and presentations. 28.28 percent of total program staff time is dedicated to the project and calculations are therefore based on 28.28 percent of overall estimated costs.

19. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

\$580/ month X 12 months = \$6960 X SNAP Activities 28.28% = \$1968.29

**yy. Internet/Telephone:**

18. Total SNAP Expense: \$ 2,682

19. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Internet and phone costs include wireless internet, phone costs, and cell phone use related to the project. 28.28 percent of total program staff time is dedicated to the project and calculations are therefore based on 28.28 percent of overall costs.

20. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of*



units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

\$790.4 X 12 months = \$9484.80 X SNAP Activities 28.28% = \$2682.30

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**zz. Equipment (individual items exceeding \$5K):**

19. Total SNAP Expense: \$ 0

20. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

21. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**aaa. Supplies and Non-Capital Expenditures:**

18. Total SNAP Expense: \$ 0

19. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

20. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**bbb. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

7. Total SNAP Expense: \$ 6,978

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**ccc. Other:**

19. Total SNAP Expense: \$ 0

20. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

21. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

**t. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

19. Total SNAP Expense: \$ 0

20. Purpose of Travel (*Do not use symbols in your description*):

21. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

**o. Local Travel (In-State Travel):**

18. Total SNAP Expense: \$ 1,624

19. Purpose of Travel (*Do not use symbols in your description*):

The Associate Director will visit staff in Sierra Vista and Douglas to monitor grant progress. The Outreach Specialist and Case Workers will be reimbursed for mileage to and from local outreach and enrollment events throughout Southern Arizona.

20. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

Associate Director trips to Sierra Vista and Douglas area (2 X 250 miles X \$.56/ mile = \$280)

Outreach Specialist trips within Cochise County (75 miles/ month X 12 months X \$.56/mile = \$504.00)

Case Worker trips within Pima County (75 miles/ month X 12 months X \$.56/ mile = \$504.00)

Case Worker trips within Cochise County (50 miles/ month X 12 months X \$.56/ mile = \$336.00)

Total local miles: \$1624

**w. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

19. Total SNAP Expense: \$ 0

20. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your*

description.)

21. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

y. **Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

19. Total Expense for Indirect Cost: \$ 6,896

20. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Rates are based on 10 percent of total direct program costs.

21. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

\$68,955 X 10% = \$6895.50

Project Number 1, 2, 3 – Catholic Community Services of Southern Arizona							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Associate Director	Liz Thomey	5%	\$ 52,291.20	\$ 2,614.56	35.88%	\$ 938.10	\$ 3,552.66
Case Worker II	Elohyma Zeligman	30%	\$ 32,136.00	\$ 9,640.80	45.42%	\$ 4,378.85	\$ 14,019.65
Program Coordinator	Eryka Estrada	25%	\$ 32,136.00	\$ 8,034.00	45.42%	\$ 3,649.04	\$ 11,683.04
Case Worker	Daisy Gomez	60%	\$ 13,520.00	\$ 8,112.00	15.07%	\$ 1,222.48	\$ 9,334.48
Program Aide	Jovana Portillo	100%	\$ 6,760.00	\$ 6,760.00	15.07%	\$ 1,018.73	\$ 7,778.73
Outreach Specialist	Charles Grymko	60%	\$ 13,520.00	\$ 8,112.00	15.07%	\$ 1,222.48	\$ 9,334.48

Project Number 1, 2, 3 – Catholic Community Services of Southern Arizona						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 27,852.00		\$27,852.00	\$55,704
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 984.00		\$984	\$1,968.00
(i) Internet/Telephone			\$ 1,341.00		\$1,341	\$2,682.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 3,489.00		\$3,489	\$6,978.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 5,814.00		\$5,814	\$11,628.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 812.00		\$812	\$1,624.00
(q=o+p) Subtotal Travel			\$ 812.00		\$812	\$1,624.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 34,478.00		\$34,478	\$68,956.00
(t=Indirect cost rate x s) Indirect			\$ 3,448.00		\$3,448	\$6,896.00
<b>(u=s+t) TOTAL</b>			<b>\$ 37,926.00</b>		<b>\$37,926</b>	<b>\$75,852.00</b>

## CHANDLER CARE CENTER

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

28. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
29. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**

30. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Chandler CARE Center**

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**ddd. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**9. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Staff will track time and activity spent on SNAP activities utilizing both electronic and paper calendars as well as a grant tracking document provided for them by the Director. All meetings, training events, and other outreach opportunities are logged by staff in their Outlook calendars, and added to the grant tracking document monthly.

10. Total SNAP Expense: \$ 25,031

11. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Director will spend five percent of their time overseeing and supervising the program staff, ensuring proper training is completed, and collating reports and submitting reimbursement requests while ensuring compliance.

The Parent Program Coordinator oversees budgeting and program planning for all family programs, including those conducted by the Family Engagement Specialist. They will spend ten percent of their time providing planning, scheduling of events, and assistance with flyers and tabling.

The Family Engagement Specialist will spend twenty percent of their time on SNAP activities. They work directly with families providing direct services including facilitating classes and programs through which families will receive referrals for assistance and working at tabling events. They also assist in the food bank and with internal agency referrals.

The Secretary will spend five percent of their time on SNAP activities. Their primary role is to answer basic questions and schedule and confirm appointments. In addition, they also help prepare, copy, and mail outreach and informational items.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**eee. Copying/Printing/Materials:**

20. Total SNAP Expense: \$ 1,182

21. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your*

*description.)*

The CARE Center utilizes a 3-in-1 copier/printer/scanner for printing documents and flyers, scanning documents for uploading, and making copies of documents as needed for applications. Due to the heavy usage of this equipment for SNAP activities thirty percent of the costs for maintenance as well as related supplies are included in this line item. Additionally, costs for paper are included in this line item.

22. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

Copies: 1 box of paper per month for 12 months @ \$36/box x 100% SNAP Activities:  
12 X \$36 X 1.0 = \$432

3-in-1 maintenance: 1 year x \$2500/year x 30% SNAP activities:  
1 x \$2500/year X 0.3 = \$750

\$432 + \$750 = \$1,182

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**fff. Internet/Telephone:**

21. Total SNAP Expense: \$ 0

22. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

No cost is allocated to this grant. Internet/telephone are provided in-kind by CUSD.

23. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**ggg. Equipment (individual items exceeding \$5K):**

22. Total SNAP Expense: \$ 0

23. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

No cost is allocated to this grant.

24. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**hhh. Supplies and Non-Capital Expenditures:**

21. Total SNAP Expense: \$ 0

22. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

No cost is allocated to this grant.

23. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**iii. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

8. Total SNAP Expense:     \$ 0

No cost is allocated to this grant. Building/Space is provided in-kind by CUSD.

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**jjj. Other:**

22. Total SNAP Expense:     \$ 3,300

23. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Other includes associated costs for organizational insurance (liability, D&O, etc.), and audit. Insurance and audit are calculated at ten percent because they are done for the Chandler CARE Center as a whole, and SNAP outreach and enrollment only account for an estimated ten percent of our total agency budget. Custodial supplies are figured at twenty percent because approximately twenty percent of building space is utilized for SNAP services, with overall estimated expense for FY22 based upon YTD expenditures for FY21, which increased over FY20 due to COVID-19 safety and mitigation measures enacted.

24. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

Insurance and Audit: 1 year x Annual expense anticipated x 10%:  
1 x \$17,000 X 0.1 = \$1,700

Custodial Supplies: 1 year x Annual expense anticipated x 20%:  
1 x \$8,000 x 0.2 = \$1,600

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**u. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

22. Total SNAP Expense: \$ 0

23. Purpose of Travel (*Do not use symbols in your description*):

No cost is allocated to this grant.

24. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

21. Total SNAP Expense: \$ 269.00

22. Purpose of Travel (*Do not use symbols in your description*):

Costs incurred by travel within the community to various schools and community events. While CUSD does provide a vehicle, the CARE Center has staff at multiple locations at the same time as frequently as three times per week some weeks, necessitating the use of personal vehicles. The average amount of miles traveled in personal vehicles each month is forty.

23. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

Galveston Elementary: 96 times per year X 2 miles roundtrip X \$0.56 = \$107.52

Hartford Elementary: 96 times per year X 3 miles roundtrip X \$0.56 = \$161.28

\$107.52 + \$161.28 = \$268.80

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**x. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

22. Total SNAP Expense: \$ 12,605.00

23. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Custodial services (staff salary \$42,016.46) to ensure the building and space used to serve clients is clean, sanitary, and safe. One FTE provided by CUSD, thirty percent assessed to this program.



24. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

$$100\% \text{ of FTE} \times \$42,016.46 \times 30\% = \$12,604.94$$

**z. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

22. Total Expense for Indirect Cost: \$ 4,239

23. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

The Chandler CARE Center requests the standard ten percent indirect cost rate.

24. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

$$10\% \times \$42,387 = \$4,238.70 \text{ (total rounding provided by the Program Line Budget document = } \$4,239)$$

Project Number 1, 2, 3 – Chandler CARE Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Family Engagement Specialist	Brenda Delagarza	20%	\$ 32,955.79	\$ 6,591.16	30.00%	\$ 1,977.35	\$ 8,568.51
Parent Program Coordinator	Consuelo Roa	10%	\$ 61,800.73	\$ 6,180.07	30.00%	\$ 1,854.02	\$ 8,034.09
Director	Katie Kahle	5%	\$ 78,197.04	\$ 3,909.85	30.00%	\$ 1,172.96	\$ 5,082.81
Secretary	Maria Soto	5%	\$ 51,469.01	\$ 2,573.45	30.00%	\$ 772.04	\$ 3,345.49

Project Number 1, 2, 3 - Chandler CARE Center

Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non- Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 12,516.00		\$12,516	\$25,032.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 591.00		\$591	\$1,182.00
(i) Internet/Telephone			\$ -		\$0	\$0.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ 1,650.00		\$1,650	\$3,300.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 2,241.00		\$2,241	\$4,482.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 135.00		\$135	\$270.00
(q=o+p) Subtotal Travel			\$ 135.00		\$135	\$270.00
(r) Contractual			\$ 6,302.00		\$6,302	\$12,604.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 21,194.00		\$21,194	\$42,388.00
(t=Indirect cost rate x s) Indirect			\$ 2,120.00		\$2,120	\$4,240.00
<b>(u=s+t) TOTAL</b>			<b>\$ 23,314.00</b>		<b>\$23,314</b>	<b>\$46,628.00</b>

## CHICANOS POR LA CAUSA, INC

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

31. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
32. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section**.
33. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Chicanos Por La Causa, Inc.**

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**kkk. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**12. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

CPLC uses timecards through the ADP (Automatic Data Processing, Inc.) portal. The allocation is made per a specific accounts string assigned to SNAP. The payroll is processed and paid by-weekly. Due to this, all the staff has to allocate their actual time spend on the contract in ADP timecard by the end of each pay period. For salary employees, they can allocate their own time the supervisor would approve it bur for hourly employees, the supervisor will allocate and approve it. The approval should be made no later than next Monday by 9 am of the pay period end date.

All the SNAP employees complete their timecard based on the SNAP Outreach log.

There is an Excel spreadsheet used on a monthly basis that tacks the approved budget and actuals personnel expenses.

13. Total SNAP Expense: \$142,033

See attached Part-5 SNAP Partnership Staffing Budget

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

CPLC will be conducting SNAP related duties at different community locations by various staff, which consists of outreach, prescreening, assistance with applications and referral to community resources.

The **Social Services Navigator** will spend 30 percent of his time providing SNAP eligibility prescreening, application assistance, outreach, coordinating data from all locations and reporting. The services would be provided at 1008 E. Buckeye Road, Ste. 125, Phoenix, AZ 85034.

The **Utility Assistant Specialist** will spend 25 percent per week of her/his time providing SNAP eligibility prescreening, application assistance and outreach. The services would be provided at 1008 E. Buckeye Road, Ste. 125, Phoenix, AZ 85034.

The **Housing Coordinator** will spend 11 percent per week of her time providing SNAP eligibility prescreening, application assistance and outreach. The services would be provided at 1525 N Oracle Rd, Tucson, AZ 85705.

The **Housing Coordinator** will spend 20 percent per week of her time providing SNAP eligibility prescreening, application assistance and outreach. The services would be provided at 1402 S. Central Ave Phoenix, AZ 85004.

The **Counselor** will spend 3 percent per week of her time providing SNAP eligibility prescreening, application assistance and outreach. The services would be provided at 1525 N Oracle Rd, Tucson, AZ 85705.

The **Program Manger** will spend 25 percent of their time towards SNAP related activities. This includes

providing supervision for the Program Supervisor as well as Outreach and Enrollment staff. The Program Director will also participate in SNAP partner meetings, conduct outreach and presentations to other potential organizations about Keogh's SNAP services. They will also assist with the monthly reporting requirements. The services would be provided at 3620 N. 4<sup>th</sup> Ave. Suite 2-2 Phoenix, Arizona 85013.

**Outreach & Enrollment Supervisor** will dedicate 30 percent of their time providing direct supervision to the Outreach and Enrollment staff who provide SNAP outreach and application assistance. They will also coordinate the site schedule for all the sites in which Keogh provides direct service, conduct presentations, attend SNAP partner meetings and assist with the monthly reporting requirements. The services would be provided at 3620 N. 4<sup>th</sup> Ave. Suite 2-2 Phoenix, Arizona 85013.

**Phone Bank Scheduler** will spend 35 percent of their time towards the SNAP grant. Their activities include providing SNAP program information over the phone, schedule SNAP appointments, upload documentation for clients and conduct SNAP outreach. The services would be provided at 3620 N. 4<sup>th</sup> Ave. Suite 2-2 Phoenix, Arizona 85013.

**(3) Community Navigators.** Each of the three navigators will spend 35 percent working on SNAP related activities. Primary activities for all Outreach and Enrollment staff include conducting outreach to potential SNAP applicants and partners. They will also provide SNAP application assistance through the HEAplus system as well as assist the clients with the uploading of their documentation and answer any questions about the processing of SNAP applications. The services would be provided at 3620 N. 4<sup>th</sup> Ave. Suite 2-2 Phoenix, Arizona 85013.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**III. Copying/Printing/Materials:**

23. Total SNAP Expense: \$ 0

24. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

25. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

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**mmm. Internet/Telephone:**

24. Total SNAP Expense: \$3,341.00

25. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Expenses for this budget item include the use of a phone scheduling line for 12 months, of which 35 percent will be dedicated for SNAP activities such as making SNAP appointments, providing SNAP program information and calling DES. A total of three staff use cell phones and wi-fi service for three laptops dedicated to SNAP outreach activities.

26. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Phone scheduling line \$570.39 per month X 12 months X 35% SNAP cost = \$2,395.64

3 Cell phones with voicemail and data X \$75 X 12 months X 35% SNAP cost = \$945

Total Costs: \$2,395.64 + \$945 = \$3,341

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**nnn. Equipment (individual items exceeding \$5K):**

25. Total SNAP Expense: \$ 0

26. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

27. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**ooo. Supplies and Non-Capital Expenditures:**

24. Total SNAP Expense: \$3,600

25. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

The office supplies expenses were calculated per each main location, where the SNAP home office is and most of the services are provided. The staff providing the SNAP services are in three (3) different locations located in Arizona, two (2) are in Phoenix and one (1) in Tucson. The office supplies would cover items such as pens and pencils, highlighters, scissors, paper clips, stapler, tape, paper and any other items that qualify as the office supplies and would be used for providing SNAP activities.

The office supplies is not included in the calculation for the reimbursement of indirect cost.

26. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

\$100 per month x 3 locations/centers x 12 months = \$3,600

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**ppp. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

9. Total SNAP Expense: \$5,848.00

We are only requesting rent reimbursement for one location – 3620 N. 4<sup>th</sup> Ave, Phoenix, AZ 85013) Suite 2-2

(See attached Part 7 – Building Space Calculator excel workbook)

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qqq. Other:

25. Total SNAP Expense: \$ 0

26. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

27. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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v. **Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

25. Total SNAP Expense: \$ 0

26. Purpose of Travel (Do not use symbols in your description):

27. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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o. **Local Travel (In-State Travel):**

24. Total SNAP Expense: \$6,198

25. Purpose of Travel (Do not use symbols in your description):

SNAP staff will be conducting SNAP outreach at SNAP sites, outreach events and Yuma. The expenses associated with the outreach would be travel expenses: mileage reimbursement and per diem.

The Social Services Navigator and Utility Assistant Specialist will travel to Yuma for the purpose of outreach, assisting with applications and collection of data. The travel would be once a month for three (3) days and staff will alternate very month. The travel expenses are calculated per State of Arizona Rates, outlined in the State of Arizona Accounting Manual.

Community Navigators will travel to various sites to provide prescreening and SNAP application assistance.

26. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -); Reimbursement rate of \$0.56/mile:

CPLC SNAP Locations and Outreach Events: 125 miles per month X 12 month X \$0.56 = \$840

Yuma: 400 miles per month (roundtrip) x 12 months x \$0.56 = \$2,688

Per Diem: 1 FTE X 1 day x 75% x \$34 per day + 2 days x \$34 per day x 12 months = \$1,122

WIC Broadway 24 trips X 45 miles roundtrip X \$0.56 = \$604.80

Heart of Isaac 56 trips X 10 miles round trip X \$0.56 = \$313.60

Desert Sky Mall 28 trips X 23 miles round trip X \$0.56= \$360.64

Other Outreach Events 40 miles per month X 12 months X \$0.56= \$268.8

Total = \$840 + \$2,688 + \$1,122 + \$604.80 + \$313.60 + \$360.64 + \$268.80 = \$6,197.84

- 
- y. **Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

25. Total SNAP Expense: \$ 0

26. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

27. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

- 
- aa. **Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

25. Total Expense for Indirect Cost: \$25,345

26. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Indirect cost letter attached to application.

27. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: 16.1% X \$161,020 - \$3,600 = \$25,344.62

Project Number 1, 2, 3 – Chicanos Por La Causa (CPLC)							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outeach Benefits (c*d)	(f) Total (c+e)
Program Manager	Claudia Maldonado	25%	\$ 63,960.00	\$ 15,990.00	12.11%	\$ 1,935.79	\$ 17,925.79
Outreach & Enrollment Supervisor	Livbier Pearson	30%	\$ 51,126.40	\$ 15,337.92	32.88%	\$ 5,043.27	\$ 20,381.19
Phone Bank Scheduler	Emily Nunez	35%	\$ 28,600.00	\$ 10,010.00	12.77%	\$ 1,278.45	\$ 11,288.45
Community Navigator	Erika Flores	35%	\$ 33,280.00	\$ 11,648.00	31.55%	\$ 3,675.29	\$ 15,323.29
Community Navigator	Juanita Vergara	35%	\$ 37,440.00	\$ 13,104.00	29.33%	\$ 3,843.72	\$ 16,947.72
Community Navigator	Vacant	35%	\$ 33,280.00	\$ 11,648.00	36.24%	\$ 4,221.00	\$ 15,869.00
Social Services Navigator	Zambri Araiza	30%	\$ 33,092.80	\$ 9,927.84	12.61%	\$ 1,251.74	\$ 11,179.58
Utility Assistant Specialist,	Airea Padilla Reyes	25%	\$ 31,200.00	\$ 7,800.00	12.67%	\$ 988.37	\$ 8,788.37
Housing Coordinator	Carmen Lopez	11%	\$ 52,899.08	\$ 5,818.90	39.50%	\$ 2,298.51	\$ 8,117.41
Housing Coordinator	Nancy Velazco	20%	\$ 59,303.14	\$ 11,860.63	22.78%	\$ 2,702.24	\$ 14,562.87
Counselor	Diana Fierro	3%	\$ 36,046.40	\$ 1,081.39	52.56%	\$ 568.38	\$ 1,649.77

Project Number 1, 2, 3 – Chicanos Por La Causa (CPLC)						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 71,017		\$ 71,017	\$ 142,034
Other Direct Cost					\$ -	\$ -
(h) Copying/Printing/Materials			\$ -		\$ -	\$ -



(i) Internet/Telephone			\$ 1,670		\$ 1,670	\$ 3,340
(j) Equipment			\$ -		\$ -	\$ -
(k) Supplies and Non-Capital Expenditures			\$ 1,800		\$ 1,800	\$ 3,600
(l) Building/Space			\$ 2,924		\$ 2,924	\$ 5,848
(m) Other			\$ -		\$ -	\$ -
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,394		\$ 6,394	\$ 12,788
Travel					\$ -	\$ -
(o) Long Distance			\$ -		\$ -	\$ -
(p) Local (Inside Arizona) Travel			\$ 3,099		\$ 3,099	\$ 6,198
(q=o+p) Subtotal Travel			\$ 3,099		\$ 3,099	\$ 6,198
(r) Contractual			\$ -		\$ -	\$ -
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 80,510		\$ 80,510	\$ 161,020
(t=Indirect cost rate x s) Indirect			\$ 12,673		\$ 12,673	\$ 25,345
<b>(u=s+t) TOTAL</b>			<b>\$ 93,183</b>		<b>\$ 93,183</b>	<b>\$ 186,365</b>

## COMMUNITY FOOD BANK OF SOUTHERN ARIZONA

### NAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

34. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
35. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
36. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Community Food Bank of Southern Arizona**

**rrr. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**14. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Staff will enter all activities in an online, Excel-based data tracker maintained by the GGRC Manager and accessible to all doing SNAP related work. Staff are required to enter work times in quarter hour increments after they have completed a call, appointment, meeting, etc. Staff are asked to check their time before the end of the month to ensure that all billable time has been accounted for.

15. Total SNAP Expense: \$ 209,072

16. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Gabrielle Giffords Resource (GGRC) Manager will devote 20 percent of their time to SNAP related activities, including direct supervision, monitoring and evaluation of program, and some direct client assistance. Other responsibilities include the development of the community organization partner agreement, grant applications, and establishing new partnerships and strengthening existing partnerships to expand access to the SNAP program and CFBSA services in general. The individual will be the primary contact for the agency in all things related to SNAP and serves as the Health-e-Arizona Plus site Supervisor/Administrator.

The Community Programs Supervisor will devote 70 percent of their time to SNAP related activities, including direct supervision, problem solving case issues through the State Agency, pre-screening for SNAP benefits, providing application assistance including document processing to support the SNAP certification process, and providing general advocacy services to those who are having difficulty with their application or case (for example, filing an appeal or corresponding with the ombudsman). This position is the Health-e-Arizona Plus Administrator for this agency and as such is responsible for creating, maintaining, and deleting user accounts. This percentage of time is over 50 percent as the primary job function is SNAP Assistor oversight, SNAP application assistance, and SNAP promotion and partnership.

Two Benefits Specialists will devote 85 percent of their time providing direct SNAP services, including application assistance using Health-e-Arizona Plus. Each will provide document processing services, assist with and perform program pre-screening, provide English/Spanish translation and interpretation, help clients with DES requests for information and/or with reporting changes, troubleshoot application issues, assist with DES interviews and help to resolve questions or concerns related to the eligibility determination process. Furthermore, these assistors will provide SNAP outreach and application assistance at partner sites. This percentage of time is over 50 percent as the primary job function is SNAP assistance and SNAP promotion.

One GGRC Client Advocate at the Tucson Branch will dedicate 50 percent of their time providing direct SNAP services in the form of application assistance, pre-screening, English translation and interpretation, troubleshooting application issues, assistance with SNAP outreach efforts, and scheduling SNAP appointments. This percentage of time is over 50 percent as a primary job function is SNAP assistance.

One Community Food Systems Coordinator will dedicate 20 percent of their time to conducting SNAP outreach activities, including informing farmers' market customers about the use of SNAP benefits to purchase food items at the market, sharing information about the SNAP program at tabling events, and training farmers' market vendors on SNAP-related information. This individual will distribute SNAP program information, including how to apply for benefits and

where benefits can be used, in the form of flyers, pamphlets, and post cards at all Community Food Bank farmers' markets and outreach events.

One Farmers' Market Coordinator will dedicate 50 percent of their time conducting SNAP outreach activities to include informing market shoppers about the use of SNAP benefits to purchase food items at the market. The individual will share information about the SNAP program and how and where to apply for these benefits when conducting presentations and at tabling events such as health or resource fairs. SNAP program information in the form of flyers and pamphlets will be distributed at all CFBSA sponsored markets and outreach events staffed by this employee.

One Client Services Coordinator at the Nogales Branch will dedicate 10 percent of their time providing direct SNAP services, including application assistance using Health-e-Arizona.

One Client Services & Volunteer Coordinator at the Green Valley Branch will dedicate 10 percent of their time providing direct SNAP services, including application assistance using Health-e-Arizona.

One Abundant Harvest Cooperative (AHC) Specialist at the Tucson Branch will dedicate 20 percent of their time providing SNAP outreach services for both assistance provided at our Country Club location as well as the options for SNAP utilization at local Farmers' Markets.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

For the Community Programs Supervisor, this percentage of time is over 50 percent as the primary job function is SNAP Assistor oversight, SNAP application assistance, and SNAP promotion and partnership.

For the Benefits Specialists, this percentage of time is over 50 percent as the primary job function is SNAP assistance and SNAP promotion.

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**sss. Copying/Printing/Materials:**

26. Total SNAP Expense: \$12,021

27. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

The monthly lease of a multi-function printer to support SNAP activities and outreach plus per-copy charges above contract; in-house expenses related to fax cover sheets and confirmation pages, change report forms, application summaries, rights and responsibilities/declarations, signature pages as well as documentation and verification to support the eligibility determination process. Handouts and flyers used in program outreach as well as to support operations (appointment reminder cards, list of documents to provide, etc.)

The printing of SNAP assistance cards/reminders for clients, in both English and Spanish, for one year.

The printing of Double-up SNAP promotional mailers for Farmers' Market produce purchasing and associated postage and mailing services.

28. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

Multi-function machine lease: \$665.11 per month X 12 months X 80% SNAP Activity = \$6,385.05

Paper usage anticipated for 500 applications processed for the year.  
10 reams X \$4.35 per ream X 100% SNAP Activity = \$43.50

CFBSA-SNAP assistance cards for 1 year:  
3,000 copies in English/Spanish at \$0.12 per copy X 100% SNAP Activity = \$360.00

Double-up SNAP mailers for Farmers' Market:  
15,000 cards X \$0.071 per card X 100% SNAP Activity = \$1065

Postage for Double-up SNAP Mailers:  
15,000 cards X \$0.13 per card X 100% SNAP Activity = \$1,950

Mailing list and mailing services:  
12 zip codes X \$184.80 per zip code X 100% SNAP Activity = \$2,217.60

Total expense: \$6,385.05 + \$43.50 + \$360 + \$1065 + \$1,950 + \$2,217.60 = \$12,021.15

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**ttt. Internet/Telephone:**

27. Total SNAP Expense: \$3,222

28. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Calculations are based on cost per phone/internet line multiplied over 12 months which is then multiplied by the percent FTE for SNAP activities. Each phone and internet line represents each staff member working on SNAP activities as listed in the Personnel section.

29. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

1 VoIP telephone extension X \$26.47 per month X 12 months X 70% SNAP usage = \$222.35  
2 VoIP telephone extensions X \$26.47 per month X 12 months X 85% SNAP usage = \$539.99  
3 VoIP telephone extension X \$26.47 per month X 12 months X 20% SNAP usage = \$190.58  
2 VoIP telephone extension X \$26.47 per month X 12 months X 50% SNAP usage = \$317.64  
2 VoIP telephone extensions X \$26.47 per month X 12 months X 10% SNAP usage = \$63.53

Total: \$222.35 + \$539.99 + \$190.58 + \$317.64 + \$63.53 = \$1,334.09

1 internet line X \$37.45 per month X 12 months X 70% SNAP usage = \$314.58  
2 internet lines X \$37.45 per month X 12 months X 85% SNAP usage = \$763.98  
3 internet lines X \$37.45 per month X 12 months X 20% SNAP usage = \$269.64  
2 internet lines X \$37.45 per month X 12 months X 50% SNAP usage = \$449.40  
2 internet lines X \$37.45 per month X 12 months X 10% SNAP usage = \$89.88

Total: \$314.58 + \$763.98 + \$269.64 + \$449.40 + \$89.88 = \$1,887.48

Total Expense:

\$1,334.09 + \$1,887.48 = \$3,221.57

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**uuu. Equipment (individual items exceeding \$5K):**

28. Total SNAP Expense: \$ 0

29. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

30. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**vvv. Supplies and Non-Capital Expenditures:**

27. Total SNAP Expense: \$ 0

28. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

29. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**www. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

10. Total SNAP Expense: \$ 0

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**xxx. Other:**

28. Total SNAP Expense: \$ 0

29. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

30. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**w. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

28. Total SNAP Expense: \$ 0

29. Purpose of Travel (*Do not use symbols in your description*):

30. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

27. Total SNAP Expense: \$ 258

28. Purpose of Travel (*Do not use symbols in your description*):

Travel to Pinnacle Prevention in Phoenix regarding SNAP-match program and outreach

29. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Phoenix: 2 Roundtrips X 230 miles X \$0.56 = \$257.60

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**z. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

28. Total SNAP Expense: \$ 0

29. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description*.)

30. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**bb. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of

10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

28. Total Expense for Indirect Cost: \$ 22,458

29. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Agency requests standard 10 percent indirect cost rate.

30. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

$$0.10 \times \$224,573 = \$22,458$$

Project Number 1, 2, 3 - Community Food Bank of Southern Arizona							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Benefits Specialist	Antonio Phillipe	85%	\$ 37,440.00	\$ 31,824.00	25.00%	\$ 7,956.00	\$ 39,780.00
Lead Benefits Specialist	Liliana Viera	85%	\$ 44,595.00	\$ 37,905.75	25.00%	\$ 9,476.44	\$ 47,382.19
Community Programs Supervisor	Sandie Hinojos-Perea	70%	\$ 52,000.00	\$ 36,400.00	25.00%	\$ 9,100.00	\$ 45,500.00
GGRC Manager	Chris Mazzarella	20%	\$ 61,800.00	\$ 12,360.00	25.00%	\$ 3,090.00	\$ 15,450.00
GGRC Client Advocate	Sarah Ann Lajeunesse	50%	\$ 15,300.00	\$ 7,650.00		\$ -	\$ 7,650.00
Community Food Systems Coordinator	Andreas Anderson	20%	\$ 40,830.00	\$ 8,166.00	25.00%	\$ 2,041.50	\$ 10,207.50
Farmers' Market Coordinator	Abigail Plano	50%	\$ 45,000.00	\$ 22,500.00	25.00%	\$ 5,625.00	\$ 28,125.00
Client Services Coordinator	Monica Gonzalez	10%	\$ 56,650.00	\$ 5,665.00	25.00%	\$ 1,416.25	\$ 7,081.25
Client Services & Volunteer Coordinator	Lilia Dawson	10%	\$ 38,688.00	\$ 3,868.80	25.00%	\$ 967.20	\$ 4,836.00

AHC Specialist	Christine Walsh	20%	\$ 15,300.00	\$ 3,060.00		\$ -	\$ 3,060.00
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Project Number 1, 2, 3 - Community Food Bank of Southern Arizona						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 104,536.00		\$104,536	\$209,072.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 6,011.00		\$6,011	\$12,022.00
(i) Internet/Telephone			\$ 1,611.00		\$1,611	\$3,222.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 7,622.00		\$7,622	\$15,244.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 129.00		\$129	\$258.00
(q=o+p) Subtotal Travel			\$ 129.00		\$129	\$258.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 112,287.00		\$112,287	\$224,574.00
(t=Indirect cost rate x s) Indirect			\$ 11,229.00		\$11,229	\$22,458.00
<b>(u=s+t) TOTAL</b>			<b>\$ 123,516.00</b>		<b>\$123,516.00</b>	<b>\$247,032.00</b>

**CORNERSTONE MISSION PROJECT, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).



38. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
39. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Cornerstone Mission Project, Inc.**

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yyy. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**17. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Staff will fill out a daily time log with hours (in 30 minute increments) spent on SNAP allowable activities. The log will include a space to recover activities, as well as equipment used. These logs will be used for monthly invoice calculations.

18. Total SNAP Expense: \$ 58096

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Executive Director will contribute 5 percent of her time to oversee and ensure SNAP program compliance and present SNAP information to the community as needed.

The Administrator will contribute 5 percent of her time to complete SNAP program reimbursement reports for program compliance and supervising staff and volunteers.

She will also contribute 10 percent as a Benefit & Eligibility of their time to the SNAP program, providing direct services to clients through application assistance, prescreening, documents assistance and community outreach. Total SNAP time spent for these two positions is 15 percent.

Two Benefits & Eligibility Coordinator will contribute 30 percent of their time to the SNAP program, providing direct services to clients through application assistance, prescreening, documents assistance and community outreach, to include evening hours for reaching families in need.

The SNAP Outreach and Referral Coordinator (Mohave County) will contribute 30 percent of their time providing SNAP information and linkage to SNAP services to clients who receive services at Cornerstone Care Center (601 Hall St.). Provide information and answer questions about SNAP, as well as refer to SNAP Benefits and Eligibility Coordinator, Self – Application process or provided paper applications.

The SNAP Outreach and Referral Coordinator (LaPaz County) will contribute 50 percent of their time providing SNAP information and linkage to SNAP services to homeless individuals in LaPaz county. Provide information and answer questions about SNAP, as well as assist with Application process or provided paper applications, procuring necessary documents to receive SNAP, and/or interview assistance if necessary.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**zzz. Copying/Printing/Materials:**

29. Total SNAP Expense: \$ 1620

1. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Staff copies for both SNAP outreach and application activities. The staff uses the in-house copiers and printers to make flyers for presentations and also copy applications for individuals for whom applications are submitted. Staff will make approximately 12,000 copies per year for the SNAP program. Approximately 30 percent of the maintenance cost for the copiers and printer are included in this line item.

2. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

Copies: 12,000 X \$0.12= \$1440 (100% cost for SNAP)

Maintenance: \$600.00 X30% SNAP cost=\$180

\$1440 + \$180 = \$1620

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**aaaa. Internet/Telephone:**

30. Total SNAP Expense: \$ 3494

31. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Costs associated with a phone bundle package that includes 3 phone lines and 1 dedicated fax line 40 percent dedicated to SNAP application assistance and SNAP activities. This can accommodate 5 workstations. Costs associated with Internet for 5 workstations 40 percent dedicated to SNAP application assistance and activities.

Costs associated with homeless outreach in Lapaz county for SNAP allowable activities, landlines will not be available to conduct this piece of SNAP of outreach. Smartphone – Voice, Data and Mobile Hot Spot for SNAP outreach activities in LaPaz county. Costs associated is 50 percent for smartphone and 100 percent for mobile hot spot, dedicated to SNAP allowable activities as outlined in policy memo #PM 15-01.

32. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Phone package 3 lines and a dedicated fax line: \$414 X 12 months X 40% SNAP= \$1987.20

Internet \$114 X 12 months X40% SNAP=\$ 547.20

Smartphone Voice/Data \$60.00 X 12 months X 50% SNAP= \$360

Mobile Hot Spot \$50.00 x12 x 100% SNAP= \$600.00

1987.20 + 547.20 + 360.00 + \$600.00= 3494.40

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**bbbb. Equipment (individual items exceeding \$5K):**

31. Total SNAP Expense: \$ XX,XXX

32. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

33. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**cccc. Supplies and Non-Capital Expenditures:**

30. Total SNAP Expense: \$ 1050

1. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budgeted on a monthly basis for general office materials (pens and pencils, paper clips, sticky-notes, binders, file folders, etc.) to support the SNAP program administration, including application assistance, educating the community, preparing and distributing advertisements, etc.

1 printer and Scanner for SNAP program administration at our Walk-In Care Center site.

2. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

Supplies (\$50/month X 12 months = \$600.00) 100% SNAP Cost

1 Printer and Scanner \$450 100% SNAP Cost

\$600.00 + \$450.00= \$1050

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**dddd. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

11. Total SNAP Expense: \$9300.00

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**eeee. Other:**

31. Total SNAP Expense: \$ 3800

1. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Ten percent of the actual costs of insurance, audit fees, accounting/payroll fees, licenses and fees, and dues and subscriptions.

2. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

Other fees above: \$38000 X 10% SNAP = \$3800

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x. **Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

31. Total SNAP Expense:     \$ XX,XXX

32. Purpose of Travel (*Do not use symbols in your description*):

33. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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o. **Local Travel (In-State Travel):**

30. Total SNAP Expense:     \$ 3360

31. Purpose of Travel (*Do not use symbols in your description*):

SNAP outreach activities, travel to assist clients procuring eligibility documents, home visits for SNAP assistance with eligibility and benefits. SNAP Outreach in Mohave and LaPaz County to homeless individuals.

32. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense  
100 round trip miles per month X 12 months X \$0.56= \$672  
Benefits Coordinator SNAP Activities and Outreach (100% SNAP)  
200 round trip miles per month X 12 months X \$0.56= \$1344.00  
SNAP Activities and Outreach homeless services in LaPaz County (100% SNAP)  
200 round trip miles per month X 12 months X \$0.56= \$1344.00  
SNAP Activities and Outreach homeless services in Mohave County  
Total:\$672 + \$1344 + \$1344= \$3360

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aa. **Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

31. Total SNAP Expense:     \$ XX,XXX

32. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

33. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**cc. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

31. Total Expense for Indirect Cost: \$ XX,XXX

32. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

33. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Cornerstone Mission Project							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director/Snap Outreach Activities	Lisa Fitzgerald	5.00%	\$ 58,656.00	\$ 2,932.80	18.00%	\$ 527.90	\$ 3,460.70
Administrator/ Benefits and Eligibility Coordinator	Melanie Windecker	15.00%	\$ 50,752.00	\$ 7,612.80	18.00%	\$ 1,370.30	\$ 8,983.10
Benefits and Eligibility Coordinator	Joseph Bourgeois	30.00%	\$ 31,200.00	\$ 9,360.00	18.00%	\$ 1,684.80	\$ 11,044.80
Benefits and Eligibility Coordinator	Kaysie Medrano	30.00%	\$ 30,160.00	\$ 9,048.00	18.00%	\$ 1,628.64	\$ 10,676.64
SNAP Outreach and Referral (Mohave)	Carla Harsh	30.00%	\$ 15,600.00	\$ 4,680.00	18.00%	\$ 842.40	\$ 5,522.40
SNAP	Sean Windecker	50.00%	\$ 31,200.00	\$ 15,600.00	18.00%	\$ 2,808.00	\$ 18,408.00

Outreach and Referral (LaPaz)							
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Project Number 1, 2, 3 - Cornerstone Mission Project						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 29,048.00		\$29,048	\$58,096.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 810.00		\$810	\$1,620.00
(i) Internet/Telephone			\$ 1,747.00		\$1,747	\$3,494.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 525.00		\$525	\$1,050.00
(l) Building/Space			\$ 4,650.00		\$4,650	\$9,300.00
(m) Other			\$ 1,900.00		\$1,900	\$3,800.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 9,632.00		\$9,632	\$19,264.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 1,680.00		\$1,680	\$3,360.00
(q=o+p) Subtotal Travel			\$ 1,680.00		\$1,680	\$3,360.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 40,360.00		\$40,360	\$80,720.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 40,360.00</b>		<b>\$40,360</b>	<b>\$80,720.00</b>

## THE CULTURAL CUP FOOD BANK

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

40. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
41. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions **justify exactly the cost and calculation for why expenses requested are needed**. This is a narrative description, **do not use symbols in this section**.
42. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### **Organization Name: The Cultural Cup Food Bank**

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**ffff. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

19. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
Executive Director will use the "SNAP Outreach Monthly Personnel Calculation Detail" and tracker provided.

20. Total SNAP Expense: **\$53,728.00**

21. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

**Executive Director** will contribute 80 percent of time to oversee, ensure SNAP program compliance, and present SNAP information to the community. Director trains front desk personnel to ensure clients are aware of the SNAP application options while receiving information flyers, when they apply for emergency food boxes. Director also completes SNAP applications for clients as well as SNAP program reimbursement reports for program compliance.

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#### **gggg. Copying/Printing/Materials:**

3. Total SNAP Expense: **\$ 2,920.00**

4. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Executive Director copies materials for both SNAP outreach and application activities. The Director uses the in-house copiers/printers to make flyers for presentations, print applications, consent forms, RMI letters for individuals applying for SNAP using an assistor. Director will make approximately 15,000 copies per year for the SNAP program. Approximately, 80 percent of the maintenance cost for the copiers and printer are included in this line item. (ink etc)

5. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

Copies: 15,000 X \$0.10 = \$1,500.00 (100 percent cost for SNAP)

Maintenance: \$1,775.00 X 80% SNAP cost = \$1,420.00

(\$1,500.00 + \$1,420.00 = \$2,920.00)

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**hhhh. Internet/Telephone:**

33. Total SNAP Expense: **\$653.00**

34. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Costs associated with one workstation 80 percent dedicated to SNAP application assistance. Wireless/internet/phone service for desktop used locally for twelve months.

35. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Phone: \$21 X 1 work stations X 12 months' X 80% SNAP = \$201.60

Internet: \$47/month X 1 workstations X 12 months' X 80% SNAP = \$451.20

(\$201.60 + \$451.20 = \$652.80)

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**iiii. Equipment (individual items exceeding \$5K):**

34. Total SNAP Expense: **\$ XX,XXX**

35. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

36. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**jjjj. Supplies and Non-Capital Expenditures:**

3. Total SNAP Expense: **\$1,800.00**

4. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the*



requested supplies amount will not be included in the indirect cost calculations.

Supplies are budgeted on a monthly basis for general office materials (pens and pencils, paper clips, sticky-notes, binders, file folders, etc.) to support the SNAP program administration, including application assistance, educating the community, preparing and distributing advertisements, etc.

5. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

Supplies: (\$150.00/mo. X 12 months = \$1,800.00). 100% SNAP cost.

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**kkkk. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

12. Total SNAP Expense: **\$15,600.00**

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**IIII. Other:**

3. Total SNAP Expense: **\$ XX,XXX**

4. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

5. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**y. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

34. Total SNAP Expense: **\$ XX,XXX**

35. Purpose of Travel (Do not use symbols in your description):

36. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

33. Total SNAP Expense: \$ XX,XXX

34. Purpose of Travel (*Do not use symbols in your description*):

35. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

**bb. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

34. Total SNAP Expense: \$ XX,XXX

35. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

36. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**dd. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

34. Total Expense for Indirect Cost: \$ XX,XXX

35. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

36. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 – Cultural Cup Food Bank							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Sabiha Keskin	80.00%	\$ 47,971.00	\$ 38,376.80	40.00%	\$ 15,350.72	\$ 53,727.52

**Project Number 1, 2, 3 – Cultural Cup Food Bank**

<b>Expenses</b>	<b>(a) Public Cash</b>	<b>(b) Public In-Kind</b>	<b>(c) Private Cash</b>	<b>(d=a+b+c) Total Non- Federal</b>	<b>(d) Federal Funds</b>	<b>(f=d+e) Total Funds</b>
(g) Personnel (Salary & Benefits)			\$ 26,864.00		\$26,864	\$53,728.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,460.00		\$1,460	\$2,920.00
(i) Internet/Telephone			\$ 327.00		\$327	\$654.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 900.00		\$900	\$1,800.00
(l) Building/Space			\$ 7,800.00		\$7,800	\$15,600.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 10,487.00		\$10,487	\$20,974.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 37,351.00		\$37,351	\$74,702.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 37,351.00</b>		<b>\$37,351</b>	<b>\$74,702.00</b>

**DRESS FOR SUCCESS PHOENIX**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 43. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 44. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**

45. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11-point font)

**Organization Name: DRESS FOR SUCCESS PHOENIX**

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**mmmm. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**Explain in detail how this organization will track activity and time spent on SNAP for all staff:** All employees will turn in weekly time tracker reports to the Senior Accountant who will multiply by each employees hourly pay rate keep track of the totals.

22. Total SNAP Expense:     \$ 142,532.00

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The CEO/Founder will contribute fifteen percent of her time to oversee and ensure SNAP program compliance and present SNAP information to the community as needed.

The Operations Manager will contribute 15 percent of her time to ensure SNAP program compliance at both sites

The Director of Women's Services will contribute 35 percent of her time to supervise the three Eligibility Specialists, the two MCC Benefits Coordinators and MCC Manager to help incorporate SNAP applications at our location as well as sites visited by our Mobile Career Units and local Volunteer Income Tax Assistance (VITA) sites. She will coordinate staff SNAP training; she will oversee scheduling mobile units to outreach sites. She will coordinate all outside printing and mailings and create SNAP flyers

Two Eligibility Specialists will contribute 30 percent of their time to do SNAP eligibility prescreening and application assistance with clients, and outreach as needed.

A third Eligibility Specialist will be hired to increase SNAP outreach and application assistance in conjunction with our expansion project Additional space will allow for expanded SNAP programming. This position will contribute 30 percent of their time to the SNAP program, providing direct services to clients through application assistance, prescreening, documents assistance and community outreach

The Admin Assistant will contribute 20 percent of her time in assisting management, she will schedule SNAP meetings, answering questions over the phone and in person, and ensuring information is distributed to appropriate individuals and organizations

The Senior Accounting person will contribute 30 percent of his time to complete SNAP program reimbursement reports for program compliance, collect personnel time trackers, calculate each employees benefit rate and the employers cost to calculate the total Personnel cost for each months billing. The Senior Accountant will prepare and track budgets and pay vendor invoices.

Two MCC Benefits Coordinators will each contribute 30 percent of their time to the SNAP program, providing direct services to clients through application assistance, prescreening, documents assistance and community outreach.

MCC Manager will contribute 20 percent of her time supervise staff and volunteers at both sites and to provide direct services to clients through application assistance, prescreening, documents assistance and community outreach.

The Boutique Manager will contribute 10 percent of her time to the SNAP program, providing direct services to clients through application assistance, prescreening, and documents assistance.

23. **organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

**We are not requesting any percentage greater than 50%**

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**nnnn. Copying/Printing/Materials:**

6. Total SNAP Expense: \$ 3,245.00
7. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Staff copies materials for both SNAP outreach and application activities. The staff uses the in-house copiers and printers as well as an outside printing company to make flyers for presentations and to copy applications for individuals for whom applications are submitted. Staff will make approximately 20,200 copies per year for the SNAP O program. Copies also include postcards and envelopes

Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

**a) Office supplies** – copy paper, printer ink, staples for 5,000 SNAP O in house copies, @ \$52.50 per month x 12 months = **\$630.00**

**b) Printer Lease** @ \$159.64 x 12 months = \$1,915.68 x 30% = **\$574.70**

**c) Copies done by outside printing company:**

5,000 flyers for SNAP O X \$0.10 per copy = **\$500.00**,

4,200 postcards for SNAP O X \$0.20 per copy = **\$840.00**

1,000 envelopes for SNAP O X \$0.20 each = **\$200.00**

5,000.00 forms for SNAP O X \$0.10 = **\$500.00**;

**subtotal for c: \$2,040.00**

**(\$630.00 + \$574.70 + \$2,040.00 = \$3,244.70)**

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**oooo. Internet/Telephone:**

36. Total SNAP Expense: \$ 2,976.00

37. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your*

description.)

Costs associated with two cell phones 20 percent dedicated to SNAP and phones for 12 workstations: (2) workstations 100 percent dedicated to SNAP O application assistance; (6) workstations 30 percent dedicated to SNAP O application assistance and outreach; (4) workstations 20 percent dedicated to SNAP O application assistance and outreach. Wireless broadband service for two laptops used remotely for twelve months dedicated to SNAP. Two cell phones for remote visits 20 percent dedicated to SNAP and one toll free phone line dedicated to SNAP outreach

38. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Phone: \$20.00 X 2 work stations X 12 months = \$480.00

\$20.00 X 6 work stations X 12 months x 30%= \$432.00

\$20.00 X 4 work stations X 12 months x 20%= \$192.00

Wireless Broadband: \$60.00/month X 2 X12 = \$1,440.00

Cell phones: \$60.00 X 2 cell phones X 12 months X 20% = \$288.00

Toll free phone line: \$12.00 X 12 months = \$144.00

(\$480.00 + 432.00 + 192.00 + 1,440.00 + 288.00 + 144.00 = \$2,976.00)

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**pppp. Equipment (individual items exceeding \$5K):**

37. Total SNAP Expense: \$ 0.00

38. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

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**qqqq. Supplies and Non-Capital Expenditures:**

6. Total SNAP Expense: \$ 6,012.00

7. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

We will be providing books and manuals for approximately 50 SNAP clients per month 30 percent of which will be receiving SNAP-O information. We will be sending out approximately 350 postcards to SNAP clients each month. Also included are office supplies (folders, pens, labels, USB drives, notebooks, etc.) at 30 percent.

Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k) a) Books and manuals @ \$20.00 per month x 50 participants x 12 months x 30% = \$3,600.00  
b) Postage for 350 postcards per month @ \$.51 each x 12 months = \$2,142.00

c) Office supplies – client folders, pens, labels, USB drives, notebooks, etc. @ \$75.00 per month x 12 months x 30% = \$270.00

(\$3600.00 + \$2,142.00 + \$270.00 = \$6,012.00)

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**rrrr. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

13. Total SNAP Expense: \$ 21,393.00

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**ssss. Other:**

6. Total SNAP Expense: \$ XX,XXX

7. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

8. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**z. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

37. Total SNAP Expense: \$ 2,500.00

38. Purpose of Travel (*Do not use symbols in your description*):  
*Travel for two people to attend the FRAC Annual conference.*

39. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	FRAC Conference.
Airfare:	\$500.00 X 2 People X 1 Trip = \$1,000.00
Lodging:	\$150.00 X 2 People X 3 nights = \$900.00
Per Diem:	\$75.00 X 2 People X 3 days = \$450.00
Ground Transportation:	<u>\$25.00 X 2 of People X 3 days = \$150.00</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense  
\$2,500.00 x 100% SNAP Outreach = \$2,500.00 Total SNAP Expense

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**o. Local Travel (In-State Travel):**

36. Total SNAP Expense: \$ 10,584.00

Purpose of Travel (*Do not use symbols in your description*):

In-state travel is for Director of Women's Services, three eligibility specialists, two MCC Benefits Coordinators, and one Benefits Coordinator Manager to outreach to individuals, attend meetings with community partners *and SNAP O meetings* based on 2,000 miles per year per staff member. Dress for Success Phoenix has two mobile units that each goes out three to four times per week of which two trips per week will be for SNAP Outreach so that clients can be served without coming to our main office. It is planned that a Mobile unit will make one trip per week to Peoria and one trip per week to Mesa

37. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

a) 2,000 miles per year per staff member X 7 staff members x \$0.56= \$7,840.00

b) Operating expense (fuel, maintenance, insurance, etc.) for (2) mobile units based on two trips per week for SNAP Outreach at an average of 50 miles per trip x 49 weeks at \$ 0.56 per mile. (2 trips X 50 miles per trip X 49 weeks X \$0.56 per mile = \$2,744.00)

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**cc. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

37. Total SNAP Expense: \$ 17,640

38. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

This is the cost for a driver to bring our mobile units to various outreach locations throughout the valley so that clients can be served without having to travel to our main offices. The driver will make two trips per week for SNAP O, one to Peoria and one to Mesa.

39. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

One driver at \$180.00 per trip x 2 trips per week x 49 weeks = \$17,640.00

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**ee. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

37. Total Expense for Indirect Cost: \$ 20,087



38. Description: **\*\*When the ICR is federally approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

39. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

\$206,882 - \$6,012.00 = \$200,870 X 10% = \$20,087

Project Number 1, 2, 3 – Dress for Success							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
CEO/Founder	Lisa Doromal	15.00%	\$ 92,700.00	\$ 13,905.00	7.43%	\$ 1,033.14	\$ 14,938.14
Operations Manager	Maureen Dorman	15.00%	\$ 56,000.00	\$ 8,400.00	7.65%	\$ 642.60	\$ 9,042.60
Director of Women's Services	Mary Crawford	35.00%	\$ 63,600.00	\$ 22,260.00	12.11%	\$ 2,695.69	\$ 24,955.69
MCC Benefits Coordinator Manager	Veronica Lowe	20.00%	\$ 39,500.00	\$ 7,900.00	7.29%	\$ 575.91	\$ 8,475.91
MCC Benefits Coordinator	Adanira Gonzalez	30.00%	\$ 35,000.00	\$ 10,500.00	15.50%	\$ 1,627.50	\$ 12,127.50
MCC Benefits Coordinator	Natalie Arreola	30.00%	\$ 35,000.00	\$ 10,500.00	11.68%	\$ 1,226.40	\$ 11,726.40
Eligibility Specialist	Jackie Worden	30.00%	\$ 33,500.00	\$ 10,050.00	11.68%	\$ 1,173.84	\$ 11,223.84
Boutique Manager	Pat Torres	10.00%	\$ 47,750.00	\$ 4,775.00	7.65%	\$ 365.29	\$ 5,140.29
Eligibility Specialist	Vacant	30.00%	\$ 35,000.00	\$ 10,500.00	11.68%	\$ 1,226.40	\$ 11,726.40
Eligibility Specialist	RaSheda Hibbitt	30.00%	\$ 35,000.00	\$ 10,500.00	11.68%	\$ 1,226.40	\$ 11,726.40
Admin Assistant	Christina Squires	20.00%	\$ 31,000.00	\$ 6,200.00	11.68%	\$ 724.16	\$ 6,924.16
Senior Accounting	Bruce Carrington	30.00%	\$ 45,000.00	\$ 13,500.00	7.59%	\$ 1,024.65	\$ 14,524.65

Project Number 1, 2, 3 – Dress for Success						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 71,266.00		\$71,266	\$142,532.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,622.00		\$1,622	\$3,244.00
(i) Internet/Telephone			\$ 1,488.00		\$1,488	\$2,976.00

(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 3,006.00		\$3,006	\$6,012.00
(l) Building/Space			\$ 10,697.00		\$10,697	\$21,394.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 16,813.00		\$16,813	\$33,626.00
Travel					\$0	\$0.00
(o) Long Distance			\$ 1,250.00		\$1,250	\$2,500.00
(p) Local (Inside Arizona) Travel			\$ 5,292.00		\$5,292	\$10,584.00
(q=o+p) Subtotal Travel			\$ 6,542.00		\$6,542	\$13,084.00
(r) Contractual			\$ 8,820.00		\$8,820	\$17,640.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 103,441.00		\$103,441	\$206,882.00
(t=Indirect cost rate x s) Indirect			\$ 10,044.00		\$10,044	\$20,088.00
<b>(u=s+t) TOTAL</b>			<b>\$ 113,485.00</b>		<b>\$113,485</b>	<b>\$226,970.00</b>

**EMPOWERMENT SYSTEMS, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 46. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 47. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 48. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Empowerment Systems, Inc.**

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**ttt. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to

be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**24. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Empowerment Systems' staff will track daily time and activity spent on SNAP activities through it's Time Designation form. All work time whether specific to SNAP activities or other outreach activities are tracked on this form. Each Time Designation form coincides with each pay period and must match the staff's time for the pay period. The Program Director is responsible for reviewing and approving the Time Designation form.

25. Total SNAP Expense: \$ 138,546.00

26. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The President will contribute approximately two percent of his time to promote the SNAP program through his various contacts and commitments throughout the community. He has been in the non-profit sector for over thirty years and contributes to various boards. He is currently the Board President for the Rural Health Association and a board member for Arizona at Work. He advocates continually for our SNAP program to partner agencies, at community network meetings, health fairs and other applicable outreach events.

The CEO will contribute approximately ten percent of his time to supervise staff and review the SNAP program reimbursement reports as well as the SNAP program data reports for program compliance. He will promote outreach regarding SNAP applications to partner agencies, at community network meetings, health fairs and other applicable outreach events. He will also provide client enrollment support services when needed.

The Program Director will contribute one hundred percent of her time to the SNAP program. She is our dedicated SNAP specialist and runs the program. She is fluent in Spanish and provides Spanish translation services for SNAP outreach documents and flyers as well as answering telephone calls and providing pre-screening SNAP activities in Spanish. One hundred percent of her time is spent on SNAP activities including completing pre-screening activities for SNAP, assisting individuals with applications through the Health-e-Arizona Plus system, attending community health, wellness and outreach events to promote SNAP and other programs in Pinal County, SE Maricopa County, and the greater Phoenix area. She provides mobile outreach and application assistance at community partner sites by appointments only, one day weekly at Maricopa Roosevelt WIC, Phoenix Neighborhood Christian Clinic and the Creighton School District Family Resource Center. She works at the Center in Apache Junction two days per week on both an appointment and walk in basis. She is in charge of submitting the monthly invoices and keeps the Time Designation Sheets. She has no duties outside of the SNAP program.

The Office Manager will spend sixty percent of her time providing SNAP pre-screening activities, application assistance in SNAP using the Health-E-Arizona Plus system, faxing needed information to DES for community members and/or assisting with phone calls to DES and other partners as appropriate to determine eligibility for programs at the Center in Apache Junction. She helps walk in clients get set up in the Center to self-enroll in AHCCCS, SNAP and other programs and provides assistance if needed. She answers phones and schedules appointments for Healthy Harvest food drop and for clients for all SNAP staff.

The Program Coordinator will spend forty percent of her time at the Center in Apache Junction providing SNAP pre-screening activities, application assistance in SNAP using the Health-E-Arizona Plus system, and/or assisting with phone calls to DES and other partners as appropriate to determine eligibility for programs. She works with our Empowerment Learning Collaborative

student interns to promote SNAP at the various community presentations, health fairs and other outreach events.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

Our Program Director has always worked solely for our outreach and enrollment for SNAP and SNAP related programs. She was listed at 85 percent for the FY2021 SNAP contract even though she solely provided SNAP related services. She was promoted to Program Director recently and now handles every aspect of the SNAP program from invoicing to direct services. She serves our Spanish populations in both Pinal and Maricopa counties. As noted above, she works from several different locations to reach as many people as possible. Her salary is not covered by any Federal, State or local income source other than this SNAP program.

Our Office Manager has always spent at least sixty percent of her time working with SNAP and SNAP issues. She sits at our front desk and greets all clients who come to our Center where they can sign up for SNAP and other related programs. She is dedicated to helping clients with SNAP appointments, and helping them help themselves on our available public computers when needed. She also sets up appointments for direct help enrolling. She signs up clients coming to our monthly Healthy Harvest where we promote and enroll those who are not already enrolled in SNAP. She is the first person to greet all of our appointments. Additionally, she also helps with the monthly invoicing. The balance of her time is spent answering the phones, most of which are SNAP related calls and ordering supplies when needed. She is a valuable part of our SNAP program. Her salary is not covered by any Federal, State or local income source other than this SNAP program.

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**uuuu. Copying/Printing/Materials:**

8. Total SNAP Expense: \$ 1,881.00

9. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This amount is based on twenty percent of the program's total costs for the lease and maintenance of copiers and printers, and actual costs for copies made for the SNAP Program. The amount also includes costs for printing outreach postcards, rack cards and business cards. Printers and copier are used to copy materials for both SNAP application and outreach activities. The staff use our in-house copier and printers to copy applications and/or supporting documentation for individuals for whom applications are submitted as well as outreach flyers. We anticipate that staff will make approximately 10,000 copies per year for the SNAP program that includes USDA informational materials from USDA website, flyers and other SNAP outreach flyers.

10. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

Lease and Maintenance for Copier and 3 printers: 1 X \$4,056 X 20% = \$811.20

Copies: 10,000 X \$0.059 = \$590.00

Printing Costs for Outreach Postcards, Rack Cards and Business Cards: estimated cost \$40 per month X 12 months = \$480.00

(\$811.20 + \$590.00 + \$480.00 = \$1881.20)

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**vvvv. Internet/Telephone:**

39. Total SNAP Expense: \$ 3,837.00

40. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Cost includes one Wi-Fi internet hot spot for our Program Director for Community Outreach at multiple locations and one for a Program Coordinator to use for applications done at our Healthy Harvest and other community events and health fairs. They are 100 percent dedicated to SNAP application assistance and outreach for 12 months.

One cell phone reimbursement stipend for the Program Director for 12 months for 100 percent of her time spent on SNAP activities, such as scheduling appointments, making follow-up calls to applicants and/or DES.

Twenty percent each for the cost of a land line for a phone and a fax machine. The land line and the fax machine are for client use related to SNAP and charged at twenty percent. Office phones for staff use are supported by Fluent Stream and charged at twenty percent. The internet and monitoring service is used by all employees including those dedicated to SNAP and charged at ten percent. Repair for SNAP related computers is charged at twenty percent.

41. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Wi-Fi Internet hot spot: (2 X \$45.08 X 100% X 12 months = \$1081.92)

Cell phone: (1 X \$50.00 X 100% X 12 = \$600.00)

Land Line/Fax Line: (1 X \$209 X 20% X 12 = \$501.60)

Fluent Stream Phone Lines: (\$428.44 X 12 = \$5141.28 X 20% = \$1028.26)

M5 IT: Monitoring service: (\$327.00 X 12 = \$3924.00 X 10% = \$392.40)

Average service repairs (\$97.00 X 20% X 12 = \$232.80)

(\$1081.92 + \$600.00 + \$501.60 + 1028.26+ \$392.40 + \$232.80 = \$3,836.98)

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**www. Equipment (individual items exceeding \$5K):**

39. Total SNAP Expense: \$ 0

40. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

41. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**xxxx. Supplies and Non-Capital Expenditures:**

8. Total SNAP Expense: \$ 0

9. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

10. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**yyyy. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

14. Total SNAP Expense: \$ 0

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**zzzz. Other:**

9. Total SNAP Expense: \$ 5,262.00

10. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

The overall SNAP activities allocation of expenses is twenty percent of actual costs for audit fees, insurance and payroll processing fees.

11. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

Audit fees: (1 X \$10,500.00 X 20% = \$2,100.00)

Insurance: (1 X \$14,115.90 X 20% = \$2,823.18)

Payroll processing fees: (1 X \$1,692.07 X 20% = \$338.41)

( $\$2,100.00 + \$2,823.18 + \$338.41 = \$5,261.59$ )

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**aa. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

40. Total SNAP Expense: \$ 0

41. Purpose of Travel *(Do not use symbols in your description):*

42. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

38. Total SNAP Expense: \$ 6,787.00

39. Purpose of Travel (*Do not use symbols in your description*):

Expenses for staff to attend health fairs and community events to conduct SNAP outreach activities estimated at 70 miles total per month, our mobile Program Director with travel eight days per month to the Center, four days per month to Maricopa Roosevelt WIC, four days per month to Creighton Schools Family Resource Center and four days per month to Phoenix Neighborhood Christian Clinic.

40. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

Health Fairs, Community Events: 70 miles X 12 months X .56 = \$470.40

To the Center: 8 roundtrips X 88 miles X 12 month X .56 = \$4730.88

Maricopa Roosevelt WIC: 4 roundtrips X 20 miles X 12 months X .56 = \$537.60

Creighton Schools Family Resource Center: 4 roundtrips X 23 miles X 12 months X .56 = \$618.24

Phoenix Neighborhood Christian Clinic: 4 roundtrips X 16 miles X 12 months X .56 = \$430.08

( $\$470.40 + \$4730.88 + \$537.60 + \$618.24 + \$430.08 = \$6787.20$ )

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**dd. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

40. Total SNAP Expense: \$ 0

41. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

42. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**ff. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

40. Total Expense for Indirect Cost: \$15,632.00

41. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of**

**the fully executed and negotiated ICR agreement.\*\***

Empowerment Systems does not have a negotiated ICR agreement, the total expense for indirect cost reflects the allowed ten percent of Total Direct Costs.

42. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

(10% x \$156,313 = \$15,631.30) – part 8 rounds to \$15,632

Project Number 1, 2, 3 - Empowerment Systems, Inc.							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
President	Jack Beveridge	2%	\$ 141,829.80	\$ 2,836.60	30.18%	\$ 856.08	\$ 3,692.68
CEO	Deke Beveridge	10%	\$ 101,591.70	\$ 10,159.17	30.18%	\$ 3,066.04	\$ 13,225.21
Program Director	Lorena Del Priore	100%	\$ 47,666.85	\$ 47,666.85	30.18%	\$ 14,385.86	\$ 62,052.71
Office Manager	Karen Burkhead	60%	\$ 44,492.70	\$ 26,695.62	30.18%	\$ 8,056.74	\$ 34,752.36
Program Coordinator	TBD	40%	\$ 47,670.00	\$ 19,068.00	30.18%	\$ 5,754.72	\$ 24,822.72

Project Number 1, 2, 3 - Empowerment Systems, Inc.						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 69,273.00		\$69,273	\$138,546.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 941.00		\$941	\$1,882.00
(i) Internet/Telephone			\$ 1,919.00		\$1,919	\$3,838.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ 2,631.00		\$2,631	\$5,262.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 5,491.00		\$5,491	\$10,982.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 3,393.00		\$3,393	\$6,786.00



(q=o+p) Subtotal Travel			\$ 3,393.00		\$3,393	\$6,786.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 78,157.00		\$78,157	\$156,314.00
(t=Indirect cost rate x s) Indirect			\$ 7,816.00		\$7,816	\$15,632.00
<b>(u=s+t) TOTAL</b>			<b>\$ 85,973.00</b>		<b>\$85,973</b>	<b>\$171,946.00</b>

**FATHERS MATTERS, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 49. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 50. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 51. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Father Matters, Inc.**

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aaaaa. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

27. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Our organization will track activity and time spent by using the direct time tracking form that allows staff to record hours spent on SNAP on a daily basis. The spreadsheet records the activities and hours per day an employee dedicates to each SNAP activity. These weekly reports are then entered into the database, which allows us to pull the information necessary for the monthly activity report.

28. Total SNAP Expense:     \$ 181,069.00

29. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The **executive director** will contribute 12 percent of his time to oversee and ensure SNAP

compliance, attend monthly calls, networking and training opportunities and present SNAP information to the community as needed.

The **director of operations** will contribute 25 percent of her time to complete SNAP reimbursement reports and audit staff for program compliance at all locations, attend monthly networking and training opportunities, train staff and volunteers, provide resources as needed for staff, provide community partner trainings and build relationships and specialized partnerships with community partners to increase SNAP outreach and provide application assistance to the community.

The **case manager** will contribute 40 percent of her time to the SNAP, providing direct services to customers through, dissemination of SNAP information, prescreening, application assistance, document assistance and provide additional support services like food boxes and connection to community resources for all clients served under SNAP Outreach for all four locations.

The three **Outreach Specialists** will contribute 50 percent of their time to SNAP, by attending outreach events, attending non-SNAP partner meetings to educate about the SNAP program and scheduling appointments for the application assistors.

Both **application assistors** will contribute 100 percent of their time to SNAP, providing application assistance at the main office and other satellite offices to submit applications and process additional documents needed for applications.

The **support specialist** will contribute 50 percent of their time by providing detailed information on the SNAP application process for client's that call into the office, distribute information to customers that come into the office, schedule appointments for application assistors and the case manager and scheduling outreach reach events for outreach specialists, confirm appointments, and prepare customer proof documentation to be upload into the client's application. Will also support the director of operations with gathering and reviewing all activity logs. Will be located at the South Phoenix office.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

We are requesting SNAP FTE of 100 percent for the two application assistors because their job function is specific to the SNAP Outreach program. We also anticipate increasing the number of individuals we outreach to, which can cause application assistance services to go up.

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**bbbb. Copying/Printing/Materials:**

11. Total SNAP Expense: \$ 8,300

Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

Staff uses in-house printers to print out signature pages, consent forms and Next Step pages for applications that were submitted. We also print out training materials and resources for all staff and volunteers. For SNAP outreach and marketing materials, all items will be printed through a vendor, Equipped Business Solutions which is a local print shop. Staff will make approximately 1500 copies per year for application materials and staff training materials. The vendor will print an additional 40000 colored copies per year of SNAP outreach marketing materials. They will also print out staff's business cards. These cards allow for community members to stay in touch for continued support.

12. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

EBS Copies: (40,000 X \$.20 per copy X 100% SNAP Activities = \$8,000)

EBS Business Cards Print (\$25.00 per 500 cards X 9 staff members X 4 orders per year X 20% SNAP Activities = \$180.00)

Staff Copies: (1,500 X \$.08 per copy X 100% SNAP Activities = \$120)

**Total SNAP Expense: (\$8,000+ 180 + \$120 = \$8,300)**

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**cccc. Internet/Telephone:**

42. Total SNAP Expense: \$ 3,000

43. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*)

One wireless Hotspots for internet connection to use laptops remotely at outreach events for twelve months. Four cell phones utilized for outreach specialists and for an application assistor at outreach and community events.

44. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Cell Phones (4 phones X \$50 per month/per unit X 12 months X 100% SNAP Activities = \$2,400)

Wireless Hotspots (1 hotspots X \$50 per month/per unit X 12 months X 100% SNAP Activities = \$600)

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**dddd. Equipment (individual items exceeding \$5K):**

42. Total SNAP Expense: \$ 0.00

43. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

NA

44. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

NA

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**eeee. Supplies and Non-Capital Expenditures:**

11. Total SNAP Expense: \$ 3,948

12. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budgeted monthly for general office materials, printer ink, copy paper, pens, legal pads, sticky notes, file folders, file folder labels, staples, paper clips, etc. to support the SNAP administration, including application assistance and outreach activities.

13. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

**(\$329.00 X 12 months X 100% SNAP Activities = \$3,948)**

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**ffff. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

15. Total SNAP Expense: \$ 5,419

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**ggggg. Other:**

12. Total SNAP Expense: \$ 2,540

13. Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

Twenty percent of total marketing costs are used towards SNAP activities for *outreach materials*. We maintain our website through GoDaddy, our monthly e-newsletter through Constant Contact and social media accounts to market about the SNAP. Father Matters provides coverage with limits of liability that includes commercial general liability and business automobile liability. Twenty percent of total insurance costs is SNAP Activity related. Twenty percent of total case management system monthly fee is SNAP Activity related. Father Matters has a case management system that allows for staff to track client information and services offered as well as outreach activities completed by each staff member.

14. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

General Liability Insurance: (\$3,158 annually X 20% SNAP Activities = \$631.60)

Case Management System: (\$371 a month X 12 months X 20% SNAP Activities = \$890.40)

Go Daddy Website: (\$299 a month X 12 X 20% SNAP Activities = \$717.60)

Constant Contact Newsletter (\$125-month x 12 X 20% SNAP Activities = \$300)

Total SNAP Expense: (\$631.60 + \$890.40 + 717.60 + \$300 = \$2,539.60)

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**bb. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

43. Total SNAP Expense:     \$ 0.00

44. Purpose of Travel (*Do not use symbols in your description*):

NA

45. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u>
	<u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

41. Total SNAP Expense:     \$ 847

42. Purpose of Travel (*Do not use symbols in your description*):

Travel expenses for staff to attend and table outreach events, educate community members at outreach events and network about SNAP services and referrals with non-SNAP partner agencies. Travel is calculated at the mileage rate of 0.56 per mile.

43. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

For three Outreach Specialist trips to community outreach events (24 trips X 18 miles X 3 staff members X \$0.56 = \$725.76)

Director of Operations to present at community partner meetings and audit staff outreach events (12 roundtrips X 18 miles X \$0.56 = \$120.96)

Total SNAP Expense: (\$725.76 + \$120.96 = \$846.72)

**ee. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

43. Total SNAP Expense: \$ 0.00

44. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

NA

45. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)*

**gg. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

43. Total Expense for Indirect Cost: \$ 0.00

44. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

45. Calculation: *(acceptable symbols: X; #; \$; %, =; +; -)*

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 – Father Matters							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Vance Simms	12%	\$ 52,000.00	\$ 6,240.00	17.00%	\$ 1,060.80	\$ 7,300.80
Director of Operations	Jessica Beresford	25%	\$ 41,600.00	\$ 10,400.00	17.00%	\$ 1,768.00	\$ 12,168.00
Outreach Specialist	Michele Moore	50%	\$ 30,160.00	\$ 15,080.00	17.00%	\$ 2,563.60	\$ 17,643.60

Outreach Specialist	Yvonne Ayon	50%	\$ 30,160.00	\$ 15,080.00	17.00%	\$ 2,563.60	\$ 17,643.60
Case Manager	Therese Anderson	40%	\$ 33,250.00	\$ 13,300.00	17.00%	\$ 2,261.00	\$ 15,561.00
Application Assistor	Jessica Gentry	100%	\$ 32,250.00	\$ 32,250.00	17.00%	\$ 5,482.50	\$ 37,732.50
Application Assistor	Kathy Hightower	100%	\$ 32,250.00	\$ 32,250.00	17.00%	\$ 5,482.50	\$ 37,732.50
Support Specialist	Paul Gunn	50%	\$ 30,160.00	\$ 15,080.00	17.00%	\$ 2,563.60	\$ 17,643.60
Outreach Specialist	Elizabeth Bell	50%	\$ 30,160.00	\$ 15,080.00	17.00%	\$ 2,563.60	\$ 17,643.60

Project Number 1, 2, 3 – Father Matters						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 90,535.00		\$90,535	\$181,070.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 4,150.00		\$4,150	\$8,300.00
(i) Internet/Telephone			\$ 1,500.00		\$1,500	\$3,000.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,974.00		\$1,974	\$3,948.00
(l) Building/Space			\$ 2,710.00		\$2,710	\$5,420.00
(m) Other			\$ 1,270.00		\$1,270	\$2,540.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 11,604.00		\$11,604	\$23,208.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 423.00		\$423	\$846.00
(q=o+p) Subtotal Travel			\$ 423.00		\$423	\$846.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 102,562.00		\$102,562	\$205,124.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 102,562.00</b>		<b>\$102,562</b>	<b>\$205,124.00</b>

## FOOTHILLS FOOD BANK AND RESOURCE CENTER

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

52. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
53. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
54. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### **Foothills Food Bank and Resource Center:**

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hhhhh. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

30. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** The Resource and Client Manager (who's 100% dedicated to SNAP) keeps a daily time card to record SNAP time. Each staff member maintains individual time logs. All time and activity will be tracked for SNAP. This is then submitted to the Executive Director for further review.

31. Total SNAP Expense: \$ 50,000.00

32. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

The Resource and Client Manager, who is 100% dedicated to SNAP, keeps a daily time card to record SNAP time. She makes herself available on a full time basis to provide direct service to all Foothills Food Bank (FFB) clients through prescreening, application assistance, document assistance and follow up phone calls. Often times this leads to further assistance for the client. Examples include: utility assistance, job search, resume writing and other helpful resources to give our clients a hand up. The Resource and Client Manager also trains the volunteers that provide the initial contact with the clients on the importance of SNAP. She is responsible for community outreach and networking, making sure other non-profits, schools and the business



community know about SNAP and its availability at the FFB. She is also available to clients in the satellite office in Black Canyon City on an appointment only basis.

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**iiiiii. Copying/Printing/Materials:**

13. Total SNAP Expense: \$ 1,285.00

14. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

The Resource and Client Manager will use the printer for making necessary copies, faxes and scans for our clients. For every application submitted, she has to print an Assistor Consent form and a seven page signature document for the client to sign, scan and upload to the clients account. She also prints copies of the Preliminary Eligibility report for our clients when we prequalify them. We also print a client newsletter, a donor and volunteer newsletter and have FFB brochures. All print materials inform of the ability to apply for SNAP. We distribute 8000 printed materials annually.

15. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

4 cases of paper= \$500 x 25% SNAP =\$125

4 Black toner = \$636 x 25% SNAP = \$159

4 two color 3 pack of toner = \$2404.08 x 25% SNAP = \$601.02

8,000 (8.5 x 11 trifold brochures) x \$.20 = \$1600 x 25% SNAP =\$400

\$125 + \$159 + \$601.02 + \$400 = \$1,285.02

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**jjjjj. Internet/Telephone:**

45. Total SNAP Expense: \$ 1,522.00

46. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) Cost of internet \$2400 annually at 25% SNAP use and land line telephone and fax \$3687 annually at 25 % SNAP use.

47. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

(\$2,400 + \$3,687) x 25% = \$1,521.75

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**kkkkk. Equipment (individual items exceeding \$5K):**

45. Total SNAP Expense: \$ XX,XXX

46. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

47. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of

units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j

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**IIII. Supplies and Non-Capital Expenditures:**

14. Total SNAP Expense:

15. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description 2*

16. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**mmmmm. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

16. Total SNAP Expense:     \$ 2,000.00

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**nnnnn. Other:**

15. Total SNAP Expense:     \$ XX,XXX

16. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

17. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**cc. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

46. Total SNAP Expense:     \$ XX,XXX

47. Purpose of Travel *(Do not use symbols in your description):*

48. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips

Ground Transportation:  $\frac{\text{Average Cost} \times \# \text{ of People} \times \# \text{ of Trips}}{= \$\text{Total Program Cost}}$

$\frac{\text{Total Cost of line item o} \times \% \text{ of cost allocated to SNAP Outreach}}{= \$\text{Total SNAP Expense}}$

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**o. Local Travel (In-State Travel):**

44. Total SNAP Expense: \$215.00

45. Purpose of Travel (*Do not use symbols in your description*): We conduct monthly travel to Black Canyon City food bank for SNAP applications. Each visit is approximately 32 miles roundtrip.

46. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

\$0.56/mile: 12 trips at 32 miles x 0.56 (X 100% SNAP) = \$215.04

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**ff. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

46. Total SNAP Expense: \$ XX,XXX

47. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

48. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**hh. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

46. Total Expense for Indirect Cost: \$ XX,XXX

47. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

48. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Foothills Food Bank							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Robin Kilbane	Resource Client Manager	100%	\$ 50,000.00	\$ 50,000.00		\$ -	\$ 50,000.00

Project Number 1, 2, 3 - Foothills Food Bank						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 25,000.00		\$25,000	\$50,000.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 642.00		\$642	\$1,284.00
(i) Internet/Telephone			\$ 761.00		\$761	\$1,522.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 1,000.00		\$1,000	\$2,000.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 2,403.00		\$2,403	\$4,806.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 108.00		\$108	\$216.00
(q=o+p) Subtotal Travel			\$ 108.00		\$108	\$216.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 27,511.00		\$27,511	\$55,022.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 27,511.00</b>		<b>\$27,511</b>	<b>\$55,022.00</b>

## GOODWILL INDUSTRIES OF SOUTHERN ARIZONA, INC.

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

55. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
56. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
57. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### **Organization Name: Goodwill Industries of Southern Arizona, Inc.**

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oooo. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

33. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Staff conducting SNAP related activities will track their time on their weekly timesheets, which will be approved by their supervisor, and reviewed/processed by our finance/accounting department. SNAP activities conducted at the Job Connection Center and Metro/REC will be tracked in Goodwill's participant databases, and in participant case files (if applicable). Goals that relate to and track progress towards the proposed SNAP outcomes included in this application will be outlined on each staff member's monthly Goals and Objectives sheet (G&Os). G&Os will be reviewed monthly by each staff member's supervisor, and SNAP activities and progress towards these goals will be verified and checked against reports from our database/data tracking sheets.

34. Total SNAP Expense:     \$ 84,104

35. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

- a. *Sierra Vista Job Connection Center:* 25% of the Career Development Specialist's time will be dedicated to SNAP related activities. Activities include: Outreach (community outreach events, creation of SNAP resources/packets, hosting information sessions), Self-Service Assistance (Providing computers, telephone, fax, printers, internet access for applications/pre-screening), and Full Service Assistance (assisting with pre-screening/applying, copying, scanning, printing, faxing, competing paper applications, tracking case progress and contacting DES)
- b. *Casa Grande Job Connection Center:* 25% of the Career Development Specialist's time

will be dedicated to SNAP related activities. Activities include Outreach (community outreach events, creation of SNAP resources/packets, hosting information sessions), Self-Service Assistance (Providing computers, telephone, fax, printers, internet access for applications/pre-screening), and Full Service Assistance (assisting with pre-screening/applying, copying, scanning, printing, faxing, competing paper applications, tracking case progress and contacting DES)

- c. *Kolb Job Connection Center*: 25% of the Career Development Specialist's time will be dedicated to SNAP related activities. Activities include: community outreach events, creation of SNAP resources/packets, hosting information sessions, Self-Service Assistance (Providing computers, telephone, fax, printers, internet access for applications/pre-screening), and Full Service Assistance (assisting with pre-screening/applying, copying, scanning, printing, faxing, competing paper applications, tracking case progress and contacting DES)
- d. *1<sup>st</sup> Ave Job Connection Center*: 25% of the Career Development Specialist's time will be dedicated to SNAP related activities. Activities include: community outreach events, creation of SNAP resources/packets, hosting information sessions, Self-Service Assistance (Providing computers, telephone, fax, printers, internet access for applications/pre-screening), and Full Service Assistance (assisting with pre-screening/applying, copying, scanning, printing, faxing, competing paper applications, tracking case progress and contacting DES)
- e. *Midvale Job Connection Center*: 25% of the Career Development Specialist's time will be dedicated to SNAP related activities. Activities include: community outreach events, creation of SNAP resources/packets, hosting information sessions, Self-Service Assistance (Providing computers, telephone, fax, printers, internet access for applications/pre-screening), and Full Service Assistance (assisting with pre-screening/applying, copying, scanning, printing, faxing, competing paper applications, tracking case progress and contacting DES)
- f. *Metro/REC 4<sup>th</sup> Ave and Youth REC center*: 25% of the Metro/REC Pathway Coach's time will be dedicated to SNAP related activities scheduled at Metro on 4<sup>th</sup> Ave. and Youth REC center. Activities include: community outreach events, creation of SNAP resources/packets, hosting information sessions, Self-Service Assistance (Providing computers, telephone, fax, printers, internet access for applications/pre-screening), and Full Service Assistance (assisting with pre-screening/applying, copying, scanning, printing, faxing, competing paper applications, tracking case progress and contacting DES)

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**ppppp. Copying/Printing/Materials:**

16. Total SNAP Expense:     \$ 525

17. Describe how the figures in the line item budget were calculated.

This number was calculated by looking at the average cost of \$300 per location, per year for printing/copying/material expenses and allocating 25% of that budget towards SNAP-related activities. The current activities performed at each of these centers align with the activities we

are proposing to conduct for SNAP participants. We believe that this is an accurate and realistic estimate of the expenses we will incur when implementing the SNAP partnership. Some examples of expenses we anticipate are creating application packets, making copies, and printing out promotional materials like flyers and brochures.

18. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*)  
7 Locations X \$ 300 per location X 25 % = \$525
- 

**qqqqq. Internet/Telephone:**

48. Total SNAP Expense: \$ 2,160

49. Describe how the figures in the line item budget were calculated.

This budget line item was calculated by reviewing the existing internet/telephone expenses for all seven locations, which on average was \$120 per month (\$1,440 per year, per person) landline/internet expenses, and allocating 25% of those expenses towards SNAP-related activities. We anticipate that these activities will include providing clients with internet access for pre-screening and applications, phone calls to DES, outreach to other community partners/organizations, scheduling appointments with potential participants, follow up or remote assistance with clients, and other SNAP allowable activities.

50. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
\$1,440 per year X 6 SNAP associated staff X 25% = \$2,160
- 

**rrrrr. Equipment (individual items exceeding \$5K):**

48. Total SNAP Expense: \$ 0

49. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) We do not anticipate any equipment expenses associated with SNAP activities.

50. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item)
- 

**sssss. Supplies and Non-Capital Expenditures:**

17. Total SNAP Expense: \$ 2,079

18. Describe how the figures in the line item budget were calculated.

The supplies budget was calculated by reviewing the average annual supply expenses of \$1,188 for each of the Job Connection Centers and Metro/REC centers, and allocating 25% of the projected expenses for each of these locations towards supplies required for SNAP related activities. Common supply expenses include things such as cartons of paper ordered quarterly per location, folders, binders, writing utensils, and ink.

19. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*)  
7 locations X \$ 1,188 X 25% = \$2,079

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**ttttt. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

17. Total SNAP Expense: \$ 9,260.00

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**uuuuu. Other:**

18. Total SNAP Expense: \$ 0

19. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) We do not anticipate any costs associated with the 'other' line item.

20. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**dd. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

49. Total SNAP Expense: \$ 0

50. Purpose of Travel (*Do not use symbols in your description*): This section is not applicable, as staff and services will not be provided out of state.

51. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

47. Total SNAP Expense: \$ 252



48. Purpose of Travel (*Do not use symbols in your description*):

Staff members conducting SNAP outreach activities will attend local community fairs and events to table, distribute information, and network with the community about SNAP and the SNAP-related services Goodwill provides. The projected mileage reimbursement to and from these activities has been included in the project budget and is outlined below. The 15 miles per trip was calculated by looking at the average trip within the service area, which would typically be around 7-10 miles one way. The trips would likely be to other local community organizations in the neighborhoods our clients reside, within a close radius to the Job Connection Center or Metro/REC center. For example, Community Food Bank of Tucson, a likely partner, is located 1.7 miles from the REC Center on Silverlake, and 5.7 miles from the Metro Center on 4<sup>th</sup>. We anticipate 30 total trips, or 4-5 outreach events per Goodwill service location.

49. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: 30 total trips X 15 round trip miles X \$0.56 = \$252

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**gg. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

49. Total SNAP Expense: \$ 0

50. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) This section is not applicable, as we do not plan to hire any contract workers, or procure any products or services by contract.

51. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**ii. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

49. Total Expense for Indirect Cost: \$ 15,726

50. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\*** Goodwill's federally negotiated indirect cost rate is 16.33%. This agreement is attached to this application. To calculate the total expense for indirect costs, we multiplied our indirect cost rate of 16.33% times the total direct costs, minus supplies.

51. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula:  $16.33\% \times \$96,301 (\$98,380 - \$2,079) = \$15,726$  (program line budget document rounding to \$15,726 automatically)

Project Number 1, 2, 3 - Goodwill Industries of Southern Arizona, Inc.							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Career Development Specialist	Lacey Morse-Girssom	25%	\$ 46,500.22	\$ 11,625.06	21.93%	\$ 2,549.37	\$ 14,174.43
Career Development Specialist	Margaret White	25%	\$ 45,100.12	\$ 11,275.03	22.49%	\$ 2,535.75	\$ 13,810.78
Career Development Specialist	Caroline Mills	25%	\$ 44,999.76	\$ 11,249.94	22.51%	\$ 2,532.36	\$ 13,782.30
Career Development Specialist	Elizabeth Donaldson	25%	\$ 52,520.00	\$ 13,130.00	21.04%	\$ 2,762.55	\$ 15,892.55
Career Development Specialist	Angelica Hernandez	25%	\$ 44,000.06	\$ 11,000.02	22.75%	\$ 2,502.50	\$ 13,502.52
Metro REC Pathway Coach	Alexandra Durazo	25%	\$ 41,999.88	\$ 10,499.97	23.25%	\$ 2,441.24	\$ 12,941.21

Project Number 1, 2, 3 - Goodwill Industries of Southern Arizona, Inc.						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 42,052.00		\$42,052	\$84,104.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 262.00		\$262	\$524.00
(i) Internet/Telephone			\$ 1,080.00		\$1,080	\$2,160.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,040.00		\$1,040	\$2,080.00
(l) Building/Space			\$ 4,630.00		\$4,630	\$9,260.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 7,012.00		\$7,012	\$14,024.00

Travel				\$0	\$0.00
(o) Long Distance			\$ -	\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 126.00	\$126	\$252.00
(q=o+p) Subtotal Travel			\$ 126.00	\$126	\$252.00
(r) Contractual			\$ -	\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 49,190.00	\$49,190	\$98,380.00
(t=Indirect cost rate x s) Indirect			\$ 7,863.00	\$7,863	\$15,726.00
<b>(u=s+t) TOTAL</b>			<b>\$ 57,053.00</b>	<b>\$57,053</b>	<b>\$114,106.00</b>

**GREATER PHOENIX URBAN LEAGUE**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 58. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 59. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 60. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Greater Phoenix Urban League**

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**vvvv. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**36. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

GPUL has an approved tool, called The Activity Tracker. The "Activity Tracker" records all activity for SNAP contract. Each Promotora reports: The month that details all information. We have a "code system" O is for outreach; E is for enrollment activities (app assistance/phone calls to answer questions; V is for events which include gathering data on: the location and activity, Zip Code of location; # of attendees' #reached and education; and SNAP hours spent. This data is used for monthly reporting purposes. Also captured on these reports are: A is administrative time spent on SNAP, also how many trainings and how many staff attended; and how many events were hosted and attended and how many community members were

reached; how many events were NOT hosted but were attended and how many community members were reached. In addition to staff mandated to attend/sign in for all trainings by Wildfire, AHCCCS and DES. This data is compiled on a monthly basis and submitted for reporting and billing.

37. Total SNAP Expense: \$30,700

38. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The COO will contribute 10% of her time to oversee and ensure SNAP Program compliance. The COO will work closely with the Women's Health Coalition and is responsible for overseeing development of any new outreach materials and/or ensuring already developed materials are readily available for staff and community. The COO is responsible for coordinating, with WHC, public appearances and media presence for electron and print venues to ensure the African American and Latino communities are targeted. COO is also responsible for all reports being submitted on time. This position will also be responsible for all compliance and reporting of SNAP reimbursement and oversight of the outreach initiatives performed by the WHC and GPUL staff. The GPUL CFO will work closely with the COO and the WHC to ensure compliance of SNAP fiscal grant. The CFO is responsible for gathering reports from COO and WHC to ensure timely and accurate invoicing and submission. The GPU CFO will dedicate 10% of his time to the SNAP grant. The GPUL Front Receptionist will lend support to SNAP intake and outreach. She will greet visitors who come to GPUL requesting services and referral information working closely with the WHC, the receptionist will contribute 20% of her time to assist with the coordinating of outreach materials for distribution and she will schedule appointments for SNAP assistance and serve as the go between for community members for SNAP and other GPUL services.

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**wwwww. Copying/Printing/Materials:**

19. Total SNAP Expense: \$ 4,200

20. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* To ensure ample materials are available for outreach GPUL will ensure copies of handouts are made available for various community events and initiatives 15,000 handouts, 2 side print, English and Spanish.

21. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP reimbursement % = \$Total SNAP Expense of line item h) . Costs are for 100% SNAP expenses only:*

15000 units x \$.28 cost/unit X 100% SNAP expenses = \$4,200

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**xxxxx. Internet/Telephone:**

51. Total SNAP Expense: \$4,020

52. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)* Cell phones and office phones are essential to community outreach and grant objectives. Four cell phones are necessary for Promotora SNAP outreach in the field to assist community members with any resources or referrals they might need for SNAP assistance, i.e. referrals to other agencies. Three land line office phones, are dedicated lines for Promotoras in house, one is a dedicated land line/internet that is specifically for community members to use for SNAP applications and document uploads and DES interviews, etc.

53. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP reimbursement % = \$Total SNAP Expense of line item)

*Costs are for 100% SNAP expenses only*

4 cell phones X \$50 each X 12 months X 100% SNAP reimbursement = \$2,400

3 landlines X \$45.00 a month X 12 months X 100% reimbursement = \$1,620

(\$2,400 + \$1,620 = \$4,020)

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**yyyyy. Equipment (individual items exceeding \$5K):**

51. Total SNAP Expense: \$ 0

52. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

53. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item)

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**zzzzz. Supplies and Non-Capital Expenditures:**

20. Total SNAP Expense: \$ 1,818

21. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) *Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

22. These items will be used strictly for SNAP reimbursement: Including but not limited to ink cartridges, paper, pens, office supplies (paper clips, staples, stapler, correcting tape etc.).

23. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP reimbursement % = \$Total SNAP Expense of line item k):

8 packages of ink x \$85 each X 100% SNAP reimbursement = \$680

2 boxes of copy paper each month X \$26 each X 12 months X 100% SNAP reimbursement = \$624

20 boxes of ball point pens X \$6.49 each X 100% SNAP reimbursement = \$129.80

Paper clips, staples, staplers correcting tape - \$32 a month x 12 X 100%

SNAP reimbursement = \$384

(\$680 + \$624 + \$129.80 + \$384 = \$1,817.80)

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**aaaaa. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

Partnership spaces 1 and 2 are the only spaces billed for SNAP activity. Space 1 at the Greater Phoenix Urban League uses 40% of total bldg. Space 2 is 100% utilized space for SNAP as a dedicated office for community members to utilize or receive application assistance. Please remember that although staff might not be in the office all of the time the other time is dedicated to outreach and education.

18. Total @ 100% SNAP Expense: \$2,700.00

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**bbbbbb. Other:**

21. Total SNAP Expense: \$ 0

22. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

23. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP reimbursement % = \$Total SNAP Expense of line item m)*

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**ee. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP reimbursement\*\***

52. Total SNAP Expense: \$ 0

53. Purpose of Travel *(Do not use symbols in your description):*

54. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

50. Total SNAP Expense: \$ 582

51. Purpose of Travel *(Do not use symbols in your description):* Outreach, community assistance and SNAP meetings with community partners involves travel in and around the City of Phoenix and Maricopa County.

Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -);* Reimbursement rate of \$0.56/mile:

4 trips per week X 5 miles each X 52 weeks x \$0.56 X 100% SNAP reimbursement = \$582.40

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**hh. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

52. Total SNAP Expense: \$280,600

Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

GPUL will contract with the Women's Health Coalition of Arizona for the sole purpose of conducting outreach/education and application uploads and assistance. WHC has (3) offices at GPUL and two other locations, that will provide community members access resources that include assistance with application uploads and access to computer/ printer/scanner/FAX/ telephone and assistance in contacting DES for SNAP interview and/or other needs. WHC's space at GPUL and their other community sites will provide access for community members to obtain assistance for SNAP.

53. The WHC Director will contribute 100% time @ 40 hours per week dedicated to SNAP initiatives. The Director is responsible for overseeing all WHC staff and their outreach and education efforts in the community. The Director will conduct education on eligibility in culturally and linguistically appropriate manner to other social service agencies and will ensure the messages materials are also appropriate. The Director will do media appearances and represent GPUL at all events, meetings and opportunities to promote SNAP benefits. The Director will also maintain liaison with current partners and will continually develop new partners for the purposes of outreach, education and enrollment and will work directly with the GPUL COO. The Director will also be responsible for overseeing all components of SNAP outreach, community assistance, and gathering of all data necessary to compile reports in compliance with SNAP grant. The Director will be HEA certified and up to date on all mandatory trainings and certifications.

The Lead Promotore/Program Coordinator will dedicated 100% of time and work 40 hours a week and will oversee the trainings and certifications of Promotores and other community agencies for SNAP outreach and education. The Program Manager will give direction to Promotores for outreach events, staffing and material assignments. The Program Manager will assist other community organizations such as schools, churches and local businesses by conducting presentations about SNAP eligibility criteria and give information on where community members can go for assistance. The Program Manager will be responsible for collecting data from the Promotores on their outreach efforts in order to complete SNAP monthly reports. The Manager is responsible for all training matters and reporting consistencies. She will assign outreach efforts to Promotores, as well as conducting outreach, too. The Program Manager will be HEA certified and up to date on all mandatory trainings and certifications and ensure all Promotores are HEA certified. The Program Manager reports directly to the WHC Director.

(2) Promotores from the communities we target, will dedicate 100% of their time to work 30 hours a week, specifically for the purpose of conducting education/outreach and SNAP application assistance, targeting our African American and Latino communities. The Promotores will be available for all community outreach and education events and initiatives in our targeted communities. They will be the first line of contact for GPUL in the community to help ensure community members have resource information on SNAP eligibility and application assistance for benefits. Each Promotore will have their designated outreach strategy from working with their schools and surrounding local businesses. Every Promotore will be HEA certified and up to date on all mandatory trainings and certifications. Promotores will report directly to the Program Manager.

All staff will be available to conduct outreach/education and application/upload assistance to ensure the community can access the computer/printer/scanner/FAX and telephone for the purpose of completing their SNAP applications and/or interviews with DES. All staff will be trained and updated on any changes to the SNAP eligibility.

Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP reimbursement % = \$Total SNAP Expense of line item r)

Staff:

WHC Director 40 hours a week X \$50 an hour X 52 weeks X 100% SNAP reimbursement  
=\$104,000

WHC Lead Promotore/Program Manager 40 hours a week X \$40 an hour X 52 weeks X 100%  
SNAP reimbursement = \$ 83,000

#1Promotore 30 hours a week X \$30 an hour X 52 weeks X 100% SNAP reimbursement = \$ 46,800  
 #2Promotore 30 hours a week X \$30 an hour X 52 weeks X 100% SNAP reimbursement = \$46,800  
 (\$104,000 + \$83,000 + \$46,800 + \$46,800 = \$280,600)

**jj. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

52. Total Expense for Indirect Cost: \$32,281

53. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

GPUL Requests standard 10 percent indirect cost rate.

54. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

\$324,620 - \$1,818 = \$322,802 indirect cost base

Total: \$322,802 X 10% = \$32,280.20 (part 8 rounds to \$32,281)

Project Number 1, 2, 3 - Greater Phoenix Urban League							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Chief Operating Officer	Natalie Alvarez	10%	\$ 100,000.00	\$ 10,000.00	10.00%	\$ 1,000.00	\$ 11,000.00
Chief Financial Officer	Bill Bridges	10%	\$ 120,000.00	\$ 12,000.00	0.00%	\$ -	\$ 12,000.00
Front Desk Receptionist	Anna Rangel	20%	\$ 35,000.00	\$ 7,000.00	10.00%	\$ 700.00	\$ 7,700.00

Project Number 1, 2, 3 - Greater Phoenix Urban League



Expenses	(a) Public Cash	(b) Public In- Kind	(c) Private Cash	(d=a+b+c) Total Non- Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 15,350.00		\$15,350	\$30,700.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 2,100.00		\$2,100	\$4,200.00
(i) Internet/Telephone			\$ 2,010.00		\$2,010	\$4,020.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 909.00		\$909	\$1,818.00
(l) Building/Space			\$ 1,350.00		\$1,350	\$2,700.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,369.00		\$6,369	\$12,738.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 291.00		\$291	\$582.00
(q=o+p) Subtotal Travel			\$ 291.00		\$291	\$582.00
(r) Contractual			\$ 140,300.00		\$140,300	\$280,600.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 162,310.00		\$162,310	\$324,620.00
(t=Indirect cost rate x s) Indirect			\$ 16,141.00		\$16,141	\$32,282.00
<b>(u=s+t) TOTAL</b>			<b>\$ 178,451.00</b>		<b>\$178,451</b>	<b>\$356,902.00</b>

## HELPING FAMILIES IN NEED

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

61. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
62. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
63. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Helping Families In Need**

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**cccccc. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**39. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

HFIN uses daily production reporting via excel spreadsheet per person and per location, HEA Plus, and Net Time Solutions/TimeTracker time sheets in which we document the following for all activities and breakdown of all activities including a breakdown by program, including SNAP activities. All production totals are broken down by benefits, date, location, start and stop time, total hours, details about the tasks and activities performed, equipment and resources used and other remarks related to their work for SNAP.

40. Total SNAP Expense: \$ 317,042.00

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

HFIN's mission is to elevate vulnerable populations to their highest potential by helping families, seniors, and individuals navigate, enroll, and engage in entitled and community benefits that help ensure long-term stability and improved quality of life. HFIN's pillar program is navigational assistance through the AHCCCS, SNAP, and Emergency Cash through HealtheArizona. All HFIN team members are certified and well versed in the application process and ensuring SNAP benefits are discussed in their benefits discussions with every application and outreach engagement. All HFIN's clients and potential clients receive the highest quality of service.

The team includes:

(2) Co-Directors – Oversee all SNAP related activities, including scheduling, provision of information, partnerships, community outreach events, assignments to locations, reporting, trouble shooting, quality control and provision of direct enrollment services.

Co-Directors each devote 100 percent of their time to HEAplus benefits and of that time 60 percent is devoted to SNAP outreach, education and application assistance.

(15) Application Assistors – Provide direct application assistance services, education, outreach services, and follow up. Application Assistors devote each devote 100 percent of their time to HEAplus benefits and of that time 60 percent is devoted to SNAP outreach, education and application assistance.

(2) Application Assistor/Call Representative/Scheduler – Respond to phone inquiries about benefits, application assistance and requests to schedule in person application assistance. The Application Assistor/Call Representative/Schedulers respond to all inquiries that come in via the HFIN 800 line and provides each caller with information about all benefits including SNAP. Each devotes 60 percent of their time to SNAP outreach, education, and application assistance.

One Co-Director and fourteen Application Assistors work in the field and spend their time in partner community resource center sites, see location details. The other Co-Director, one Application Assistor and two Application Assistor/Call Representative/Schedulers spend their time in the office. HFIN positions maintain their knowledge and keep well-informed of all Health-e-Arizona Plus (HEA Plus) programs especially SNAP program changes as they occur so they are prepared to educate, assist and guide related to all programs, especially SNAP.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position,**

**please explain thoroughly why this is the case:**

All of the staff positions listed on the staffing budget spend 60 percent of their time on SNAP. In many instances families apply for just the SNAP benefits of the AHCCCS application and do not apply for AHCCCS or Cash Assistance and even fewer for Tuberculosis benefits. Those are the percentages at which they provide education, outreach and application services for SNAP. Time and productivity details are tracked and measured via HEAplus reporting broken down by person and benefits in real time, activity reporting via excel spread sheet and a time tracker platform. Every client seen and outreach contact made by HFIN staff is advised and informed about all benefits and 60 percent of the time spent focused on SNAP. As an agency that focuses on community care, staff is taught to present a full menu of possible benefits to interested families. The agency sweet spot, Latinx populations including many families who have members only qualify for SNAP. HFIN includes SNAP outreach and education in every interaction.

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**dddddd. Copying/Printing/Materials:**

22. Total SNAP Expense: \$ 7,861.00

23. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Printing costs for HFIN SNAP outreach materials and collateral, all bilingual and translated by certified translators are distributed at community events and partner sites. Total was calculated by multiplying the amount needed each quarter based on historical costs. This printing calculation does not include any other program and only includes SNAP related needs for SNAP outreach and education.

Print supplies to print client outreach event flyers, client documents and other records needed in successfully completing applications and follow-up activities.

24. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

Collateral Material Creation and Edits – \$60 per hour X 20 hours design and edits X 60% SNAP Expense=\$720.00

Collateral Printing - \$.23 per X 9000 copies including set up fees X 60% SNAP Expense =\$1,242.00

Flyer and document Printing – 10 cartridges per month X \$72.00 each X 12 months X 60% SNAP Expense = \$5,184.00

2 cases of computer paper/month 2 X \$49.67 each X 12 months X 60% SNAP Expense = \$715.25

$$\$720.00 + \$1,242.00 + \$5,184.00 + \$715.25 = \$7,861.25$$

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**eeeeee. Internet/Telephone:**

54. Total SNAP Expense: \$ 10,008.00

55. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Monthly service for 19 cell phones and 10 internet cards for use by staff members to provide services to clients and facilitate client contacts with DES re: applications and application follow-up while in the field. Cell phones are necessary for use at community sites and field outreach events, where land lines are not available. Internet cards are used to submit applications online via HEAplus and upload documents to HEAplus.

Office land line, fax and a toll-free 800 number facilitate contact and scheduling appointments, as well as follow up with and for clients is also included. Calculations were made based on actual cost per cell phone and cost per internet card plus actual cost of the 800 number and fax lines. Costs comply with the allowable maximum costs per DES Policy Memo.

56. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

\$50.00 per month per phone X 12 months X 19 phones X 60% SNAP Expense = \$6,840.00

\$25.00 per month per internet card X 12 months X 10 internet cards X 60% SNAP Expense = \$1,800.00

\$190 per month for office phone, fax and 800# X 12 months X 60% SNAP Expense = \$1,368.00

\$6,840.00 + \$1,800.00 + \$1,368.00 = \$10,008.00

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**fffff. Equipment (individual items exceeding \$5K):**

54. Total SNAP Expense: \$ 0.00

55. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

56. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**gggggg. Supplies and Non-Capital Expenditures:**

24. Total SNAP Expense: \$ 0.00

25. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

26. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**hhhhh. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

19. Total SNAP Expense: \$ 6,566.00

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**iiiiii. Other:**

24. Total SNAP Expense: \$ 5,525.00

25. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Other expenses incurred by HFIN to support and provide outreach, information and application assistance services include:

Insurance-cell phone insurance for loss or damage to HFIN organizational cell phones and organizational insurance including business liability insurance.

Subscriptions- Subscriptions include Aynax our invoice tool and Survey Monkey for administrative reporting purposes and feedback from clients and partners for improved service.

Staff reporting tools and oversight – Employee Handbook, Net Time GPS tracking solutions-tracking mechanism for staff and allocated responsibilities and background checks.

Software – Renewal of Online Microsoft Office Suite for use in completing program activities includes reporting. Norton virus protection for fourteen laptop computers to protect them from viruses and ensure their serviceability for providing services to clients. Calculations were derived from actual cost for Microsoft Office Suite and by multiplying the cost of one anti-virus unit per computer by the total number of computers needed for SNAP activities.

All “Other” expenses as reported are based on historical costs and accounts with increased staff and sites taken into consideration and increased capabilities and market reach.

26. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

Phone insurance based on current annual cost = \$8 per phone per month X 19 phones X 12 months X 60% SNAP Expense = \$1,094.40

Liability business insurance 1 annual fee for Liability Insurance Annual Policy \$2690.00 X 60% SNAP Expense = \$1,614.00

D&O Insurance = 1 annual fee for D&O policy = \$1,000.00 X 60% SNAP Expense = \$600.00

Subscriptions –

Aynax – 1 annual subscription X \$120 X 60% SNAP Expense = \$72.00

Survey Monkey – 1 annual subscription X \$300 X 60% SNAP Expense = \$180.00

Staff reporting, and oversight – Net Time GPS tracking solutions- \$138 fee per month X 12 months X 60% SNAP Expense = \$993.60

Online Microsoft Office Suite at \$99.99 plus tax = \$109 x 2 subscriptions X 60% SNAP Expense = \$130.80

Virus Protection Software at \$100 per computer x 14 computers X 60% SNAP Expense = \$840.00

$\$1,094.40 + \$1,614.00 + \$600.00 + \$72.00 + \$180.00 + \$993.60 + \$130.80 + \$840.00 = \$5,524.80$

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**ff. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

55. Total SNAP Expense: \$ 0.00

56. Purpose of Travel (*Do not use symbols in your description*):

57. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

52. Total SNAP Expense: \$ 8,068.00

53. Purpose of Travel (*Do not use symbols in your description*):

Mileage is paid for staff to travel to and from partnership and community coalition meetings, community outreach events and professional trainings. Community partnership, coalition meetings, outreach events and professional trainings provide community with social service navigational assistance, including SNAP education, full-service application assistance, and other information and referrals as needed per each supported individual. Costs include travel to community partner and coalition meetings, outreach events (at an average distance of 15 miles each) and instate professional training(s).

54. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

8 partner and coalition meetings per month X 2 Co-Executive Directors X 12 months X 15 miles X \$0.56 per mile X 60% SNAP Expense = \$967.68

5 partner and coalition meetings and professional trainings per month X 17 Staff X 12 months X 15 miles X \$0.56 per mile X 60% SNAP Expense = \$5,140.80

10 community events per month X 12 months X 30 miles X \$0.56 per mile X 60% SNAP Expense = \$1,209.60

Training – Registration for Wildfire annual conference for 3 persons X \$250 each X 100% SNAP Expense = \$750.00

$$\$967.68 + \$5,140.80 + \$1,209.60 + \$750.00 = \$8,068.08$$

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**ii. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

54. Total SNAP Expense: \$ 51,420.00

55. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Contractual Services support HFIN in providing outreach, education, and enrollment services. Consultant services also support organizational leadership development and mentorship, financial training, and administrative support for reporting and compliance. Amounts were calculated according to actual costs.

56. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

Accounting and bookkeeping services - \$825 /month X 12 months X 60% SNAP Expense = \$5,940.00

Web design and maintenance - \$60 per hour X 80 hours X 60% SNAP Expense = \$2,880.00

Tax preparation services - based on current costs = \$5,000.00 X 60% SNAP Expense = \$3,000.00

Paychex – \$500 monthly fee X 12 months X 60% SNAP Expense = \$3,600.00

Consultant Services = \$125 per hour X 40 hours per month X 12 months X 60% SNAP Expense = \$36,000.00

$$\$5,940.00 + \$2,880.00 + \$3,000.00 + \$3,600.00 + \$36,000.00 = \$51,420.00$$

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**kk. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the

applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

55. Total Expense for Indirect Cost: \$ 40,650.00

56. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

57. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% indirect cost rate X \$406,491.00 = \$40,649.10 (part 8 rounds to \$40,650)

Project Number 1, 2, 3 - Helping Families in Need							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Co-Director	Reyna Gonzalez	60%	\$ 43,200.00	\$ 25,920.00	22.00%	\$ 5,702.40	\$ 31,622.40
Co-Director	Edny Gonzalez	60%	\$ 52,680.00	\$ 31,608.00	22.00%	\$ 6,953.76	\$ 38,561.76
Application Assistor	Jacinta Castro	60%	\$ 36,000.00	\$ 21,600.00	22.00%	\$ 4,752.00	\$ 26,352.00
Application Assistor	Dalilah Guzman	60%	\$ 9,672.00	\$ 5,803.20	11.00%	\$ 638.35	\$ 6,441.55
Application Assistor	Juanaysa Ortiz	60%	\$ 17,160.00	\$ 10,296.00	11.00%	\$ 1,132.56	\$ 11,428.56
Application Assistor	Maria Davalos	60%	\$ 16,120.00	\$ 9,672.00	11.00%	\$ 1,063.92	\$ 10,735.92
Application Assistor	Jennifer Mata	60%	\$ 7,800.00	\$ 4,680.00	11.00%	\$ 514.80	\$ 5,194.80
Application Assistor	Dora Ballesteros	60%	\$ 16,120.00	\$ 9,672.00	11.00%	\$ 1,063.92	\$ 10,735.92
Application Assistor	Rosa Garcia	60%	\$ 15,600.00	\$ 9,360.00	11.00%	\$ 1,029.60	\$ 10,389.60
Application Assistor	Leslie Mendoza	60%	\$ 15,600.00	\$ 9,360.00	11.00%	\$ 1,029.60	\$ 10,389.60
Application Assistor	Jocelyn Medina	60%	\$ 7,800.00	\$ 4,680.00	22.00%	\$ 1,029.60	\$ 5,709.60
Application Assistor	Cynthia Aragon-Gonzalez	60%	\$ 36,000.00	\$ 21,600.00	22.00%	\$ 4,752.00	\$ 26,352.00
Application Assistor	Astrid Cox	60%	\$ 11,700.00	\$ 7,020.00	11.00%	\$ 772.20	\$ 7,792.20
Application Assistor	Linda Sheid	60%	\$ 7,800.00	\$ 4,680.00	22.00%	\$ 1,029.60	\$ 5,709.60
Application Assistor	Vacant	60%	\$ 31,200.00	\$ 18,720.00	22.00%	\$ 4,118.40	\$ 22,838.40



Application Assistor	Vacant	60%	\$ 31,200.00	\$ 18,720.00	22.00%	\$ 4,118.40	\$ 22,838.40
Application Assistor	Vacant	60%	\$ 31,200.00	\$ 18,720.00	22.00%	\$ 4,118.40	\$ 22,838.40
Application Assistor/Call Rep./Scheduler	Christian Gonzalez	60%	\$ 25,150.00	\$ 15,090.00	11.00%	\$ 1,659.90	\$ 16,749.90
Call Rep./Scheduler	Dennis Gonzalez	60%	\$ 33,280.00	\$ 19,968.00	22.00%	\$ 4,392.96	\$ 24,360.96

Project Number 1, 2, 3 - Helping Families in Need						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 158,521.00		\$158,521	\$317,042.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 3,931.00		\$3,931	\$7,862.00
(i) Internet/Telephone			\$ 5,004.00		\$5,004	\$10,008.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 3,283.00		\$3,283	\$6,566.00
(m) Other			\$ 2,762.00		\$2,762	\$5,524.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 14,980.00		\$14,980	\$29,960.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 4,034.00		\$4,034	\$8,068.00
(q=o+p) Subtotal Travel			\$ 4,034.00		\$4,034	\$8,068.00
(r) Contractual			\$ 25,710.00		\$25,710	\$51,420.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 203,245.00		\$203,245	\$406,490.00
(t=Indirect cost rate x s) Indirect			\$ 20,325.00		\$20,325	\$40,650.00
<b>(u=s+t) TOTAL</b>			<b>\$ 223,570.00</b>		<b>\$223,570</b>	<b>\$447,140.00</b>

**NOURISH PHX (FKA, ICM FOOD AND CLOTHING BANK)**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for

each line was determined. Each expense detail and narrative must consist of the following:

64. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
65. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
66. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: NourishPHX (fka, ICM Food and Clothing Bank)**

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**iiijj. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

41. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** All staff are required to fill out a monthly time sheet delineating the days/hours spent performing SNAP Outreach activities. The Executive Director, Development Director, Volunteer Coordinator and Intake Specialist spend time during services (9-11 M-F) promoting SNAP and the SNAP Coordinator and SNAP Specialist also spend time outside of services meeting with clients. This is all reflected in the time sheets submitted.

42. Total SNAP Expense:     \$ 89,936.00

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

All staff work with clients during services and participate in outreach activities. In addition:

The Executive Director will contribute 10 percent of her time in oversight and supervision to this program, ensuring SNAP compliance, presenting SNAP information to ICM Board members, volunteers and clients. The Executive Director will also complete the SNAP application process and work with the bookkeeper to align budget requests and expenditures.

The SNAP Coordinator (SC) is bilingual and will contribute 50 percent of her time to SNAP Outreach. She will provide direct services to ICM clients through the application process, including prescreening, document assistance and community outreach, and serving as a resource for the volunteers who present SNAP information. The SC is also responsible to attend SNAP seminars and training. She is seated directly off the lobby so that she is readily available to help customers who come for food & clothing and can coordinate phone/fax/copies and direct assistance.

The SNAP Specialist (also a Spanish speaker) is a full-time position fully dedicated (90 percent) to SNAP Outreach during our emergency service hours of 8:30 AM-12:30 PM, Monday – Friday. This position will also attend all SNAP trainings and webinars.

The Development Director will spend 10 percent of her time on SNAP activities in grant writing, helping to track expenditures, and explaining NourishPHX programs to tour groups and potential

funders.

The Volunteer Coordinator will contribute 25 percent of her time to the SNAP program because of her work with volunteers, clients, the SNAP Coordinator and other staff. She will also present SNAP information to visiting volunteer groups, corporations and civic groups.

The Intake Specialist explains SNAP eligibility to English/Spanish-speaking clients in our waiting line outside the building first thing in the morning. Ten percent of his time will be spent on SNAP activities.

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**kkkkkk. Copying/Printing/Materials:**

25. Total SNAP Expense: \$3,292

26. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

27. Staff copies materials for both SNAP outreach and application activities. The staff uses the in-houses copier and printer to make flyers for presentations and also copy applications for individuals for whom applications are submitted. Staff will make approximately 10,000 copies per year for the SNAP program. Being a large user of the ICM copier, approximately 40 percent of the rental cost of the copier and printer are included in this line item.

28. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

BW Copies: 10,000 X \$0.10 = \$1,000

Color Copies: 1,000 X \$0.20 = \$200

Rental Fees: \$435.91 per month X 12 months X 40% - \$2,092.37

Total: \$1,000 + \$200 + \$2,092.37 = \$3,292.37

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**IIIIII. Internet/Telephone:**

57. Total SNAP Expense: \$ 1,230

58. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

These are costs associated with seven work stations used for SNAP work. One phone dedicated entirely to SNAP for clients, and Cox internet

59. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Cox Internet: \$170 per month X 25% X 12 months - \$510

Phone: \$240 per month X 25% X 12 months = \$720

Total: \$1,230

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**mmmmmm. Equipment (individual items exceeding \$5K):**

57. Total SNAP Expense: \$ 0

58. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

59. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**nnnnnn. Supplies and Non-Capital Expenditures:**

27. Total SNAP Expense: \$ \$2,400

28. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budgeted on a monthly basis for general Office (pens, pencils, paper clips, sticky notes, binders, file folders, paper, color paper, etc.) to support the SNAP administration, including application assistance, educating the community, preparing and distributing advertisements, etc.

29. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

\$200 per month X 12 months = \$2,400

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**oooooo. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

20. Total SNAP Expense: \$ 0

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**pppppp. Other:**

27. Total SNAP Expense: \$ 4,650

28. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

General building maintenance and supplies for client bathrooms

29. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

Annual building maintenance and supplies \$15,500 X .30\* of SNAP activities = \$4,650  
\*(.30 = average percentage maintenance dedicated to SNAP Outreach)

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**gg. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

58. Total SNAP Expense: \$ 0

59. Purpose of Travel (*Do not use symbols in your description*):

60. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

55. Total SNAP Expense: \$ 0

56. Purpose of Travel (*Do not use symbols in your description*):

57. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

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**jj. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

57. Total SNAP Expense: \$ 9,000

58. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

This includes internet support and maintenance for computers, network and internet connectivity.

59. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

IT Services: \$125 per hour X 2 hours per month X 12 months = \$3,000

Accounting: \$125 per hour X 4 hours per month X 12 months = \$6,000

**II. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

58. Total Expense for Indirect Cost: \$ 10,811.00

59. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

10 percent indirect cost is being requested. Supply costs have been removed from indirect costs.

60. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Total costs = \$110,508

Supplies Costs = \$2,400

\$110,508 - \$2,400 = \$108,108

\$108,108 X 10% = \$10,810.80

The total is also calculated out on the Part 8 document in cell D18.

Project Number 1, 2, 3 - ICM Food and Clothing Bank							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Beth Fiorenza	10%	\$ 115,000.00	\$ 11,500.00			\$ 11,500.00
Volunteer Coordinator	Mckenna Kiesling	25%	\$ 40,000.00	\$ 10,000.00			\$ 10,000.00
SNAP Coordinator	Sandra Quintana	50%	\$ 42,000.00	\$ 21,000.00			\$ 21,000.00
SNAP Specialist	Anahi Delgado	90%	\$ 38,000.00	\$ 34,200.00			\$ 34,200.00
Intake Specialist	Jacinto Mendoza	15%	\$ 38,241.00	\$ 5,736.15			\$ 5,736.15
Development Director	Mary Wolf-Francis	10%	\$ 75,000.00	\$ 7,500.00			\$ 7,500.00

**Project Number 1, 2, 3 - ICM Food and Clothing Bank**

<b>Expenses</b>	<b>(a) Public Cash</b>	<b>(b) Public In-Kind</b>	<b>(c) Private Cash</b>	<b>(d=a+b+c) Total Non- Federal</b>	<b>(d) Federal Funds</b>	<b>(f=d+e) Total Funds</b>
(g) Personnel (Salary & Benefits)			\$ 44,968.00		\$44,968	\$89,936.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,646.00		\$1,646	\$3,292.00
(i) Internet/Telephone			\$ 615.00		\$615	\$1,230.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,200.00		\$1,200	\$2,400.00
(l) Building/Space					\$0	\$0.00
(m) Other			\$ 2,325.00		\$2,325	\$4,650.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 5,786.00		\$5,786	\$11,572.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel					\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ 4,500.00		\$4,500	\$9,000.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 55,254.00		\$55,254	\$110,508.00
(t=Indirect cost rate x s) Indirect			\$ 5,406.00		\$5,406	\$10,812.00

<b>(u=s+t) TOTAL</b>			<b>\$ 60,660.00</b>		<b>\$60,660</b>	<b>\$121,320.00</b>
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## INTERFAITH COMMUNITY SERVICES

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

67. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
68. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
69. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### Organization Name: Interfaith Community Services

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**qqqqqq. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

#### 43. Explain in detail how this organization will track activity and time spent on SNAP for all staff:

Staff will use monthly activity reports to track time spent (in 15 min increments) supporting SNAP clients, providing outreach, and answering questions over the phone or in person. There will be a SNAP log in the reception area and resource center to track individual names or client services, specific outreach events attended and the audience served.

44. Total SNAP Expense:     \$ 107,275

45. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Chief Executive Officer will contribute five percent of their time to oversee and ensure SNAP compliance and present SNAP information to the community as needed.

The Director of Partnerships and Outreach will contribute ten percent of their time to managing the program. He will talk about the SNAP at all outreach events at our 118-member faith communities.

The Faith and Community Outreach Coordinator will contribute five percent of their time to SNAP

outreach. They will talk about the SNAP at all outreach events at our 118-member faith communities.

The Social Services Manager will contribute five percent of their time to overseeing the program related to emergency financial assistance. She will also provide direct services to the clients. Activities include identifying low-income individuals and families coming through our emergency financial assistance program who are in need of SNAP food assistance, explaining the program and the application process, providing informational brochures and envelopes, and referring clients to the ICS Workforce Development Centers where computers are available for free use and volunteers can assist with them with the eligibility and application process, as well as provide help with any faxing, scanning and copying.

The Senior Case Manager (Northwest) will contribute fifteen percent of their time to provide direct services to clients. Activities include identifying low-income individuals and families coming through our emergency financial assistance program who are in need of SNAP food assistance, explaining the program and the application process, providing informational brochures and envelopes, and referring clients to the ICS Resource Center where computers are available for free use and volunteers can assist with them with the eligibility and application process, as well as provide help with any faxing, scanning and copying. The Senior Case Manager is also available to answer questions about necessary documentation and to put clients in contact with the HEAplus Help Desk when concerns with completing the application cannot be answered by ICS staff.

The Senior Case Manager (Eastside) will contribute fifteen percent of their time to provide direct services to clients. Activities include identifying low-income individuals and families coming through our emergency financial assistance program who are in need of SNAP food assistance, explaining the program and the application process, providing informational brochures and envelopes, and referring clients to the ICS Resource Center where computers are available for free use and volunteers can assist with them with the eligibility and application process, as well as provide help with any faxing, scanning and copying. The Senior Case Manager is also available to answer questions about necessary documentation and to put clients in contact with the HEAplus Help Desk when concerns with completing the application cannot be answered by ICS staff.

The four Case Managers will contribute fifteen percent of their time to provide direct services to clients. Activities include identifying low-income individuals and families coming through our emergency financial assistance program who are in need of SNAP food assistance, explaining the program and the application process, providing informational brochures and envelopes, and referring clients to the ICS Workforce Development Centers where computers are available for free use and volunteers can assist them with the online application eligibility and application process, as well as provide help with any faxing, scanning and copying. The Case Managers is also available to answer questions about necessary documentation and to put clients in contact with the HEAplus Help Desk when concerns with completing the application cannot be answered by ICS staff.

The three Front Desk and Intake Specialists will contribute five percent of their time to ensure that flyers and collateral materials are available at the front desk for clients. They will also answer phones and answer questions regarding the SNAP.

The Resource and Intake Coordinator will contribute five percent of their time to over the intake process and resource clients to other services in the community including SNAP benefits. They will also answer phones and answer questions regarding the SNAP.

The Education & Registration Coordinator will contribute five percent of their time to SNAP Outreach. This position will work with clients within the hospital system to ensure they are aware of SNAP benefits.

The Registration and Intake Specialist will contribute five percent of their time to help the clients apply for SNAP within our Senior Programs.

The Workforce Development Coordinator will contribute five percent of their time to direct client services and ensure that a computer is available at all times for the eligibility and application websites at our Northwest office. The Workforce Development Coordinator activities include identifying low-income individuals and families coming to our resource center who are in need of SNAP food assistance, explaining the program and the application process, providing informational brochures and envelopes, and ensuring computers are available for free use and volunteers can assist them with the online application eligibility and application process, as well as provide help with any faxing, scanning and copying.

The Food Bank Coordinator - Eastside will contribute twenty percent of their time to ensure that the food bank volunteers are trained in SNAP outreach, provide client's referrals to the ICS Resource Center and let them know that computers are available for the eligibility and application process. They will also ensure that flyers and collateral materials are available in the food bank.

The Food Bank Coordinator - Northwest will contribute twenty percent of their time to ensure that the food bank volunteers are trained in SNAP outreach, provide client's referrals to the ICS Resource Center and let them know that computers are available for the eligibility and application process. They will also ensure that flyers and collateral materials are available in the food bank.

The two Food Bank Assistant will contribute twenty percent of their time to ensure that the food bank volunteers on the Eastside are trained in SNAP outreach, provide client's referrals to the ICS Resource Center and let them know that computers are available for the eligibility and application process. They will also ensure that flyers and collateral materials are available in the food bank.

The Accounting Manager will contribute five percent of their time to complete SNAP reimbursement reports for program compliance.

Volunteer Resource Assistant will contribute five percent of their time to communicate the partnership to volunteers during the monthly volunteer orientations at various offices.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

NA

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**rrrrrr. Copying/Printing/Materials:**

29. Total SNAP Expense: \$ 3,248

30. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Staff copies materials for both SNAP outreach supplies and application activities. The staff uses in-house copiers and printers to make flyers for presentations and copy applications for individuals for whom applications are submitted. Staff is expected to make approximately 12000 copies per year for SNAP. 13 percent of the maintenance cost for the copiers is included in this line item.

31. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of*

units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

Copies: 12000 X \$0.08 X 100% = \$960.00

Maintenance: \$17600 X 13% = \$2288.00

(\$960.00 + \$2288.00 = \$3248.00)

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**sssss. Internet/Telephone:**

60. Total SNAP Expense: \$ 1,825

61. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This expense represents costs associated with 13 workstations in our Computer Resource Center that can be used for SNAP eligibility and application processing. This cost includes 13 percent share of this cost.

62. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

13 workstations X \$90/month X 12 months = \$14040 X 13% SNAP = \$1825.20

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**ttttt. Equipment (individual items exceeding \$5K):**

60. Total SNAP Expense: \$ 0

61. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

62. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**uuuuuu. Supplies and Non-Capital Expenditures:**

30. Total SNAP Expense: \$2,700

31. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budgeted on a monthly basis for general office materials (pen, pencils, printer paper, sticky notes, file folders, etc.) to support the SNAP administration, including application assistance, educating the community, preparing and distributing flyers, etc. This line item also includes two new computers to expand our Resource Center on the Eastside specifically dedicated to SNAP program eligibility, application process and faith community trainings.

32. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

Office supplies: \$100/month X 12 months X 100% SNAP = \$1200

Computers: \$750 X 2 X 100% SNAP = \$1500

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**vvvvvv. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

21. Total SNAP Expense: \$ 7,478

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**wwwwww. Other:**

30. Total SNAP Expense: \$ 0

31. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

32. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**hh. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

61. Total SNAP Expense: \$ 0

62. Purpose of Travel (*Do not use symbols in your description*):

63. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

58. Total SNAP Expense: \$1,344

59. Purpose of Travel (*Do not use symbols in your description*):

Expenses for staff to attend and conduct SNAP outreach activities, not located at ICS offices. Mileage rate of \$.56 per mile is being used. In addition to local travel, this includes mileage reimbursement for 2 attendees to the annual Wildfire conference

60. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

Outreach events: 48 events X 30 roundtrip miles X \$0.56 = \$806.40  
 24 events X 40 roundtrip miles X \$0.56 = \$537.60

**kk. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

60. Total SNAP Expense: \$ 0

61. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

62. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)*

**mm. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

61. Total Expense for Indirect Cost: \$ 12,117

62. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

ICS is using an indirect cost rate of 10%.

63. Calculation: *(acceptable symbols: X; #; \$; %, =; +; -)*

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% X (\$123,870 - \$2,700) = \$12,117

Project Number 1, 2, 3 - Interfaith Community Services							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)

Chief Executive Officer	Tom McKinney	5%	\$ 130,000.00	\$ 6,500.00	18.00%	\$ 1,170.00	\$ 7,670.00
Director of Partnerships and Outreach	Tim Kromer	10%	\$ 81,670.00	\$ 8,167.00	18.00%	\$ 1,470.06	\$ 9,637.06
Accounting Manager	Sara Lippitt	5%	\$ 47,700.00	\$ 2,385.00	18.00%	\$ 429.30	\$ 2,814.30
Faith & Community Outreach Coordinator	Jay Deskins	5%	\$ 38,500.00	\$ 1,925.00	18.00%	\$ 346.50	\$ 2,271.50
Social Services Manager	Cindy Galas	5%	\$ 52,000.00	\$ 2,600.00	18.00%	\$ 468.00	\$ 3,068.00
Sr. Case Manager - NW	Jose Rivera	15%	\$ 46,160.00	\$ 6,924.00	18.00%	\$ 1,246.32	\$ 8,170.32
Sr. Case Manager - EA	Amanda Stanley	15%	\$ 40,000.00	\$ 6,000.00	18.00%	\$ 1,080.00	\$ 7,080.00
Case Manager	Monique Johnson	15%	\$ 37,440.00	\$ 5,616.00	18.00%	\$ 1,010.88	\$ 6,626.88
Case Manager	Danitza Gomez	15%	\$ 37,440.00	\$ 5,616.00	18.00%	\$ 1,010.88	\$ 6,626.88
Case Manager	Iliana Recinos	15%	\$ 35,360.00	\$ 5,304.00	18.00%	\$ 954.72	\$ 6,258.72
Case Manager	TBH	15%	\$ 37,440.00	\$ 5,616.00	18.00%	\$ 1,010.88	\$ 6,626.88
Education & Registration Coordinator	Tandala Kidd	5%	\$ 49,441.00	\$ 2,472.05	18.00%	\$ 444.97	\$ 2,917.02
Registration & Intake Specialist	TBH	5%	\$ 31,200.00	\$ 1,560.00	18.00%	\$ 280.80	\$ 1,840.80
Front Desk & Intake Specialist	Alexis Wilson	5%	\$ 31,200.00	\$ 1,560.00	18.00%	\$ 280.80	\$ 1,840.80
Resource & Intake Coordinator	TBH	5%	\$ 38,000.00	\$ 1,900.00	18.00%	\$ 342.00	\$ 2,242.00
Front Desk & Intake Specialist	Maureen Freeman	5%	\$ 34,320.00	\$ 1,716.00	18.00%	\$ 308.88	\$ 2,024.88
Front Desk & Intake Specialist	TBH	5%	\$ 31,200.00	\$ 1,560.00	18.00%	\$ 280.80	\$ 1,840.80
Workforce Development Coordinator	Tina Bommarito	5%	\$ 40,560.00	\$ 2,028.00	18.00%	\$ 365.04	\$ 2,393.04
Food Bank Coordinator - EA	Val Clewley	20%	\$ 28,684.00	\$ 5,736.80	18.00%	\$ 1,032.62	\$ 6,769.42
Food Bank Coordinator - NW	Curt Balko	20%	\$ 36,564.00	\$ 7,312.80	18.00%	\$ 1,316.30	\$ 8,629.10

Food Bank Assistant	Kim Dickinson	20%	\$ 15,600.00	\$ 3,120.00	15.00%	\$ 468.00	\$ 3,588.00
Volunteer Resource Assistant	Maria Brown	5%	\$ 16,640.00	\$ 832.00	15.00%	\$ 124.80	\$ 956.80
Food Bank Assistant	TBD	20%	\$ 23,400.00	\$ 4,680.00	15.00%	\$ 702.00	\$ 5,382.00

Project Number 1, 2, 3 - Interfaith Community Services						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 53,638.00		\$53,638	\$107,276.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,624.00		\$1,624	\$3,248.00
(i) Internet/Telephone			\$ 913.00		\$913	\$1,826.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,350.00		\$1,350	\$2,700.00
(l) Building/Space			\$ 3,739.00		\$3,739	\$7,478.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 7,626.00		\$7,626	\$15,252.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 672.00		\$672	\$1,344.00
(q=o+p) Subtotal Travel			\$ 672.00		\$672	\$1,344.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 61,936.00		\$61,936	\$123,872.00
(t=Indirect cost rate x s) Indirect			\$ 6,059.00		\$6,059	\$12,118.00
<b>(u=s+t) TOTAL</b>			<b>\$ 67,995.00</b>		<b>\$67,995</b>	<b>\$135,990.00</b>

## INTERNATIONAL SONORAN DESERT ALLIANCE

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

**70.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same



as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).

71. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
72. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: INTERNATIONAL SONORAN DESERT ALLIANCE**

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xxxxxx. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

46. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Staff members are required to submit timesheets each pay period that separates out time between different programs. Timesheets will be set up to have a space to record SNAP outreach hours worked. All SNAP-related activities by paid staff will be recorded on timesheets and will then be separately from other programs in ISDA's fund-accounting system. In addition our staff will use daily time trackers.

47. Total SNAP Expense: \$ 37,455

48. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

- a) The Executive Director will commit to 5 percent of his time to SNAP. He will provide oversight for the outreach program, problem solving, and assistance with applications when other staff is unavailable. He will work with the Program Coordinator to devise thorough outreach in our rural community and the surrounding area. The Executive Director will also be responsible for program reporting, grant management, and staff support.
- b) The Program Coordinator will commit 50 percent of her time to promote SNAP by presenting program information at outreach events in Ajo, including related workshops, and in assisting community residents in the completion of SNAP applications and enrolling families in My Family Benefits. She will train and oversee one part-time Program Assistant on this process. She is bi-lingual (Spanish and English).
- c) A part-time Program Assistant will dedicate 40 percent of her time to provide SNAP information at community events, complete SNAP applications, and enroll families in My Family Benefits. She is bi-lingual (Spanish and English).
- d) A Financial Assistant will dedicate 10 percent of his time to assist the Program Coordinator with compiling monthly reports and submitting reimbursement requests.

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**yyyyyy. Copying/Printing/Materials:**

32. Total SNAP Expense: \$ 1,200

33. Description: ISDA projects it will Self/Full Service Assistance to 300 households. That is including provision of printed outreach materials. Historically, each household has required an average of 20 printed or copied documents. At 20 cents per page (cost calculation includes cost of paper, ink and maintenance), the total SNAP expense will be 1200 dollars.

34. Calculations 300 households X 20 pages per household X \$0.20 per page = \$1,200

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**zzzzzz. Internet/Telephone:**

63. Total SNAP Expense: \$ 2,070

64. Description: There is one phone line and one fax line dedicated to SNAP related services. Additionally there is partial usage of a shared "main line" and a shared internet service at the service delivery office. Monthly long distance charges related to service delivery average 20 dollars per month

65. Calculations:

Dedicated Phone: \$60/month X 12 months = \$720

Dedicated Fax: \$50/month X 12 months = \$600

Shared Phone: \$60/month X 12 months X 25% = \$180

Shared Internet: \$110/month X 12 months X 25% = \$330

Long Distance: \$20/month X 12 months = \$240

\$720 + \$600 + \$180 + \$330 + \$240 = \$2,070

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**aaaaaaa. Equipment (individual items exceeding \$5K):**

63. Total SNAP Expense: \$ XX,XXX

64. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

65. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item.)*

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**bbbbbbb. Supplies and Non-Capital Expenditures:**

33. Total SNAP Expense: \$ 2,250

34. Description: Supply costs include basic office supplies needed for this project, including pens, paper, staplers, toner, and other basic needs. Office supply costs for the service delivery office average 1250 dollars per month. 15 percent of total cost at the service delivery office is dedicated to the project which is 187.50 dollars per month.

35. Calculations:  $\$187.50/\text{month} \times 12 \text{ months} = \$2,250$

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**ccccccc. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

22. Total SNAP Expense: \$ 1,953

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**ddddddd. Other:**

33. Total SNAP Expense: \$ 1,130

34. Description: Other costs consist of professional info technology services (to keep our computers and software functioning) and professional auditing services (ISDA is required to conduct an annual third party audit of organization finances. ISDA spends 5,000 dollars per year on IT support services. Based on allocation of staff time and use of space, we estimate that 10 percent of those costs are in support of SNAP related service activities.

35. Calculations:

Calculation for IT costs:  $\$5,000 \times 10\% = \$500$

Calculation for audit costs:  $\$18,000 \times 3.5\% = \$630$

Total Other costs:  $\$500 + \$630 = \$1,130$

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**ii. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

64. Total SNAP Expense: \$ XX,XXX

65. Purpose of Travel (*Do not use symbols in your description*):

66. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

61. Total SNAP Expense: \$ 947

62. Description: Program Coordinator travel from Ajo to Tucson for trainings, meetings and Wildfire Annual Conference.

63. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Tucson: 3 total round trips X 266 round trip miles X \$0.56 = \$446.88 Trainings/Meetings  
Annual Conference Lodging: \$350  
Registration for Wildfire Annual Conference: \$150

$\$446.88 + \$350 + \$150 = \$946.88$

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**ii. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

63. Total SNAP Expense: \$ XX,XXX

64. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

65. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**nn. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

64. Total Expense for Indirect Cost: \$ XX,XXX

65. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

66. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - International Sonoran Desert Alliance							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Aaron Cooper	5.00%	\$ 70,000.00	\$ 3,500.00	25.00%	\$ 875.00	\$ 4,375.00
Program Coordinator	Liz Yon	50.00%	\$ 31,200.00	\$ 15,600.00	25.00%	\$ 3,900.00	\$ 19,500.00
Financial Assistant	Paul Vasquez	10.00%	\$ 40,000.00	\$ 4,000.00	25.00%	\$ 1,000.00	\$ 5,000.00
Program Assistant	Lydia Larremore	40.00%	\$ 17,160.00	\$ 6,864.00	25.00%	\$ 1,716.00	\$ 8,580.00

Project Number 1, 2, 3 - International Sonoran Desert Alliance						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 18,728.00		\$18,728	\$37,456.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 600.00		\$600	\$1,200.00
(i) Internet/Telephone			\$ 1,035.00		\$1,035	\$2,070.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,125.00		\$1,125	\$2,250.00
(l) Building/Space			\$ 977.00		\$977	\$1,954.00
(m) Other			\$ 565.00		\$565	\$1,130.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 4,302.00		\$4,302	\$8,604.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 473.00		\$473	\$946.00
(q=o+p) Subtotal Travel			\$ 473.00		\$473	\$946.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 23,503.00		\$23,503	\$47,006.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 23,503.00</b>		<b>\$23,503</b>	<b>\$47,006.00</b>

## LIVE AND LEARN PROGRAM

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

1. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
2. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
3. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

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**Organization Name: LIVE AND LEARN PROGRAM**

- g. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.
  - 1. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
Program Manager, Empowerment Coordinator and Client Coordinators use Case Management via Salesforce. This tracks the appointments with clients, prospects and referrals. Client Coordinators will also track SNAP outreach activities.  
  
Admin and other staff will be using a time sheet that records how time is spent during the week by hour. Staff will keep specific track of SNAPO activities.
  2. Total SNAP Expense:     \$ 73,512
  3. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:
    - a. Program Manager 20 percent
    - b. Lead Client Coordinator 20 percent
    - c. Empowerment Coordinator 20 percent
    - d. Client Coordinator 25 percent
    - e. Client Coordinator part-time 25 percent
    - f. Eligibility Coordinator 50 percent

- g. Operations Coordinator, Executive Director and Admin Assistant are each 5 percent

Program Manager, Lead Client Coordinator, and Empowerment coordinators will work with their client referrals to assess each client's needs and potential eligibility for SNAP. After extensive interviewing, eligibility is determined and, where eligible, staff assist in the entire process of signing up for SNAP, including ensuring the correct forms are completed and documentation provided. We work hand in hand with the client through all steps of the process to ensure it is completed correctly the first time to maximize chance of a successful submission. LNL maintains this approach in all aspects of its dealings with clients, many of whom are not familiar with paperwork requirements and can be scared off by submitting data. We help explain the benefits and the requirements on their part to ensure they receive appropriate benefits.

The role of the Eligibility Coordinator will be community outreach and presentations to our referral partners. She will be the 'expert' on the system and will be the main contact within Live and Learn for technical questions.

Our two Client Coordinators are the central point of contact within our organization with regards to prospects and clients. The Client Coordinators will work closely with the Eligibility Coordinator to assist clients in assessing eligibility and completing required documentation and submission of such. They will also work with community referrals to help navigate them through the assessment and application process.

Admin Assistant, Operations Coordinator and Executive Director will support the efforts of the 2 Client Coordinators and the Eligibility Coordinator. The Operations Coordinator and Admin Assistant will help with outreach events. They will also make sure to answer phone calls and emails from new referrals or new referral partners. The Executive Director will help the Client and Eligibility Coordinators with time management, issues that may arise as well as finding new partners in the community.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**h. Copying/Printing/Materials:**

1. Total SNAP Expense: \$ 329
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*  
Materials will be distributed through outreach events as well as in the office. We are requesting 18 percent of this be reimbursed under the SNAP outreach grant.
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)*  
i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

(1 X \$1,825 annual printing cost) X 18%=\$328.50  
\$328.50 rounded to \$329

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**i. Internet/Telephone:**

1. Total SNAP Expense: \$ 1,548

2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Currently we reimburse monthly for cell phone usage. We pay monthly for our internet service. We are requesting 18 percent of this be reimbursed under the SNAP outreach grant.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

6 employees X \$50/month for cell phone X 12 months X 18% = \$648 cell phone  
1 X \$416.67monthly for internet 12 X 18%= \$900.01 internet

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\$900.01 + \$648= \$1,548.01

**j. Equipment (individual items exceeding \$5K):**

1. Total SNAP Expense: \$ 0

2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

3. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**k. Supplies and Non-Capital Expenditures:**

1. Total SNAP Expense: \$ 1,251

2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

The cost of supplies is based on the cost in 2020 with additional funds for laptops for our new Eligibility and Client Coordinator. We are requesting 18 percent of this be reimbursed under the SNAP outreach grant.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

\$4,950 total cost of supplies X 18 % = \$891  
2 laptops X \$1,000 X 18 % = \$360

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891+360 = \$1,251

**l. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

1. Total SNAP Expense: \$2,894



\$2,893.88 rounded to \$2,894

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**m. Other:**

1. Total SNAP Expense: \$ 0
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)
3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**n. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

1. Total SNAP Expense: \$ 0
2. Purpose of Travel (*Do not use symbols in your description*):
3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)  
Destination: Name of Conference/Meeting/Etc.  
Airfare: Average Cost X # of People X # of Trips  
Lodging: Average Cost X # of People X # of Trips  
Per Diem: Average Cost X # of People X # of Trips  
Ground Transportation: Average Cost X # of People X # of Trips  
= \$Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

1. Total SNAP Expense: \$ 430
2. Purpose of Travel (*Do not use symbols in your description*):  
  
The purpose of travel would be to go to in-person events where Live and Learn could talk about the SNAP process. LNL office to Mesa Community college is 32 miles round trip. We conduct approximately 24 events. It is approximately 32 miles per trip.
3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

24 round trips X 32 miles per trip X \$0.56 = \$430.08  
\$430.08 rounded down to \$430

q. **Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

1. Total SNAP Expense: \$ 2,935

2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Live and Learn has a contract with our accounting firm, Salesforce/IT consultant and a Human Resources consultant. Our accounting was 11,315 dollars last year. Salesforce, our tool for tracking client data and IT support was 3,165 dollars and an HR consultant was 1,825 dollars. A total of 16,305 dollars. We are requesting 18 percent of this be reimbursed under the SNAP outreach grant.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)*

\$16,305 cost of consultants X 18% = \$2,934.90  
 \$2,934.90 rounded up to \$2935.

s. **Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$ XX,XXX

2. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

3. Calculation: *(acceptable symbols: X; #; \$; %, =; +; -)*  
 Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Live and Learn Program							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Program Manager	Stephanie Castillo	20%	\$ 55,000.00	\$ 11,000.00	10.00%	\$ 1,100.00	\$ 12,100.00
Lead Client Coordinator	Joselena Cordero	20%	\$ 39,000.00	\$ 7,800.00	10.00%	\$ 780.00	\$ 8,580.00

Empowerment Coordinator	Iris Ortega	20%	\$ 45,000.00	\$ 9,000.00	10.00%	\$ 900.00	\$ 9,900.00
Client Coordinator	Vacant	25%	\$ 44,000.00	\$ 11,000.00	10.00%	\$ 1,100.00	\$ 12,100.00
Eligibility Coordinator	Vacant	50%	\$ 37,000.00	\$ 18,500.00	10.00%	\$ 1,850.00	\$ 20,350.00
Client Coordinator	Vacant	25%	\$ 18,000.00	\$ 4,500.00	0.00%	\$ -	\$ 4,500.00
Operations Coordinator PTE	Megan Stacey	5%	\$ 26,000.00	\$ 1,300.00	0.00%	\$ -	\$ 1,300.00
Executive Director	Kristin Chatsworth	5%	\$ 62,400.00	\$ 3,120.00	10.00%	\$ 312.00	\$ 3,432.00
Admin Assistant	Vacant	5%	\$ 25,000.00	\$ 1,250.00	0.00%	\$ -	\$ 1,250.00

Project Number 1, 2, 3 - Live and Learn Program						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 36,756.00		\$36,756	\$73,512.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 165.00		\$165	\$330.00
(i) Internet/Telephone			\$ 774.00		\$774	\$1,548.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 625.00		\$625	\$1,250.00
(l) Building/Space			\$ 1,447.00		\$1,447	\$2,894.00
(m) Other					\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 3,011.00		\$3,011	\$6,022.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 215.00		\$215	\$430.00
(q=o+p) Subtotal Travel			\$ 215.00		\$215	\$430.00
(r) Contractual			\$ 1,467.00		\$1,467	\$2,934.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 41,449.00		\$41,449	\$82,898.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 41,449.00</b>		<b>\$41,449</b>	<b>\$82,898.00</b>

**LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST**

**SNAP Outreach Budget Justification**  
**FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 73. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 74. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 75. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Lutheran Social Services of the Southwest**

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eeeeeee. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**49. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Lutheran Social Services of the Southwest tracks SNAP activity hours by two methods:

- Employee's time sheet: Staff completes a daily time log with hours (in 15-minute increments) spent on SNAP allowable activities.
- Nutrition Assistance Activities Log: The log includes a space to record activities, as well as equipment used. These logs are electronic and used for monthly invoice calculations.

50. Total SNAP Expense: **\$39,701.00**

51. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The staff listed integrates SNAP services with additional services being offered to individuals and families who seek assistance from LSS-SW. The salaries charged to the SNAP program reflect a range of 5-10 percent of each employee's total work time. Sixteen staff are charged at 5 percent, because they primarily work in the Children and Family Services program. Their responsibilities related to this program are limited to providing education, prescreening and application assistance and follow-up for families with children birth to five years.

The following staff will contribute 10 percent of their time to the SNAP program, providing direct services to clients through application assistance, prescreening, documents assistance and community education. Staff will also support the SNAP activities by preparing copies of outreach information, making reminder appointment calls, and assisting clients with copying, printing and faxing documents and contacting DES by phone.

- 1 Program Manager

The following staff will contribute 5 percent of their time to the SNAP program, providing direct services to clients through application assistance, prescreening, documents assistance and community education. Staff will also support SNAP by preparing copies of information, making reminder appointment calls, and assisting clients with copying, printing and faxing documents and contacting DES by phone.

- 5 Program Coordinators
- 4 Family Coaches
- 1 Resource Specialist
- 1 Early Childhood Coordinator
- 1 Resource Coordinator
- 4 Family Specialists

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**ffffff. Copying/Printing/Materials:**

35. Total SNAP Expense: **\$4,834.**

36. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

LSS-SW staff copies materials for both education and application activities. The staff uses LSS-SW in-house copiers and printers to make flyers for presentations and to copy SNAP applications for individuals.

For outreach and educational purposes, LSS-SW publishes a bi-monthly printed source of news and information called "Family Activity Guide." Each of LSS-SW's four Family Resource Centers creates its own "Family Activity Guide" containing information specific to each location. These publications always include details on how LSS-SW can assist families with SNAP information and applications. "Family Activity Guide" is printed in English and Spanish, double-sided and in color. LSS-SW produces 3,900 "Family Activity Guide" copies per month (46,800 annually) at a cost of ten cents each for distribution at every agency site and at a variety of community locations. SNAP cost is at 20 percent of this line item.

LSS-SW also produces printed post cards promoting the availability of SNAP application assistance at each location. These two-sided, color postcards are printed in English and Spanish and distributed at each LSS-SW site and in many community locations. LSS-SW produces 10,000 SNAP postcards annually at a cost of thirty-cents per postcard.

Maintenance costs for the copier are included in this line item. SNAP cost is at 30 percent of this line item.

37. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

Copies of "Family Activity Guide:" (46,800 copies annually X \$.10 each = \$4,680.) X SNAP Activity 20% = \$936

Copies of SNAP postcards: (10,000 copies annually X \$.30 each = \$3,000.

Copier Maintenance: \$2,994. annually X SNAP Activities 30% = \$898.20.

(\$936 + \$3,000 + \$898.20 = \$4,834.20 (rounded to \$4,834 Total SNAP Expense of line item h)

---

**ggggggg. Internet/Telephone:**

66. Total SNAP Expense: **\$2,236.**

67. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This line item is inclusive of wireless internet and cell phone costs for staff providing SNAP services.

- Access to a phone and the internet is needed for SNAP activity. SNAP outreach/application assistance is provided in community locations or conducted during home visits. Wireless hot spot service for 18 laptops used remotely for 12 months. Staff will do outreach remotely to reach populations in rural areas and satellite locations by submitting applications online via Health-e-Arizona Plus (HEAplus), uploading documents to HEAplus, locating verification and accessing SNAP eligibility prescreening tools, such as the ArizonaSelfHelp.
- Usage of 18 smart phones for remote visits and outreach and calls, contacting DES (eligibility interview or questions regarding case status), scheduling appointments and following up with SNAP applicants.

68. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Wireless hot spot: \$16.76/month X 18 staff X 12 months = \$3,620.16 X 20% SNAP = \$724.03

Smartphone usage (voice and data): \$35/month X 18 staff X 12 months = \$7,560. X 20% SNAP = \$1,512.

(\$724.03. + \$1,512 = \$2,236.03 (rounded to \$2,236 Total SNAP Expense of line item i)

---

**hhhhhhh. Equipment (individual items exceeding \$5K):**

66. Total SNAP Expense: **\$0.**

67. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

68. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

---

**iiiiiii. Supplies and Non-Capital Expenditures:**

36. Total SNAP Expense: **\$2,480.**

37. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

Description: General office supplies, including items such as copy paper, printer ink, file folders for client files, paperclips, staplers, etc. to ensure that staff can adequately provide all services proposed at the ten locations where LSS-SW provides SNAP application assistance. In addition, postage to mail flyers and other information to prospective SNAP applicants and community groups are included. The total cost projected is based on our actual monthly costs.

Description: Four laptop computers to be used by parents to conveniently apply online for SNAP assistance, upload the necessary documentation and provide verification while visiting each of LSS-SW's Family Resource Centers in Maricopa County. Staff is available to assist with this process at the Family Resource Centers during the times noted on the "Partner Locations and Services Form."

Description: One desktop printer for producing copies of SNAP applications, outreach materials and other SNAP promotional items at one of the LSS-SW application sites.

Twenty-percent is used to support SNAP.

The costs of the supplies are not factored into the indirect costs and are direct costs toward this line item.

38. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

General Office Supplies: 10 locations X \$66.66 per month X 12 months X SNAP Activities 20% = \$1,599.84

Four Laptop Computers: 4 computers X \$1,000 each X SNAP Activities 20% = \$800

One Desktop Printer: \$400 X SNAP Activities 20% = \$80

(\$1,599.84+ \$800 + 80 = \$2,479.84 (rounded to \$2,480) Total SNAP Expense of line item k)

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**jjjjjj. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

23. Total SNAP Expense: \$3,244.

\$3,243.72 rounded to \$3,244

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**kkkkkkk. Other:**

36. Total SNAP Expense: **\$ 0**

37. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

38. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

---

**jj. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

67. Total SNAP Expense: **\$ 0**

68. Purpose of Travel (Do not use symbols in your description):

69. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

64. Total SNAP Expense: **\$13,350**

65. Purpose of Travel (Do not use symbols in your description):

Expenses for staff to attend and conduct SNAP outreach activities, Mileage rate of \$.445 per mile per LSS-SW policy.

66. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -); Reimbursement rate of \$0.445/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

Local mileage consists of trips between the main program offices in Maricopa County and the various community-based offices and outreach locations. It is anticipated that annually the staff assigned to the SNAP program will drive 2,500 miles monthly (30,000 miles annually) between the various program locations in order to make presentations regarding the availability of SNAP, meet with individuals seeking SNAP benefits and provide SNAP application assistance.

Travel: (30,000 miles annually X \$0.445 per mile = **\$13,350** Total SNAP Expense of line item p).

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**mm. Contractual:** Provide a description of the product or services to be procured by contract and an



estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

66. Total SNAP Expense: **\$0**

67. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

68. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)*

**oo. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

67. Total Expense for Indirect Cost: **\$ 6,337**

68. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

69. Calculation: *(acceptable symbols: X; #; \$; %, =; +; -)*

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Indirect Rate: 10% X \$63,365.16 (\$65,845 – \$2,479.84) = **\$6,336.52** Indirect Cost (rounded on program line document to **\$6,337**)

Project Number 1, 2, 3 - Lutheran Social Services of the Southwest							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Program Manager	Leonor Garcia	10.00%	\$ 52,530.00	\$ 5,253.00	18.00%	\$ 945.54	\$ 6,198.54
Program Coordinator	Monique Moran	5.00%	\$ 33,800.00	\$ 1,690.00	18.00%	\$ 304.20	\$ 1,994.20
Family Coach	Sarah McGovern	5.00%	\$ 35,361.00	\$ 1,768.05	18.00%	\$ 318.25	\$ 2,086.30
Program Coordinator	Maribel Gomez	5.00%	\$ 33,800.00	\$ 1,690.00	18.00%	\$ 304.20	\$ 1,994.20
Resources Coordinator	Paola Overholser	5.00%	\$ 33,800.00	\$ 1,690.00	18.00%	\$ 304.20	\$ 1,994.20

Program Coordinator	Aurelia Montero	5.00%	\$ 35,361.00	\$ 1,768.05	18.00%	\$ 318.25	\$ 2,086.30
Early Childhood Coordinator	Zyerie Ramirez	5.00%	\$ 33,800.00	\$ 1,690.00	18.00%	\$ 304.20	\$ 1,994.20
Program Coordinator	Maria Meza	5.00%	\$ 33,800.00	\$ 1,690.00	18.00%	\$ 304.20	\$ 1,994.20
Resource Specialist	Leticia Yanes	5.00%	\$ 31,720.00	\$ 1,586.00	18.00%	\$ 285.48	\$ 1,871.48
Program Coordinator	Jessica Lugo	5.00%	\$ 33,800.00	\$ 1,690.00	18.00%	\$ 304.20	\$ 1,994.20
Family Coach	Maria Macias	5.00%	\$ 35,361.00	\$ 1,768.05	18.00%	\$ 318.25	\$ 2,086.30
Family Coach	Alicia Ramos	5.00%	\$ 35,361.00	\$ 1,768.05	18.00%	\$ 318.25	\$ 2,086.30
Family Coach	Jauna Martin	5.00%	\$ 33,800.00	\$ 1,690.00	18.00%	\$ 304.20	\$ 1,994.20
Family Specialist	Vacant	5.00%	\$ 39,520.00	\$ 1,976.00	18.00%	\$ 355.68	\$ 2,331.68
Family Specialist	Vacant	5.00%	\$ 39,520.00	\$ 1,976.00	18.00%	\$ 355.68	\$ 2,331.68
Family Specialist	Vacant	5.00%	\$ 39,520.00	\$ 1,976.00	18.00%	\$ 355.68	\$ 2,331.68
Family Specialist	Vacant	5.00%	\$ 39,520.00	\$ 1,976.00	18.00%	\$ 355.68	\$ 2,331.68

Project Number 1, 2, 3 - Lutheran Social Services of the Southwest						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 19,851.00		\$19,851	\$39,702.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 2,417.00		\$2,417	\$4,834.00
(i) Internet/Telephone			\$ 1,118.00		\$1,118	\$2,236.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,240.00		\$1,240	\$2,480.00
(l) Building/Space			\$ 1,622.00		\$1,622	\$3,244.00
(m) Other					\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,397.00		\$6,397	\$12,794.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 6,675.00		\$6,675	\$13,350.00
(q=o+p) Subtotal Travel			\$ 6,675.00		\$6,675	\$13,350.00
(r) Contractual			\$ -		\$0	\$0.00

(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 32,923.00		\$32,923	\$65,846.00
(t=Indirect cost rate x s) Indirect			\$ 3,169.00		\$3,169	\$6,338.00
<b>(u=s+t) TOTAL</b>			<b>\$ 36,092.00</b>		<b>\$36,092</b>	<b>\$72,184.00</b>

## MANZANITA OUTREACH

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

1. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
2. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
3. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

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#### Organization Name: Manzanita Outreach

- g. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

1. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Manzanita Outreach will track SNAP related activities using a shared excel spreadsheet that will track the following data points for each staff member and a summary of all activities for all staff members.

- Date
- Start time
- End time
- Calculation of total time
- Activity performed
- Total of all time on activities in a day
- Mileage (if applicable)

- Summary by week by activity and staff member(s)
- Summary by month by activity and staff member(s)
- Total hours worked by staff member for all activities

2. Total SNAP Expense: **\$82,869**

3. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**The Director of Operations** will be the Manzanita Outreach primary point person for all SNAP related activities and will dedicate 50 percent of their time on SNAP-related activities. Their specific responsibilities will include:

- Ordering and receiving marketing materials - Primary
- Warehouse and Transportation operations - Secondary
- Data Aggregation - Secondary
- Data Collection - Primary
- Data Reporting - Secondary
- Database Management - Secondary
- Distributing Marketing Materials - Primary
- Identification and Filling of Gaps in the Food-Assistance Supply Chain - Secondary
- Making Home-Bound SNAP Assistance Visits - Primary
- Other Marketing and Public Relations Activities - Secondary
- Partner Communication - Primary
- Partner Outreach - Primary
- Receiving Inbound Calls from Clients - Primary
- Recruiting Volunteers for Food-Sharing Events - Secondary
- Setting up and Managing Food-Sharing Sites - Secondary
- Volunteer Coordination - Primary
- Website Edits and Management Relative to SNAP - Secondary
- Writing Press Releases including SNAP - Secondary

**The Food Share Coordinator** will spend 50 percent of their time on SNAP-related activities. Their specific duties will be in the integration of SNAP-related activities into our food sharing models. Their specific responsibilities will include:

- Warehouse and Transportation operations - Primary
- Insertion of Marketing Materials into food boxes - Primary
- Distributing Marketing Materials - Secondary
- Making Home-Bound SNAP Assistance Visits - Secondary
- Setting up and Managing Food-Sharing Sites - Primary
- Volunteer Coordination - Secondary

**The Executive Director** will spend 40 percent of their time on SNAP-related activities. Our unique, outreach model of providing food-assistance and related services is designed and built on the sustainment and expansion of strong community relationships within our service area. The Executive Director will have a direct role in the expansion of all SNAP related activities and community relationships. The Executive Director will be involved in:

- Ordering and receiving marketing materials - Secondary
- Data Aggregation - Primary
- Data Collection - Secondary
- Data Reporting - Primary
- Database Management - Primary
- Distributing Marketing Materials - Secondary
- Identification and Filling of Gaps in the Food-Assistance Supply Chain - Primary
- Other Marketing and Public Relations Activities - Primary
- Partner Communication - Secondary
- Partner Outreach - Secondary

- Receiving Inbound Calls from Clients - Secondary
- Recruiting Volunteers for Food-Sharing Events - Primary
- Website Edits and Management Relative to SNAP - Primary
- Writing Press Releases including SNAP - Primary

**The Administrative Coordinator** will be a Manzanita Outreach point person for many SNAP related activities and will dedicate 25 percent of their time on SNAP-related activities. Their specific responsibilities will include:

- Application Assistance - Primary
- Creating Marketing Materials - Secondary
- Creation of Monthly Recipes - Primary
- Data Aggregation - Secondary
- Data Collection - Primary
- Data Reporting - Secondary
- Database Management - Primary
- Distributing Marketing Materials - Primary
- Distribution of Monthly Recipes - Secondary
- Identification and Filling of Gaps in the Food-Assistance Supply Chain - Secondary
- Making Home-Bound Assistance Visits - Primary
- Other Marketing and Public Relations Activities - Secondary
- Partner Communication - Secondary
- Partner Outreach - Secondary
- Receiving Inbound Calls from Clients - Primary
- Recruiting Volunteers for Food-Sharing Events - Primary
- Setting up and Managing Food-Sharing Sites - Secondary
- Updating and Usage of Verbal Style Guide - Secondary
- Volunteer Coordination - Secondary
- Website Edits and Management Relative to SNAP - Secondary
- Writing Press Releases including SNAP - Secondary

**The SNAP Assister** will be the primary Manzanita Outreach point person for our clients' SNAP-related questions, and the primary point of contact to physically assist our clients in filling out applications. This person will dedicate 50 percent of their time on SNAP-related activities. Their specific responsibilities will include:

- Application Assistance - Primary
- Data Collection - Primary
- Data Reporting - Secondary
- Distributing Marketing Materials - Secondary
- Hosting Informational Sessions - Primary
- Making Home-Bound Assistance Visits - Primary
- Receiving Inbound Calls from Clients - Secondary

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

N/A

**h. Copying/Printing/Materials:**

1. Total SNAP Expense: \$0
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

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**i. Internet/Telephone:**

1. Total SNAP Expense: \$960
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Grasshopper Phone System - A phone system will be installed at a cost of \$80 per month via the vendor Grasshopper that will allow us to more effectively segment inbound and outbound calls. Because we are primarily in the field (outreach organization), we send all calls to our phones. We estimate 40 percent of both inbound and outbound calls will be SNAP-outreach related.

Cell Phones - Cell phones used by the Executive Director and Director of Operations at a cost of \$120 per month. As an outreach organization, we use cell phones to respond to client calls. We estimate 40% of inbound and outbound calls will be SNAP-outreach related.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Grasshopper:

\$80/month X 12 months = \$960/year X 40% SNAP usage = **\$384**

Cell Phones:

\$120/month X 12 months = \$1,440 X 40% SNAP usage = **\$576**

**\$384 + 576 = \$960**

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**j. Equipment (individual items exceeding \$5K):**

1. Total SNAP Expense: \$0
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
3. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**k. Supplies and Non-Capital Expenditures:**

1. Total SNAP Expense: \$1,000
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Computer – To be used by Director of Operations for all SNAP-related activities in order to effectively serve this market.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

1 Unit X \$2,000 X 50% SNAP Activities = \$1,000

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**I. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

1. Total SNAP Expense: \$0

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**m. Other:**

1. Total SNAP Expense: \$0

2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**n. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

1. Total SNAP Expense: \$0

2. Purpose of Travel *(Do not use symbols in your description):*

3. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

1. Total SNAP Expense: \$7,795

2. Purpose of Travel *(Do not use symbols in your description):*

Local (In-State) Travel to include travel to and from the following Food sharing events

- Heights Church (Old Abertson's Store), 7450 E Pav Way, Prescott Valley
- St. Catherine Church, 2062 AZ89, Chino Valley
- Various Verde Valley Locations, including:
  - Mingus Union High School, 1801 E Fir St, Cottonwood, AZ 86326
  - Verde Valley Christian Church, 406 S 6th St, Cottonwood, AZ 86326

3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

- Heights Church Prescott Valley (Old Abertson's Store): 24 Total Round Trips X 108 miles round trip X 2 trucks = 5,184 miles X \$0.56 = **\$2,903.04**
- St. Catherine Church Chino Valley: 24 Total Round Trips X 132 miles round trip X 2 trucks = 6,336 miles X \$0.56 = **\$3,548.16**
- Various Verde Valley Locations: 24 Total Round Trips X 50 miles round trip X 2 trucks = 2,400 miles X \$0.56 = **\$1,344**

**\$2,903.04 + \$3,548.16 + \$1,344 = \$7,795.20**

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q. **Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

1. Total SNAP Expense: \$0
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)
3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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s. **Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$9,163
2. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***
3. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)  
Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost



Total = \$92,624  
 Supplies = \$1,000  
 \$92,624 - \$1,000 = \$91,624 Eligible for indirect cost  
 Formula: 10% X \$91,624 = \$9,163

Project Number 1, 2, 3 - Manzanita Outreach							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Food Share Coordinator	Eric Eastwood	50.00%	\$ 35,360.00	\$ 17,680.00	7.65%	\$ 1,352.52	\$ 19,032.52
Executive Director	Mike Newcomb	40.00%	\$ 24,000.00	\$ 9,600.00	7.65%	\$ 734.40	\$ 10,334.40
Director of Operations	Ben Burke	50.00%	\$ 50,000.00	\$ 25,000.00	7.65%	\$ 1,912.50	\$ 26,912.50
Administrative Coordinator	Donna Newcomb	25.00%	\$ 15,600.00	\$ 3,900.00	7.65%	\$ 298.35	\$ 4,198.35
SNAP Assister	TBD	50.00%	\$ 41,600.00	\$ 20,800.00	7.65%	\$ 1,591.20	\$ 22,391.20

Project Number 1, 2, 3 - Manzanita Outreach						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 41,435		\$ 41,435	\$ 82,870
Other Direct Cost					\$ -	\$ -
(h) Copying/Printing/Materials			\$ -		\$ -	\$ -
(i) Internet/Telephone			\$ 480		\$ 480	\$ 960
(j) Equipment			\$ -		\$ -	\$ -
(k) Supplies and Non-Capital Expenditures			\$ 500		\$ 500	\$ 1,000
(l) Building/Space			\$ -		\$ -	\$ -
(m) Other			\$ -		\$ -	\$ -
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 980		\$ 980	\$ 1,960
Travel					\$ -	\$ -
(o) Long Distance			\$ -		\$ -	\$ -
(p) Local (Inside Arizona) Travel			\$ 3,898		\$ 3,898	\$ 7,796
(q=o+p) Subtotal Travel			\$ 3,898		\$ 3,898	\$ 7,796
(r) Contractual			\$ -		\$ -	\$ -
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 46,313		\$ 46,313	\$ 92,626
(t=Indirect cost rate x s)			\$ 4,582		\$ -	\$ -

Indirect					4,582	9,164
<b>(u=s+t) TOTAL</b>			<b>\$</b>	<b>50,895</b>	<b>\$</b>	<b>\$</b>
					<b>50,895</b>	<b>101,790</b>

**MARICOPA COMMUNITY COLLEGES DISTRICT OFFICE**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 76. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 77. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 78. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Maricopa Community Colleges District Office**

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**IIIIIIII. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**52. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

All employees listed on the staff detail sheet will be required to complete a activity tracking form and a time tracking sheet to indicate how much time was designated to an activity. Activities are listed as a draw down each column of the sheet to ensure accuracy of the activity(ies) and the accurate time spent on the activity. At the end of each month all staff will submit their tracking sheets to student services director to review then submit collectively to grants accounting for wildfire submission.

53. Total SNAP Expense: \$142,566

54. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Associate Vice Chancellor will contribute five percent of her time to oversight and facilitation of the district’s implementation of SNAP work, in concert with executive teams throughout Maricopa

Community Colleges for a successful implementation throughout the colleges.

The Student Services Director will be supported at forty percent. The role of the director will oversee and ensure SNAP compliance throughout all SNAP sites. The Director will also work with the coordinator to oversee the planning and implementation of outreach services to ensure efforts are meeting the expected deliverables. Additionally, the director will serve as the designee to collect information and budget information for reporting purposes to internal and external constituents. The Student Affairs staff member will ensure office equipment and supplies are available and accessible for outreach efforts and services. The Student Affairs staff will provide office support to the SNAP team by assisting with phone calls, responding via email to the community, clients, faculty, and staff for outreach presentations, activities, and appointments. When necessary the Student Affairs Office specialist may attend events in place of a SNAP specialist. This position will spend 20 percent of time on SNAP-related activities.

One eligibility specialist, assigned to the District office, will contribute 100 percent of their time to the SNAP program providing direct services to clients at any one of the Maricopa Community Colleges through appointment reminder calls, and contacting DES. They will also assist Self-Service clients with completing applications, prescreening, submitting documents and will conduct community outreach.

A second eligibility specialist, assigned to the District office, will contribute 100 percent of their time to the SNAP program providing direct services to clients at any one of the Maricopa Community Colleges through appointment reminder calls, and contacting DES. They will also assist Self-Service clients with completing applications, prescreening, submitting documents and will conduct community outreach.

A third eligibility specialist, located at Mesa Community College, will contribute 20 percent of their time to the SNAP program providing direct services to clients at any one of the Maricopa Community Colleges through appointment reminder calls, and contacting DES. They will also assist Self-Service clients with completing applications, prescreening, submitting documents and will conduct community outreach.

A fourth eligibility specialist located, at Mesa Community College, will contribute 20 percent of their time to the SNAP program providing direct services to clients at any one of the Maricopa Community Colleges through appointment reminder calls, and contacting DES. They will also assist Self-Service clients with completing applications, prescreening, submitting documents and will conduct community outreach.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

The two positions that will be assigned to work 100% on SNAP promotion will be responsible for all to SNAP activities and events throughout the college district. Activities associated with SNAP coincide with additional duties that require business processes on the development and implementation of marketing campaigns to include email content, web page banners, internal MCCCDCD press releases, and social media tag lines. To ensure that MCCCDCD fulfills its commitment with due diligence in promoting SNAP throughout the entire district, these two positions funded at 100% will be responsible to perform outreach and provide appropriate services and/or referral to more than 200,000 students and more than 10,000 faculty/staff. These two positions will cover Maricopa County (9,224 square miles/population of 4.4 million) and ensure that services provided meet the needs of SNAP applicants and inquirers.

All students should have an equal access to the assistance and information when applying for SNAP related benefits, hence increasing the economic contributions to Maricopa County.

**mmmmmm. Copying/Printing/Materials:**

38. Total SNAP Expense: \$1,585

39. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Copies and printing charges are budgeted on a monthly basis. A tracking log will allow us to monitor who is making the request for copies of promotional materials and the staff needs for printing throughout all college sites. All staff will enforce due diligence when making copies and printing by ensuring that such services support the overall SNAP grant program at MCCC.

40. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

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Copies/Printing: 25 units X \$63.39 cost/5,000 (sheets) per unit X 100% SNAP = \$1,584.75

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**nnnnnn. Internet/Telephone:**

69. Total SNAP Expense: \$ 0

70. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

71. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**oooooo. Equipment (individual items exceeding \$5K):**

69. Total SNAP Expense: \$ 0

70. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

71. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**pppppp. Supplies and Non-Capital Expenditures:**

39. Total SNAP Expense: \$4,800

40. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budgeted on a monthly basis for general office materials (pens and pencils, paper clips, sticky-notes, binders, file folders, etc.) to support the SNAP program administration, including application assistance, educating the community, preparing and distributing advertisements, etc.

41. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

Supplies: \$400/mo. X 12 X 100% SNAP = \$4,800

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**qqqqqqq. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

24. Total SNAP Expense: \$ 0

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**rrrrrrr. Other:**

39. Total SNAP Expense: \$ 0

40. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

41. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

NO OTHER COSTS

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**kk. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

70. Total SNAP Expense: \$ 0

71. Purpose of Travel (*Do not use symbols in your description*):

72. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

NO LONG DISTANCE COSTS

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**o. Local Travel (In-State Travel):**

67. Total SNAP Expense: \$ 16,900.00

68. Purpose of Travel (*Do not use symbols in your description*):

Local travel will be required for staff assigned to SNAP outreach activities. Staff will cover Maricopa County (9,224 square miles), specifically all Maricopa college sites. Each eligibility specialist from the district office will be responsible to hold office hours at their assigned college sites each week throughout the year. Transportation from district to a college, college to college or college to district will be required to ensure due diligence in meeting the grant goals and implementation and development of outreach strategies performed.

69. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

West Valley Region: 191 miles x 26 Roundtrips x \$ 0.56 = \$2,780.96

Mesa Region: 28.1 x 26 Roundtrips x \$ 0.56 = \$409.14

Maricopa Community Colleges District: 551.3 x 26 Roundtrips x \$ 0.56 = \$8,026.93

Central Valley Region: 142.7 x 26 Roundtrips x \$ 0.56 = \$2,077.71

East Valley Region: 247.6 x 26 Roundtrips x \$ 0.56 = \$ 3,605.06

(\$2,780.96 + 409.14 + 8,026.93 + 2,077.71 + 3,605.06 = \$16,899.80)

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**nn. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

69. Total SNAP Expense: \$ 0

70. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

71. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

NO CONTRACTUAL COSTS

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**pp. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting

system permits, costs may be allocated in the direct costs categories.

70. Total Expense for Indirect Cost: \$80,526

71. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

See included Federally approved ICR at 50%.

72. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Rate X Total Cost – Supplies = \$  
 50% X \$165,851 - \$4,800 = \$80,525.50

Project Number 1, 2, 3 - Maricopa County Community Colleges							
Position Title	Staff Member Name	(a) FTE Outreach %	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Associate Vice Chancellor for Student Affairs	Felicia Ganther	5%	\$157,974.69	\$ 7,898.73	30.00%	\$2,369.62	\$10,268.
Student Services Director	Donna Loopez Martinez	40%	\$ 76,538.69	\$30,615.48	30.00%	\$9,184.64	\$39,800.
Student Affairs Coordinator/Specialist	Pam Asti/ Michel Contreras	20%	\$ 66,262.68	\$13,252.54	30.00%	\$3,975.76	\$17,228.
SNAP Specialist (DISTRICT)	Maria Kay	100%	\$ 25,096.50	\$25,096.50	30.00%	\$7,528.95	\$32,625.
SNAP Specialist (DISTRICT)	Vacant	100%	\$ 25,096.50	\$25,096.50	30.00%	\$7,528.95	\$32,625.
SNAP Specialist (MESA)	Tiffany Ricardson	20%	\$ 19,266.00	\$ 3,853.20	30.00%	\$1,155.96	\$ 5,009.
SNAP Specialist (MESA)	Maria Dawes	20%	\$ 19,266.00	\$ 3,853.20	30.00%	\$1,155.96	\$ 5,009.

Project Number 1, 2, 3 - Maricopa County Community Colleges						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 71,283.00		\$71,283	\$142,566.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 793.00		\$793	\$1,586.00
(i) Internet/Telephone			\$ -		\$0	\$0.00
(j) Equipment			\$ -		\$0	\$0.00

(k) Supplies and Non-Capital Expenditures			\$ 2,400.00		\$2,400	\$4,800.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 3,193.00		\$3,193	\$6,386.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 8,450.00		\$8,450	\$16,900.00
(q=o+p) Subtotal Travel			\$ 8,450.00		\$8,450	\$16,900.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 82,926.00		\$82,926	\$165,852.00
(t=Indirect cost rate x s) Indirect			\$ 40,263.00		\$40,263	\$80,526.00
<b>(u=s+t) TOTAL</b>			<b>\$ 123,189.00</b>		<b>\$123,189</b>	<b>\$246,378.00</b>

**MOUNTAIN PARK HEALTH CENTER**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 79. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 80. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 81. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Mountain Park Health Center**

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**sssssss. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.



**Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Mountain Park will track activity and time spent on SNAP through employee timesheets that reflect time spent on each applicable grant or funding source and comply with requirements for tracking time and effort of federal resources. Managers and employees use Kronos to electronically track and submit time sheets.

55. Total SNAP Expense: \$108,453

56. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

11 Eligibility Specialists total are included in the SNAP budget.

21 percent of Health-e-Arizona (HeA) Plus applications that MPHIC assists with include an application for SNAP.

This is tracked and verified through the Health-e-Arizona Plus online software. Therefore, 21 percent of the time of Seven Eligibility Specialists in assisting with Health-e-Arizona Plus applications will be allocated to this grant. Because of time spent on other grants, the remaining Eligibility Specialists will be allocated to SNAP as such:

Two Specialists at 10.5 percent

One Specialist at 15 percent

One Specialist at 19 percent

10 percent of the time of the Eligibility Manager will be spent attending community meetings, planning and attending outreach events, meeting with community stakeholders to educate them about SNAP, running reports of HeA data, and attending SNAP partner calls.

5 percent of the time of the Director of Grants will be spent tracking HeA Plus applications, reporting to and answering questions from ACAA and DES, and attending SNAP Partnership meetings.

2 percent of the time of the Senior Accountant will be spent tracking and invoicing funds under this grant.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**tttttt. Copying/Printing/Materials:**

41. Total SNAP Expense: \$ 0

42. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

43. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

This is covered by the 10% indirect costs.

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**uuuuuuu. Internet/Telephone:**

72. Total SNAP Expense: \$ 0

73. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

74. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

This is covered by the 10% indirect costs.

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**vvvvvvv. Equipment (individual items exceeding \$5K):**

72. Total SNAP Expense: \$ 0

73. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

74. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

This is covered by the 10% indirect costs.

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**wwwwwww. Supplies and Non-Capital Expenditures:**

42. Total SNAP Expense: \$ 0

43. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

44. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

This is covered by the 10% indirect costs.

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**xxxxxxx. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

25. Total SNAP Expense: \$19,198

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**yyyyyyy. Other:**

42. Total SNAP Expense: \$ 0

43. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

44. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**II. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

73. Total SNAP Expense: \$ 0

74. Purpose of Travel (*Do not use symbols in your description*):

75. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

This is covered by the 10% indirect costs.

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**o. Local Travel (In-State Travel):**

70. Total SNAP Expense: \$ 0

71. Purpose of Travel (*Do not use symbols in your description*):

72. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

This is covered by the 10% indirect costs.

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**oo. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

72. Total SNAP Expense: \$ 0

73. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description*.)

74. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

This is covered by the 10% indirect costs.

**qq. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

73. Total Expense for Indirect Cost: \$12,766

74. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

MPHC requests standard 10 percent indirect cost rate.

75. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% X \$127,651 = \$12,765.10 (part 8 rounds to \$12,766)

Project Number 1, 2, 3 - Mountain Park Health Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Eligibility Specialist	Alma Lopez	10.5%	\$ 45,635.00	\$ 4,791.68	16.34%	\$ 782.96	\$ 5,574.63
Eligibility Specialist	Elva Castrejon	10.5%	\$ 35,360.00	\$ 3,712.80	16.34%	\$ 606.67	\$ 4,319.47
Eligibility Manager	Julie Lugo	10.0%	\$ 86,957.00	\$ 8,695.70	16.34%	\$ 1,420.88	\$ 10,116.58
Eligibility Specialist	Cindy Rodriguez	15.0%	\$ 38,376.00	\$ 5,756.40	16.34%	\$ 940.60	\$ 6,697.00
Eligibility Specialist	Deanna Gastelum	21.0%	\$ 38,314.00	\$ 8,045.94	16.34%	\$ 1,314.71	\$ 9,360.65
Eligibility Specialist	Patricia Bastidos	21.0%	\$ 47,861.00	\$ 10,050.81	16.34%	\$ 1,642.30	\$ 11,693.11
Director of Grants	Matt Jewett	5.0%	\$ 99,513.00	\$ 4,975.65	16.34%	\$ 813.02	\$ 5,788.67
Eligibility Specialist	Angel Andrade Trujillo	21.0%	\$ 31,512.00	\$ 6,617.52	16.34%	\$ 1,081.30	\$ 7,698.82

Senior Accountant	Zubah Kabbah	2.0%	\$ 67,000.00	\$ 1,340.00	16.34%	\$ 218.96	\$ 1,558.96
Eligibility Specialist	Linda Lopez	21.0%	\$ 44,366.00	\$ 9,316.86	16.34%	\$ 1,522.37	\$ 10,839.23
Eligibility Specialist	Evelyn Paredes	21.0%	\$ 44,554.00	\$ 9,356.34	16.34%	\$ 1,528.83	\$ 10,885.17
Eligibility Specialist	Sabrina Robles	21.0%	\$ 33,259.00	\$ 6,984.39	16.34%	\$ 1,141.25	\$ 8,125.64
Eligibility Specialist	Ranee Lopez	21.0%	\$ 36,421.00	\$ 7,648.41	16.34%	\$ 1,249.75	\$ 8,898.16
Eligibility Specialist	Viola Wallace	19.0%	\$ 31,200.00	\$ 5,928.00	16.34%	\$ 968.64	\$ 6,896.64

Project Number 1, 2, 3 - Mountain Park Health Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 54,227.00		\$54,227	\$108,454.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ -		\$0	\$0.00
(i) Internet/Telephone			\$ -		\$0	\$0.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 9,599.00		\$9,599	\$19,198.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 9,599.00		\$9,599	\$19,198.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 63,826.00		\$63,826	\$127,652.00
(t=Indirect cost rate x s) Indirect			\$ 6,383.00		\$6,383	\$12,766.00
<b>(u=s+t) TOTAL</b>			<b>\$ 70,209.00</b>		<b>\$70,209</b>	<b>\$140,418.00</b>

**NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 82. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 83. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 84. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Native American Community Health Center, Inc**

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**////// Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

57. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Family Health Advocates document each assistance that they provide into clinic software NextGen. Through the Practice Management application of NextGen, the team is able to utilize appointments which will document the time of the appointment, whether the appointment was by phone or in-person, the length of the appointment, the reason for the appointment and the outcome as well as note any information necessary from that appointment.

58. Total SNAP Expense: \$ 110,542

59. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Lead Family Health Advocate will provide general oversight of the SNAP Partnership Grant and ensure SNAP program compliance, facilitate program reporting and provide direct supervision to the Family Health Advocates. Those responsibilities will equal 25 percent of their time.

Two Family Health Advocates enroll customers for SNAP, AHCCCS and TANF at NHW Community Health Center on Dunlap Avenue; 25 percent of enrollment services are performed in outreach or associated with SNAP services.

Two Family Health Advocates enroll customers for SNAP, AHCCCS, TANF at outreach venues or

at Native Health Central. Enrollments performed at Native Health Central generally have originated from contact made at an outreach activity. 25 percent of enrollment services performed in outreach or associated with SNAP services.

The Communications Assistant will support the SNAP program by preparing copies of outreach information and assisting the outreach. 20 percent of her outreach and community relations activities includes SNAP activities.

The Communications Director oversees outreach event coordination and publication relations with community partners including other non-profit agencies, public schools and governmental health programs. The Communications Director will ensure SNAP program to coordinate outreach events either inclusive of the Family Health Advocates or specifically scheduled as an enrollment event/venue. Twenty percent of her outreach and community relations activities includes SNAP activities.

The Marketing and Social Media Coordinator will print documents and flyers needed for in-office and outreach SNAP education. He will also produce signage, format Power Point and video presentations to community partners. He will also relay inquiries from social media to the Family Health Advocate staff. Twenty percent of his marketing and social media activities include SNAP activities.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**aaaaaaa. Copying/Printing/Materials:**

44. Total SNAP Expense: \$ 1,600

45. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Program personnel copy materials for SNAP outreach and application activities. Staff utilizes in-house copiers and printers to make flyers for presentations and make copies of application materials for those submitting applications. Copies of enrollment documentation of clients' proof of residence, income and other required documents are kept on file. NATIVE HEALTH maintains a hard copy of required documents to ensure proofs are available in the event electronic transmissions fail and require additional transmission (fax).

46. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

Copies: (8,000 copies X \$0.20 per copy) X 100% SNAP Activities = \$1,600 Total SNAP Expense.

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**bbbbbbbb. Internet/Telephone:**

75. Total SNAP Expense: \$ 3,840

76. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Wireless broadband is required to enable enrollments utilizing the web-based Health-E-Arizona Plus

system in outreach and in-reach settings. Additional each enrollment staff will require cell phone use to enable communication with the agency and program supervisors. The cell phones enable program personnel to facilitate calls to DES in the process of assisting applicants to apply for SNAP benefits while in the field. Each employee also has a desk phone. All program personnel connect to the agency server while conducting enrollment services at NATIVE HEALTH facilities at no cost to the grant. Desktop phones are also not charged to the grant.

- Wireless Broadband relative to 4 Family Health Advocates' laptop computer systems
- Cell Phones provided to 4 Family Health Advocate Staff
- Desktop phones for the 4 Family Health Advocate Staff; provided as in-kind.

77. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Wireless Broadband Connectivity: (\$40/month X 4 staff systems) X 12 months = \$1,920

Cell Phones: (\$40/month X 4 staff systems) X 12 months = \$1,920

\$1,920 (broadband) + \$1,920 (cell phones) = \$3,840 Total SNAP Expense

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**ccccccc. Equipment (individual items exceeding \$5K):**

75. Total SNAP Expense: \$ 0

76. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

77. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

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**ddddddd. Supplies and Non-Capital Expenditures:**

45. Total SNAP Expense: \$ 4,800

46. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) *Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budgeted on a monthly basis for general office materials (pens and pencils, paper clips, sticky-notes, copy paper, binders, file folders, etc.) to support the SNAP program administration, including application assistance, educating the community, preparing and distributing advertisements, etc.

47. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

Supplies (100 units/mo. X \$4.00 average/unit) X100% SNAP Activities (X12 months) - \$4,800).

Supplies have been subtracted from the indirect costs section.



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**eeeeeeee. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

1. Total SNAP Expense: \$ 8,161

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**1. Other:**

45. Total SNAP Expense: \$ 0

46. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

47. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**mm. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

76. Total SNAP Expense: \$ 0

77. Purpose of Travel *(Do not use symbols in your description):*

78. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

73. Total SNAP Expense: \$ 4,032

74. Purpose of Travel *(Do not use symbols in your description):*

Expenses for program personnel to attend and conduct SNAP outreach activities at a mileage rate of 0.56 per mile and an average of 600 miles per month.

Examples of monthly outreach mileage include: Travel to the Tohono O'odham, Gila River and Salt River Pima-Maricopa tribal communities, to community health events, pow wows, resource fairs hosted by local schools, universities, parent meetings at schools, (the program provides significant outreach to numerous schools throughout Phoenix and Mesa), Community College events and health fairs hosted by other agencies and government health entities.

75. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

Destination: (24 Roundtrips/Month X 25 Miles/Roundtrip) X \$0.56 = \$336/month  
\$336/Month X 12 Months = \$4,032 Total SNAP Expense

Total SNAP Expense: Outreach Enrollment Activities and Events: (600 miles/month X 12 months) X 100% SNAP Activities (X \$0.56/mile) = \$4,032

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**pp. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

75. Total SNAP Expense: \$ 0

76. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

77. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**rr. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$ 56,397

2. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement. \*\***

Indirect cost letter attached to application.

3. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)  
Formula: \$132,975 - \$4,800 supplies X 44% = \$56,397

Project Number 1, 2, 3 - Native American Community Health Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Lead Family Health Advocate	Ernestine Nasingoetewa	25%	\$ 41,843.98	\$10,461.00	30.00%	\$ 3,138.30	\$13,599.29
Family Health Advocate	Amanda Garcia	25%	\$ 36,420.80	\$ 9,105.20	30.00%	\$ 2,731.56	\$11,836.76
Family Health Advocate	Aubree Begay-Houston	25%	\$ 34,216.00	\$ 8,554.00	30.00%	\$ 2,566.20	\$11,120.20
Family Health Advocate	Martha Balla	25%	\$ 33,134.40	\$ 8,283.60	30.00%	\$ 2,485.08	\$10,768.68
Family Health Advocate	Yvonne Long	25%	\$ 35,320.38	\$ 8,830.10	30.00%	\$ 2,649.03	\$11,479.12
Communications Assistant	Lanasha Puati	20%	\$ 45,115.20	\$ 9,023.04	30.00%	\$ 2,706.91	\$11,729.95
Communications Director	Susan Levy	20%	\$ 98,571.20	\$19,714.24	30.00%	\$ 5,914.27	\$25,628.51
Marketing & Social Media Coordinator	Javier Quiroga	20%	\$ 55,307.20	\$11,061.44	30.00%	\$ 3,318.43	\$14,379.87

Project Number 1, 2, 3 - Native American Community Health Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 55,271.00		\$55,271	\$110,542.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 800.00		\$800	\$1,600.00
(i) Internet/Telephone			\$ 1,920.00		\$1,920	\$3,840.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 2,400.00		\$2,400	\$4,800.00
(l) Building/Space			\$ 4,080.00		\$4,080	\$8,160.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 9,200.00		\$9,200	\$18,400.00
Travel					\$0	\$0.00

(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 2,016.00		\$2,016	\$4,032.00
(q=o+p) Subtotal Travel			\$ 2,016.00		\$2,016	\$4,032.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 66,487.00		\$66,487	\$132,974.00
(t=Indirect cost rate x s) Indirect			\$ 28,199.00		\$28,199	\$56,398.00
<b>(u=s+t) TOTAL</b>			<b>\$ 94,686.00</b>		<b>\$94,686</b>	<b>\$189,372.00</b>

**NEIGHBORHOOD MINISTRIES, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 85. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 86. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 87. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11-point font)

**Organization Name: Neighborhood Ministries, Inc.**

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**ffffff. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**60. Explain in detail how this organization will track activity and time spent on SNAP for all staff: Keep daily log that tracks activity, time, uploads, renewals, new applications, etc**

On a daily basis, the SNAP Application Assistor maintains a spreadsheet documenting all SNAP related activities. These include Wildfire/DES trainings and meetings, new/renewal applications, outreach activities, community and partner phone calls, in office visits to scan and upload documents and submitting annual renewal SNAP application to Wildfire.

61. Total SNAP Expense:     \$ 31,125

62. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

Align this section to personnel listed on the snap outreach staffing detail.

NM's SNAP Administrator will allocate 10 percent work time to overseeing, ensuring SNAP program compliance, and participating in Wildfire SNAP and DES meetings and trainings. The Administrator will be supported in program delivery not limited to processing applications and participating in outreach events. The SNAP Administrator ensure integrity of application data

collected and reported to Wildfire monthly and as otherwise requested. SNAP information will be compiled for community consumption.

The SNAP Application Assistor will allocate 40 percent of her work time to SNAP related activities. She will provide support clients in the application process, prescreening, document completion assistance and community outreach.

The Finance Coordinator will allocate 5 percent of her time to the SNAP program by processing monthly reports and attending relevant SNAP trainings.

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**gggggggg. Copying/Printing/Materials:**

47. Total SNAP Expense: \$ 376

48. Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

One hundred percent of SNAP copying/printing/materials costs will be invoiced to SNAP. The costs are nominal, and quotes are based on our experience with Amazon and/or Staples.

49. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line-item h)*

Lexmark Cartridges: 1 X \$280 = \$280 (100% SNAP)

Paper: 12 X \$8 = \$96 (100% SNAP)

(\$280 + \$96 = \$376.00)

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**hhhhhhh. Internet/Telephone:**

78. Total SNAP Expense: \$ 552

79. Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

The Parenting Por Vida Program has 2 internet lines. Each line costs \$46/mo. SNAP related business requires ultimate time on the internet. This includes scanning, emailing copies of documents to staff for uploading to clients' portals. Processing applications This does not include time spent during the application processes and following up on status of applications. Frequently, clients request additional support services and information that require internet access. This expense is for an internet line. The average monthly bill is 46 dollars. The internet line is for the staff computer which communicates with the agency printer and the web where the AZ HEA website is located. Staff facilitate client applications via this internet line that includes uploading of necessary documents.

80. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Internet: \$46/month X 12 months X 1 lines = \$552 (100% SNAP)

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**iiiiiii. Equipment (individual items exceeding \$5K):**

78. Total SNAP Expense: \$ 0

79. Describe how the figures in the line-item budget were calculated. (Do not use symbols in your description.) N/A

80. Show Calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item)

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**jjjjjjj. Supplies and Non-Capital Expenditures:**

48. Total SNAP Expense: \$ 677

49. Describe how the figures in the line-item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

Supplies are budgeted on a monthly basis for basic office materials to support the SNAP program administration and activities. This includes pens, sheet protectors, paper clips, staplers, etc. Staff is also in need of outreach event incentives program magnets, stress balls, event banner, small table and chairs, and a rollable carrying case and dolly.

50. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

Monthly Supplies: \$5/month X 12 months = \$60 (100% SNAP)

**One-time expenses: (100% SNAP)**

6' table = \$90

2 folding event chairs = \$177

Event banner \$150

4 packs of stress balls at \$20 each pack = \$100

Magna Cart Platform = \$100

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**kkkkkkkk. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

26. Total SNAP Expense: \$ 591

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**llllllll. Other:**

48. Total SNAP Expense: \$ 3,510

49. Describe how the figures in the line-item budget were calculated. (Do not use symbols in your description.)

Payroll Fee: 3 staff for 26 pay periods at a rate of \$45 per staff per pay period

50. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line-item)

3 Staff X \$45 per staff X 26 pay periods \$3,510

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**nn. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

79. Total SNAP Expense: \$ 0

80. Purpose of Travel (*Do not use symbols in your description*):

81. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line-item X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

76. Total SNAP Expense: \$0

77. Purpose of Travel (*Do not use symbols in your description*):

78. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

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**qq. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

78. Total SNAP Expense: \$ 0

79. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description*.)

80. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line-item)



**ss. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

76. Total Expense for Indirect Cost: \$ 3,616

77. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\*** N/A

Agency requests standard 10 percent indirect cost rate

78. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% X (\$36,831 - \$677) = \$3,615.40 (part 8 rounds to \$3,616)

Project Number 1, 2, 3 - Neighborhood Ministries							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
SNAP Site Administrator	Dolores Retana	10%	\$ 65,000.00	\$ 6,500.00	25.00%	\$ 1,625.00	\$ 8,125.00
SNAP Application Assistor	Gumecinda Medrano Tapia	40%	\$ 38,000.00	\$15,200.00	25.00%	\$ 3,800.00	\$19,000.00
Finance Coordinator	Stephanie N	5%	\$ 64,000.00	\$ 3,200.00	25.00%	\$ 800.00	\$ 4,000.00

Project Number 1, 2, 3 - Neighborhood Ministries						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 15,563.00		\$15,563	\$31,126.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 188.00		\$188	\$376.00
(i) Internet/Telephone			\$ 276.00		\$276	\$552.00
(j) Equipment			\$ -		\$0	\$0.00

(k) Supplies and Non-Capital Expenditures			\$ 339.00		\$339	\$678.00
(l) Building/Space			\$ 295.00		\$295	\$590.00
(m) Other			\$ 1,755.00		\$1,755	\$3,510.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 2,853.00		\$2,853	\$5,706.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 18,416.00		\$18,416	\$36,832.00
(t=Indirect cost rate x s) Indirect			\$ 1,808.00		\$1,808	\$3,616.00
<b>(u=s+t) TOTAL</b>			<b>\$ 20,224.00</b>		<b>\$20,224</b>	<b>\$40,448.00</b>

**NOAH**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 88.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 89.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 90.** Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: NOAH**

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**mmmmmmmm. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this

document. Please pay special attention to the lines bolded in red below.

**63. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Staff documents their time spent on SNAP activities and duties on a monthly Tracking Sheet. Staff submits community outreach SNAP activities reported on the Outreach Activity Form. These forms are tabulated and reported monthly.

64. Total SNAP Expense: \$ 719,332.00

65. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

NOAH will have eight (8) Community Resource Specialists I conducting intakes which consists of education, documentation gathering, screening, tracking of efforts, appointment coordination, and participating in outreach events. Each will spend 75 percent of their time on SNAP related duties. NOAH will have eight (8) Community Resource Specialists II whom will assist in application submission, document submission, tracking of efforts, attend outreach events, and help guide families into next steps. NOAH will have two (2) Community Resource Supervisors that will be responsible for overseeing the resource specialist's activities, support, training, participating in SNAP calls, and performance evaluation. This will be 50 percent of time spent. The Community Resource Manager will spend 50 percent of time responsible for staff supervision and coaching, cultivating partnerships, providing oversight of service deliverables for multiple sites, organizing resources and staff for outreach events, and program monitoring.

NOAH will have a Coordinator of Food and Transportation which will spend 75 percent of time coordinating efforts for food insecure individuals such as education on SNAP, enrollment on SNAP, tracking of efforts and impact, and attending food distribution events while sharing resources and information on SNAP.

NOAH's Grants Accountant spends 10 percent preparing the SNAP grant financial invoices, processing accounting transactions related to SNAP purchases, and payroll for SNAP funded employees.

NOAH's Controller spends 5 percent tracking budget vs. actual expenses, generating the financial reports to track the SNAP program and managing the Grant Accountant.

NOAH's Grants and Contracts Manager spends 10 percent preparing monthly reports, tracking SNAP funds, and optimizing use of funds.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

NOAH is requesting 75 percent of the (8) Community Resource Specialists' II time to be charged to the SNAP grant to conduct application assistance working on Government Assistance Program applications and promote SNAP. This is accomplished through educating individuals to the benefits available, application process and submission, required document submission, and handling inquiries to DES or CPH on behalf of individuals. Additional responsibilities include working with local partners, participating in outreach events to promote and ensure referrals for assistance, and attending trainings to update skills and knowledge.

NOAH is requesting 75 percent of the (8) Community Resource Specialists' I time to be to conduct intakes such as: education, screening, document gathering, appointment coordination, and attend outreach events.

NOAH is requesting 75 percent of the Food and Transportation Coordinator to be charged to SNAP to provide coordination, logistics, SNAP education and enrollment, and sharing resources and information on SNAP.

NOAH is requesting 75 percent to be dedicated to SNAP activities while the difference is for other programs.

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**nnnnnnnn. Copying/Printing/Materials:**

50. Total SNAP Expense: \$ 0.00

51. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

52. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

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**oooooooo. Internet/Telephone:**

81. Total SNAP Expense: \$ 0.00

82. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

83. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**pppppppp. Equipment (individual items exceeding \$5K):**

81. Total SNAP Expense: \$0.00

82. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

83. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**qqqqqqqq. Supplies and Non-Capital Expenditures:**

51. Total SNAP Expense: \$ 4,000.00

52. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

*NOAH is requesting funds to purchase reusable NOAH bags. These supplies are not allocated to indirect cost. These bags are used to insert SNAP materials and information. The bags are distributed during events where information is shared on how to apply for SNAP benefits with a list of requirements in them.*

53. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

Reusable Bags: 2,500 bags X \$1.60 per bag X 100% = \$4,000

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**rrrrrrrr. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

27. Total SNAP Expense: \$0.00

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**ssssssss. Other:**

51. Total SNAP Expense: \$ 0.00

52. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

53. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**oo. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

82. Total SNAP Expense: \$ 0.00

83. Purpose of Travel (*Do not use symbols in your description*):

84. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u>
	<u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

79. Total SNAP Expense: \$ 0.00

80. Purpose of Travel (*Do not use symbols in your description*):

81. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

**rr. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

81. Total SNAP Expense: \$ 0.00

82. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

83. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**tt. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

3. Total Expense for Indirect Cost: \$71,933.00

4. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Agency requests standard 10 percent indirect cost rate.

5. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

(10% Indirect Cost Rate x \$719,332 Total Direct Costs = Indirect Cost \$71,933.20)

Project Number 1, 2, 3 - Neighborhood Outreach Access to Health - NOAH							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits	(f) Total (c+e)

						(c*d)	
Community Resource Mgr	Dora Correal	50%	\$ 65,000.00	\$ 32,500.00	17.00%	\$ 5,525.00	\$ 38,025.00
Community Resource Sup	Crystal Medina	50%	\$ 45,926.40	\$ 22,963.20	17.00%	\$ 3,903.74	\$ 26,866.94
Community Resource Sup	Zoraida Velazquez	50%	\$ 51,958.40	\$ 25,979.20	17.00%	\$ 4,416.46	\$ 30,395.66
Coordinator-Food and Transportation	Vacant	75%	\$ 43,409.60	\$ 32,557.20	17.00%	\$ 5,534.72	\$ 38,091.92
Community Resource II	Vacant	75%	\$ 36,504.00	\$ 27,378.00	17.0%	\$ 4,654.26	\$ 32,032.26
Community Resource II	Guadalupe Rivera Perez	75%	\$ 37,731.20	\$ 28,298.40	17.00%	\$ 4,810.73	\$ 33,109.13
Community Resource II	Maria de La Cruz	75%	\$ 48,256.00	\$ 36,192.00	17.00%	\$ 6,152.64	\$ 42,344.64
Community Resource II	Mary Jane Garcia	75%	\$ 44,865.60	\$ 33,649.20	17.00%	\$ 5,720.36	\$ 39,369.56
Community Resource II	Griselda Castillo	75%	\$ 40,643.20	\$ 30,482.40	17.00%	\$ 5,182.01	\$ 35,664.41
Community Resource II	Adela Padilla	75%	\$ 40,664.00	\$ 30,498.00	17.00%	\$ 5,184.66	\$ 35,682.66
Community Resource II	Ariel Aarchibald	75%	\$ 37,731.20	\$ 28,298.40	17.00%	\$ 4,810.73	\$ 33,109.13
Community Resource II	Laura Quezada	75%	\$ 47,819.20	\$ 35,864.40	17.00%	\$ 6,096.95	\$ 41,961.35
Community Resource I	Shyneatha Brown	75%	\$ 40,310.40	\$ 30,232.80	17.00%	\$ 5,139.58	\$ 35,372.38
Community Resource I	Leticia Porras	75%	\$ 39,332.80	\$ 29,499.60	17.00%	\$ 5,014.93	\$ 34,514.53
Community Resource I	Geovanny Gozalez	75%	\$ 40,310.40	\$ 30,232.80	17.00%	\$ 5,139.58	\$ 35,372.38
Community Resource I	Arely Diaz	75%	\$ 33,924.80	\$ 25,443.60	17.00%	\$ 4,325.41	\$ 29,769.01
Community Resource I	Lilia Preciado	75%	\$ 42,640.00	\$ 31,980.00	17.00%	\$ 5,436.60	\$ 37,416.60
Community Resource I	Evelin Pulido	75.00%	\$ 36,816.00	\$ 27,612.00	17.00%	\$ 4,694.04	\$ 32,306.04
Community Resource I	Rocio Castillo	75.00%	\$ 35,630.40	\$ 26,722.80	17.00%	\$ 4,542.88	\$ 31,265.68
Community Resource I	Vacant	75.00%	\$ 36,504.00	\$ 27,378.00	17.00%	\$ 4,654.26	\$ 32,032.26
Grants Accountant	George Hilaneh	10.00%	\$ 78,000.00	\$ 7,800.00	17.00%	\$ 1,326.00	\$ 9,126.00
Grants and Contracts Manager	Cristi Kauffman	10.00%	\$ 85,009.60	\$ 8,500.96	17.00%	\$ 1,445.16	\$ 9,946.12
Controller	Elizabeth Lawson	5.00%	\$ 95,014.40	\$ 4,750.72	17.00%	\$ 807.62	\$ 5,558.34

Project Number 1, 2, 3 - Neighborhood Outreach Access to Health - NOAH						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 359,666.00		\$359,666	\$719,332.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ -		\$0	\$0.00
(i) Internet/Telephone			\$ -		\$0	\$0.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 2,000.00		\$2,000	\$4,000.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 2,000.00		\$2,000	\$4,000.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 361,666.00		\$361,666	\$723,332.00
(t=Indirect cost rate x s) Indirect			\$ 35,967.00		\$35,967	\$71,934.00
<b>(u=s+t) TOTAL</b>			<b>\$ 397,633.00</b>		<b>\$397,633</b>	<b>\$795,266.00</b>

## NOGALES COMMUNITY DEVELOPMENT CORPORATION

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

**91.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).

**92.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these



descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**

93. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Nogales Community Development Corporation**

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ttttttt. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

66. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Hours applied to all SNAP activities will be tracked by using the time and effort tool and by supported documents like sign-in sheets. We will use the SNAP outreach monthly calculation detail sheet to determine monthly SNAP expenses for this line.

67. Total SNAP Expense: \$106,704.00

68. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Project Manager will contribute 50 percent of his time to oversee and ensure SNAP program compliance, will prepare reports, participate in monthly SNAP calls and distribute SNAP information to the community as needed. Will coordinate SNAP outreach with VITA tax site.

The two Counselors/Coordinators will provide materials and education at outreach events within our community and will contribute 50 percent of their time to promote the SNAP program, providing direct services to clients through application assistance and prescreening to determine qualifications, they will help coordinate the SNAP applications and outreach at our local Volunteer Income Tax Assistance site. And provide assistance with snap information to walk in clients as needed.

The Eligibility Specialist will contribute 50 percent of her time to do SNAP eligibility, prescreening and application assistance with clients and provide information and educative materials to walk in clients at the office. They will also participate in outreach events and will coordinate outreach programs and service to seniors.

The Administrative Assistant will contribute 50 percent of her time to complete SNAP program reimbursement reports, will provide SNAP materials at outreach events as needed and will offer assistance to walk in clients as needed.

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uuuuuuuu. **Copying/Printing/Materials:**

53. Total SNAP Expense: \$ 1,978.00

54. Describe how the figures in the line item budget were calculated

Total expenses are based on an average of annual paper usage, ink costs and printing equipment leases, as well as the historic usage for SNAP purposes. This includes half of a yearly services fees and printing equipment leas

55. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

\$163 X 12 Months = \$1,956 X 50% SNAP = \$978 on a printing equipment lease.  
4 sets of ink at \$500 each set= \$2,000 X 50% SNAP = \$1,000.  
\$978 + \$1000 = \$1,978)

**vvvvvvv. Internet/Telephone:**

84. Total SNAP Expense: \$ 3,570.00

85. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

Total expenses in this line item were calculated on an average of annual telephone and internet charges, half of these charges are applied to SNAP.

86. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

\$595 X 12 Months= \$7,140 X 50% SNAP= \$3,570

**wwwwwww. Equipment (individual items exceeding \$5K):**

84. Total SNAP Expense: \$ XX,XXX

85. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

86. Show Calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

**xxxxxxx. Supplies and Non-Capital Expenditures:**

54. Total SNAP Expense: \$ XX,XXX

55. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

56. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**yyyyyyyy. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

28. Total SNAP Expense:     \$26,400.00

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**zzzzzzzz. Other:**

54. Total SNAP Expense:     \$ XX,XXX

55. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

56. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**pp. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

85. Total SNAP Expense:     \$ XX,XXX

86. Purpose of Travel (*Do not use symbols in your description*):

87. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

82. Total SNAP Expense:     \$ XX,XXX

83. Purpose of Travel (*Do not use symbols in your description*):

84. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

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**ss. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

84. Total SNAP Expense: \$ XX,XXX

85. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

86. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**uu. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

79. Total Expense for Indirect Cost: \$ 27,897.00

80. Description: **\*\*When the ICR is federally approved, the organization must attach a copy of the fully executed and negotiated ICR agreement. \*\***

Nogales CDC has a federally approved indirect cost rate of 20.12 percent.

81. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

20.12% indirect cost rate x \$138,652= \$27,897

Project Number 1, 2, 3 - Nogales Community Development Corporation							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Project Manager	Santos Yescas	50%	\$ 45,760.00	\$ 22,880.00	35.00%	\$ 8,008.00	\$ 30,888.00
Counselor Coordinator	Clariza Gastelum	50%	\$ 42,640.00	\$ 21,320.00	35.00%	\$ 7,462.00	\$ 28,782.00
Counselor Coordinator	Nils Urman	50%	\$ 34,320.00	\$ 17,160.00	35.00%	\$ 6,006.00	\$ 23,166.00
Eligibility Specialist	Rebecca Mendoza	50%	\$ 18,720.00	\$ 9,360.00	35.00%	\$ 3,276.00	\$ 12,636.00
Administrative Assistant	Javier Espinoza	50%	\$ 16,640.00	\$ 8,320.00	35.00%	\$ 2,912.00	\$ 11,232.00

Project Number 1, 2, 3 - Nogales Community Development Corporation						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 53,352.00		\$53,352	\$106,704.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 989.00		\$989	\$1,978.00
(i) Internet/Telephone			\$ 1,785.00		\$1,785	\$3,570.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 13,200.00		\$13,200	\$26,400.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 15,974.00		\$15,974	\$31,948.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 69,326.00		\$69,326	\$138,652.00
(t=Indirect cost rate x s) Indirect			\$ 13,949.00		\$13,949	\$27,898.00
<b>(u=s+t) TOTAL</b>			<b>\$ 83,275.00</b>		<b>\$83,275</b>	<b>\$166,550.00</b>

**NORTH COUNTRY HEALTHCARE**

**SNAP Outreach Budget Justification**  
**FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

94. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
95. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
96. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: North Country HealthCare**

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aaaaaaaa. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

69. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** All staff will track their SNAP activity by completing activity reports, trackers, and federal timesheets, due monthly to the Health Benefits Coordinator.

70. Total SNAP Expense: \$ 463,762

71. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

- The Health Benefits Advocates (2) will spend 50 percent of their time participating in and coordinating events and other outreach activities (e.g. networking, organizational collaboration, and distributing flyers/signs.) that are in communities within their outreach coverage region or at each NCHC clinic that they support. They will maintain schedules for assisting clients applying for SNAP and AHCCCS, provide information/education concerning SNAP, and conduct eligibility screenings. They will also complete activity reports, trackers, and federal timesheets, due monthly to the Health Benefits Coordinator, and participate in conference calls and trainings with Wildfire and HEAplus/AHCCCS – including Wildfire’s annual conference.
- The Community Health Worker (1) will spend 50 percent of their time participating in and coordinating events and other outreach activities (e.g. networking, organizational collaboration, and distributing flyers/signs.) that are in communities within their outreach coverage region or at each NCHC clinic that they support. The Community Health Worker is located in our Central Region, and as such, covers more clinics and a greater service area than other outreach

regions. The Community Health Worker also partners with local organizations to provide direct enrollment opportunity to our more vulnerable and rural clients by conducting more out-of-clinic enrollment sessions and prioritizing enrollment and health of those patients who are historically disenfranchised. They will maintain schedules for assisting clients applying for SNAP and AHCCCS, provide information/education concerning SNAP, and conduct eligibility screenings. They will also complete activity reports, trackers, and federal timesheets, due monthly to the Health Benefits Coordinator, and participate in conference calls and trainings with Wildfire and HEAplus/AHCCCS – including the Wildfire’s annual conference.

- The Family Health Advocates (10) will spend 50 percent of their time focused on SNAP and AHCCCS eligibility screenings and enrollment for clients in their clinic, and provide information/education concerning SNAP, AHCCCS, and other community resources. They will also complete all required reports, trackers and federal time sheets, due monthly to the Health Benefits Coordinator, and participate in conference calls and trainings with the Wildfire and HEAplus/AHCCCS – including the Wildfire annual conference. On occasion, they will conduct outreach in their community to promote SNAP by distributing brochures, placing posters, and attending local events and networking meetings.
- The Clinic Supervisors (4) will spend 10 percent of their time overseeing and providing accountability to Patient Relations Representatives and Family Health Advocates stationed in their clinic who promote SNAP and AHCCCS. On a consistent basis, they will ensure check-in counters, Patient Relations Representatives, and waiting rooms are stocked with SNAP/AHCCCS informational/promotional materials. They will additionally check-in with and remind Patient Relations Representatives to ask uninsured patients checking in/out if they are interested in scheduling to receive a health benefit enrollment screening. Additionally, depending on the needs of their specific clinic, the Clinic Supervisor will receive training to provide direct SNAP/AHCCCS enrollment services to clients when/if the Health Benefits Advocate and Family Health Advocate are not available. They will also complete all required reports, trackers and federal time sheets, due monthly to the Health Benefits Coordinator, and participate in conference calls and trainings with the Wildfire and HEAplus/AHCCCS.
- The Patient Relations Representatives (PRR) (14) will spend 10 percent of their time involved in helping patients access SNAP and AHCCCS eligibility screening and enrollment services. More directly, they will provide educational brochures related to SNAP/AHCCCS, and inform patients without insurance coverage about their option to schedule a SNAP/AHCCCS eligibility screening with a Health Benefits Advocate, Family Health Advocate, or other trained staff member. They will additionally answer phone calls from community members interested in enrollment assistance services, and schedule them with the appropriate application assistor. They will also complete all required reports, trackers and federal time sheets, due monthly to the Health Benefits Coordinator, and participate in mandatory trainings with the Wildfire.
- The Clinic Managers (14) will spend 5 percent of their time overseeing and providing accountability to Clinic Supervisors, Patient Relations Representatives, and Family Health Advocates stationed in their clinic who promote SNAP and AHCCCS – ensuring staff are reporting SNAP hours and activities accurately and timely. They will participate in outreach events as needed in their community. On a consistent basis, they will ensure check-in counters, Patient Relations Representatives, and waiting rooms are stocked with SNAP/AHCCCS informational/promotional materials. They will additionally check-in with and remind Patient Relations Representatives to ask uninsured patients checking in/out if they are interested in scheduling to receive a health benefit enrollment screening. Depending on the needs of their specific clinic, the Clinic Manager will receive training to provide direct SNAP/AHCCCS enrollment services to clients when/if the Health Benefits Advocate and Family Health Advocate are not available. They will also complete all required reports, trackers and federal time sheets, due monthly to the Health Benefits Coordinator, and participate in conference calls and trainings with the Wildfire and HEAplus/AHCCCS.

- The Health Benefits Coordinator (1) will spend 50 percent of their time overseeing SNAP components of the Outreach and Enrollment program, which will include: supervision of Health Benefit Advocates, gathering of all SNAP related reports and verification of accuracy, grant writing and reporting to the Wildfire on a monthly/annual basis, onboarding of new SNAP staff, and SNAP relevant meeting facilitation for Health Benefit Advocates and Family Health Advocates. They will participate in and coordinate events and other outreach activities (e.g. networking, organizational collaboration, and distributing flyers/signs) that are in communities within their outreach coverage region or at each NCHC clinic that they support – in addition to annually working with the Health Benefit Advocates to develop strategic outreach plans/efforts across northern Arizona. They will maintain schedules for assisting clients applying for SNAP and AHCCCS, provide information/education concerning SNAP, and conduct eligibility screenings (multiple days each month). They will also complete all required reports, trackers and federal time sheets, due monthly, and participate in conference calls and trainings with the Wildfire and HEAplus/AHCCCS – including the Wildfire’s annual conference.

**bbbbbbbbb. Copying/Printing/Materials:**

56. Total SNAP Expense: \$3,578

57. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Copying and printing of SNAP materials for clients. The overall SNAP budget will be 3 percent of the entire North Country printing and copying budget.

58. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

Total budget for copying/printing materials: \$119,253.25 X 3% SNAP = \$3,577.60

**cccccccc. Internet/Telephone:**

87. Total SNAP Expense: \$ 13,711

88. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Telephone usage for SNAP enrollees. Many of our locations are calling long distance. Therefore, the cost will be one percent of the overall organizations budget.

89. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Total budget of Internet/Telephone \$1,371,082.75 X 1% SNAP = \$13,710.83

**dddddddd. Equipment (individual items exceeding \$5K):**

87. Total SNAP Expense: \$ 0



88. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

North Country's total supplies, program promotion supplies, and patient outreach/education supplies budgets are \$193,780.21. Of this amount, 3 percent will be requested for SNAP dollars. SNAP information is in print form and added to our marketing materials to promote SNAP.

89. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**eeeeeeeee. Supplies and Non-Capital Expenditures:**

57. Total SNAP Expense: \$5,813

58. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

North Country's total supplies, program promotion supplies, and patient outreach/education supplies budgets are \$193,780.21. Of this amount, 3 percent will be requested for SNAP dollars.

59. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

$(\$193,780.21) \times 3\% \text{ SNAP} \times 3\% \text{ SNAP} = \$5813.40$

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**fffffffff. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

29. Total SNAP Expense: \$ 40,496

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**ggggggggg. Other:**

57. Total SNAP Expense: \$ 0

58. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

59. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**qq. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose

(e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

88. Total SNAP Expense: \$ 0

89. Purpose of Travel (*Do not use symbols in your description*):

90. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination: Name of Conference/Meeting/Etc.  
Airfare: Average Cost X # of People X # of Trips  
Lodging: Average Cost X # of People X # of Trips  
Per Diem: Average Cost X # of People X # of Trips  
Ground Transportation: Average Cost X # of People X # of Trips  
= \$Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

85. Total SNAP Expense: \$13,724

86. Purpose of Travel (*Do not use symbols in your description*):

Health Fairs/Community Outreach, Trainings, IT Staff Travel to all NCHC clinics

87. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

Health Fairs/Community Outreach: 15,000 miles annually X \$.56 per mile = \$8,400.00

Trainings: 3337 miles X \$.56 per mile = \$1,868.72

IT Staff Travel to all NCHC clinics: 6,170 miles annually X \$.56 per mile = \$3,455.20

(\$8,400 + \$1,868.72 + \$3455.20 = \$13,723.92)

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**tt. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

PointCare is a “total coverage management” tool designed to assist in screening and enrolling patients in local and national resources. By asking a series of simple income, household, and health related questions, PointCare provides patients (and the Family Health Advocate/Health Benefit Advocate they are working with) with a snapshot of a wide variety of resources they are potentially eligible for. In minutes, patients new to North Country know if they are potentially eligible for SNAP benefits. By utilizing PointCare, North Country staff are able to educate many patients about SNAP who were previously unaware of their potential eligibility. In 2017, over 4,000 patients were provided with a resource eligibility screening, helping to connect them with the coverage and care they needed. PointCare fees are \$700 monthly, 50% will be requested for SNAP dollars.

87. Total SNAP Expense: \$4,200

88. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

89. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

(1 PointCare Contract X \$700 PointCare fee x 12 months) x 50% = \$4,200.00

**vv. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

6. Total Expense for Indirect Cost: \$ 127,316

7. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Current ICR attached to application.

8. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: 23.6% X (\$545,284 - \$5813) = \$127,316

\*\*This is current ICR. Finance will not have updated ICR letter until later in the year as our current letter expires 6/21. However, NCHC finance department confirmed there will only be slight variation going forward, if any.\*\*

Project Number 1, 2, 3 - North Country Healthcare							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Health Benefits Coordinator	Jeremy Naylor	50%	\$ 50,300.12	\$ 25,150.06	25.00%	\$ 6,287.52	\$ 31,437.58
Health Benefit Advocate	Donna Slade	50%	\$ 41,836.60	\$ 20,918.30	25.00%	\$ 5,229.58	\$ 26,147.88

Health Benefit Advocate	Mary Beauchamp	50%	\$ 41,008.76	\$ 20,504.38	25.00%	\$ 5,126.10	\$ 25,630.48
Community Health Worker (Flagstaff)	Vera Sanchez	50%	\$ 38,480.00	\$ 19,240.00	25.00%	\$ 4,810.00	\$ 24,050.00
Family Health Advocate (Bullhead)	Vacant	50%	\$ 36,142.00	\$ 18,071.00	25.00%	\$ 4,517.75	\$ 22,588.75
Family Health Advocate (Flagstaff)	Francis Carrillo	50%	\$ 39,840.84	\$ 19,920.42	25.00%	\$ 4,980.11	\$ 24,900.53
Family Health Advocate (Flagstaff)	Martha Robledo	50%	\$ 37,994.84	\$ 18,997.42	25.00%	\$ 4,749.36	\$ 23,746.78
Family Health Advocate (Holbrook)	Angelena Tracas	50%	\$ 32,994.00	\$ 16,497.00	25.00%	\$ 4,124.25	\$ 20,621.25
Family Health Advocate (Kingman)	Ailyn Cobian	50%	\$ 31,434.00	\$ 15,717.00	25.00%	\$ 3,929.25	\$ 19,646.25
Family Health Advocate (Lake Havasu City)	Deborah Sommerstedt	50%	\$ 34,597.16	\$ 17,298.58	25.00%	\$ 4,324.65	\$ 21,623.23
Family Health Advocate (Payson)	Yadira Soto	50%	\$ 34,659.00	\$ 17,329.50	25.00%	\$ 4,332.38	\$ 21,661.88
Family Health Advocate (Show Low)	Misty Hancock	50%	\$ 31,304.00	\$ 15,652.00	25.00%	\$ 3,913.00	\$ 19,565.00
Family Health Advocate (Williams)	Mary Case	50%	\$ 47,623.16	\$ 23,811.58	25.00%	\$ 5,952.90	\$ 29,764.48
Family Health Advocate (Winslow)	Michelle Linstra	50%	\$ 34,840.00	\$ 17,420.00	25.00%	\$ 4,355.00	\$ 21,775.00
Clinic Supervisor (Flagstaff Central)	Tasha Neal	10%	\$ 48,880.00	\$ 4,888.00	25.00%	\$ 1,222.00	\$ 6,110.00
Clinic Supervisor (Flagstaff OB/GYN)	Nannette Barreras	10%	\$ 49,254.40	\$ 4,925.44	25.00%	\$ 1,231.36	\$ 6,156.80

Clinic Supervisor (Williams)	Denise Rodriguez	10%	\$ 42,120.00	\$ 4,212.00	25.00%	\$ 1,053.00	\$ 5,265.00
Clinic Supervisor (Flagstaff MMU)	Julio Quezada	10%	\$ 44,345.60	\$ 4,434.56	25.00%	\$ 1,108.64	\$ 5,543.20
				\$ -		\$ -	\$ -
Patient Relations/CA C (Bullhead)	Jeanette Varelas	10%	\$ 33,176.00	\$ 3,317.60	25.00%	\$ 829.40	\$ 4,147.00
Patient Relations/CA C (Flagstaff Dental)	Allison Lopez	10%	\$ 32,240.00	\$ 3,224.00	25.00%	\$ 806.00	\$ 4,030.00
				\$ -		\$ -	\$ -
Patient Relations/CA C (Flagstaff Central)	Sandra Santillan	10%	\$ 36,920.00	\$ 3,692.00	25.00%	\$ 923.00	\$ 4,615.00
Patient Relations/CA C (Flagstaff East)	Jessica Campa	10%	\$ 32,032.00	\$ 3,203.20	25.00%	\$ 800.80	\$ 4,004.00
Patient Relations/CA C (Flagstaff OB)	Milca Rivera	10%	\$ 31,616.00	\$ 3,161.60	25.00%	\$ 790.40	\$ 3,952.00
Patient Relations/CA C (Flag Pediatrics)	Brittany Koehler	10%	\$ 32,656.00	\$ 3,265.60	25.00%	\$ 816.40	\$ 4,082.00
Patient Relations/CA C (Payson)	Lennis Fernanda Gould Lira	10%	\$ 32,344.00	\$ 3,234.40	25.00%	\$ 808.60	\$ 4,043.00
Patient Relations/CA C (Show Low)	Kamaira Hancock	10%	\$ 28,912.00	\$ 2,891.20	25.00%	\$ 722.80	\$ 3,614.00
Patient Relations/CA C (Kingman)	Melissa Taylor	10%	\$ 30,784.00	\$ 3,078.40	25.00%	\$ 769.60	\$ 3,848.00
Patient Relations/CA C (Lake Havasu City)	Nadia Barraza	10%	\$ 42,120.00	\$ 4,212.00	25.00%	\$ 1,053.00	\$ 5,265.00
Patient Relations/CA C (Seligman)	Katelyn Odle	10%	\$ 28,392.00	\$ 2,839.20	25.00%	\$ 709.80	\$ 3,549.00
Patient Relations/CA C (Williams)	Amber Rincon	10%	\$ 28,392.00	\$ 2,839.20	25.00%	\$ 709.80	\$ 3,549.00
Patient Relations/CA	Martha Saucedo	10%	\$ 32,188.00	\$ 3,218.80	25.00%	\$ 804.70	\$ 4,023.50

C (University)							
Patient Relations/CA C (Winslow)	Heather Stark	10%	\$ 34,736.00	\$ 3,473.60	25.00%	\$ 868.40	\$ 4,342.00
Clinic Manager (Flagstaff Dental)	Kim Freeman	5%	\$ 83,620.68	\$ 4,181.03	25.00%	\$ 1,045.26	\$ 5,226.29
Clinic Manager (Flagstaff Central)	Deborah Zeller	5%	\$ 61,499.88	\$ 3,074.99	25.00%	\$ 768.75	\$ 3,843.74
				\$ -		\$ -	\$ -
Clinic Manager (Holbrook)	Glenn Joy	5%	\$ 47,499.92	\$ 2,375.00	25.00%	\$ 593.75	\$ 2,968.75
Clinic Manager (Bullhead City)	Christopher Gowland	5%	\$ 54,349.88	\$ 2,717.49	25.00%	\$ 679.37	\$ 3,396.87
Clinic Manager (Kingman)	Annette Seysens	5%	\$ 57,400.20	\$ 2,870.01	25.00%	\$ 717.50	\$ 3,587.51
Clinic Manager (Lake Havasu City)	Amanda Pringle	5%	\$ 55,749.72	\$ 2,787.49	25.00%	\$ 696.87	\$ 3,484.36
Clinic Manager (Payson)	Monica Elmer	5%	\$ 52,200.20	\$ 2,610.01	25.00%	\$ 652.50	\$ 3,262.51
Clinic Manager (Springerville )	Adrianna Marquez	5%	\$ 51,524.20	\$ 2,576.21	25.00%	\$ 644.05	\$ 3,220.26
Clinic Manager (Show Low)	Debbie Skousen	5%	\$ 56,349.80	\$ 2,817.49	25.00%	\$ 704.37	\$ 3,521.86
Clinic Manager (Flagstaff OB)	Vacant	5%	\$ 55,569.00	\$ 2,778.45	25.00%	\$ 694.61	\$ 3,473.06
Clinic Manager (Flagstaff University)	Margie Trimble	5%	\$ 54,850.12	\$ 2,742.51	25.00%	\$ 685.63	\$ 3,428.13
				\$ -		\$ -	\$ -
Clinic Manager (Flag Pediatrics)	Michelle Doss	5%	\$ 60,050.12	\$ 3,002.51	25.00%	\$ 750.63	\$ 3,753.13
Clinic Manager (Williams)	Vacant	5%	\$ 55,569.00	\$ 2,778.45	25.00%	\$ 694.61	\$ 3,473.06

Clinic Manager (Winslow)	Augusta Gose	5%	\$ 61,200.10	\$ 3,060.01	25.00%	\$ 765.00	\$ 3,825.01
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Project Number 1, 2, 3 - North Country Healthcare						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 231,881		\$ 231,881	\$ 463,762
Other Direct Cost					\$ -	\$ -
(h) Copying/Printing/Materials			\$ 1,789		\$ 1,789	\$ 3,578
(i) Internet/Telephone			\$ 6,856		\$ 6,856	\$ 13,712
(j) Equipment					\$ -	\$ -
(k) Supplies and Non-Capital Expenditures			\$ 2,907		\$ 2,907	\$ 5,814
(l) Building/Space			\$ 20,248		\$ 20,248	\$ 40,496
(m) Other			\$ -		\$ -	\$ -
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 31,800		\$ 31,800	\$ 63,600
Travel					\$ -	\$ -
(o) Long Distance			\$ -		\$ -	\$ -
(p) Local (Inside Arizona) Travel			\$ 6,862		\$ 6,862	\$ 13,724
(q=o+p) Subtotal Travel			\$ 6,862		\$ 6,862	\$ 13,724
(r) Contractual			\$ 2,100		\$ 2,100	\$ 4,200
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 272,643		\$ 272,643	\$ 545,286
(t=Indirect cost rate x s) Indirect			\$ 63,658		\$ 63,658	\$ 127,316
<b>(u=s+t) TOTAL</b>			<b>\$ 336,301</b>		<b>\$ 336,301</b>	<b>\$ 672,602</b>

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 97. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 98. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 99. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Northland Family Help Center**

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hhhhhhhh. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**72. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Staff tracks time both in a database designed for domestic violence shelters as service hours provided to clients by type and number of hot line calls, as well as on time sheets. A periodic time study is done throughout the year to evaluate the time tracked on time sheets.

73. Total SNAP Expense: \$ 20,865.00

74. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Deputy Director/Legal Advocate will contribute 5 percent of her time or two hours weekly to this project to supervise staff and assist community clients with referrals to open sites and eligibility information. Duties will also include participating in monthly SNAP partner calls, participating in Wildfire/DES mandatory and voluntary trainings, assisting the DVS Case Manager in monthly reporting, assisting in SNAP grant submission and monitoring, disbursing information and materials to other NFHC departments such as Outreach and Community Education and participate in outreach events as needed.

The Domestic Violence Shelter Case Manager will spend 12 percent of their time or 4.80 hours weekly assisting clients with direct service, which include benefits screening, enrollment in SNAP using [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov), submitting information to the DES office on behalf of the clients, training new DVS advocates on the SNAP program, participating in outreach events as needed, participating in monthly SNAP partner calls, participating in Wildfire/DES mandatory and voluntary trainings, and



completing monthly reporting.

The Executive Director will spend 5 percent of her time or 2 hours weekly overseeing the entire project ensuring timely and accurate reporting, scheduling and procuring outreach events, and assisting in outreach at those events.

The Domestic Violence Shelter Advocates (4.25 FTE) will spend 4 percent of their time or 6.8 hours weekly assisting hotline callers with information and referrals, educating callers of the SNAP programs and initial eligibility screenings. There an average of 50 hot line information and referral calls each Week. 50 percent/25 calls are spent on initial information referral which takes about 1 min = .50 hours. 50 percent/25 calls are spent on more in depth information referrals and questions and answers which takes an average of 10 minutes = 4.25 hours. For a total of 4.75 hours of hot line call referral. The remaining 2.05 hours weekly advocates will include assistance with direct service. (Rounding is used for whole numbers)

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**iiiiiii. Copying/Printing/Materials:**

59. Total SNAP Expense: \$ 1,936.00

60. Description: A leased copy/printer/scanner is used for both staff to print materials for outreach materials and client application is based on a monthly fee. Postage for mailing client applications and information when necessary is also based on a monthly rate. 20 percent of the total Domestic Violence Shelter expenses are used for the SNAP program. 100 percent of additional outreach materials printings monthly costs are used to support the SNAP program. Rounding is necessary to compute whole dollars.

61. Calculations:

Copy/printer/scanner monthly lease cost of \$327.92 X 12 = \$3,935.04 X .20 = \$787.01

Postage monthly cost of \$50.00 X 12 = \$600.00 X .20 = \$120.00

Additional outreach material cost of \$85.75/month X 12 = \$1,029.00 X 100 percent SNAP = \$1,029.00

Total cost = \$1,936

(\$787.01 + \$120 + \$1,029 = \$1,936.01)

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**jjjjjjjj. Internet/Telephone:**

90. Total SNAP Expense: \$ 3,259.00

91. Description: Telephone, internet access, long distance, computer repair, support and security are based on monthly costs. Costs are based on 20 percent of the SNAP program's total costs. Rounding is necessary to compute whole dollars.

92. Calculations:

Telephone, internet access, long distance monthly cost of \$403.83 X 12 months = \$4,845.96 X .20 = \$969.19

Computer repair, support and security monthly cost of \$954.08 X 12 months = \$11,448.96 X .20 = \$2,289.79

Total cost = 3,258.98

(\$969.19 + \$2,289.79 = \$3,258.98)

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**kkkkkkkkk. Equipment (individual items exceeding \$5K):**

90. Total SNAP Expense: \$ XX,XXX

91. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

92. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**lllllllll. Supplies and Non-Capital Expenditures:**

60. Total SNAP Expense: \$ 1,000.00

61. Description: Supplies are budgeted on a monthly basis which include but not limited to general office supplies such as pens, paper, pencils etc. All of which are essential to support the SNAP program. Rounding is necessary to compute whole dollars.

62. Calculations:

\$83.33 X 1.00 X 12 months X 100% SNAP Cost = \$999.96

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**mmmmmmmmm. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY20 Building/Space Calculator) below.

30. Total SNAP Expense: \$ 2,069.00

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**nnnnnnnnn. Other:**

60. Total SNAP Expense: \$ XX,XXX

61. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

62. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**rr. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation

(e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

91. Total SNAP Expense: \$ XX,XXX

92. Purpose of Travel (*Do not use symbols in your description*):

93. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u>
	<u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

88. Total SNAP Expense: \$ 382.00

89. Purpose of Travel (*Do not use symbols in your description*): Annual Wildfire Conference will take place in the greater Phoenix area. Breakfast and lunch will be provided. Dinner for each night, rental car, fuel, and lodging are requested.

90. Calculations: \$23 per diem dinner rate x 2 nights x 100% SNAP costs = \$46.00  
\$146 per night lodging x 1 night stay x 100% SNAP costs = \$146.00  
\$40 rental car per day x 3 days x 100% SNAP costs = \$120.00  
\$70 fuel round trip Flagstaff to Phoenix x 100% SNAP costs = \$70.00  
Total cost = \$382.00  
(\$46.00 + \$146.00 + \$120.00 + \$70.00 = \$382.00)

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**uu. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

90. Total SNAP Expense: \$ 3,750.00

91. Description: The contracted accountant will spend 2 hours weekly which is 5 percent of a 40 hour work week on the financial operations of the project, ensuring timely and accurate reporting.

92. Calculations:

Accounting costs: \$75,000 contracted per year X 5% SNAP = \$3,750

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**ww. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the

applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

9. Total Expense for Indirect Cost: \$ XX,XXX

10. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

11. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Northland Family Help Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Domestic Violence Shelter Case Manager	Vacant	12.00%	\$ 36,000.00	\$ 4,320.00	12.00%	\$ 518.40	\$ 4,838.40
Deputy Director/Legal Advocate	Heather Marcy	5.00%	\$ 67,432.00	\$ 3,371.60	17.00%	\$ 573.17	\$ 3,944.77
Executive Director	Shaleen Seward	5.00%	\$ 72,659.00	\$ 3,632.95	17.00%	\$ 617.60	\$ 4,250.55
Domestic Violence Shelter Advocates (Rotating)	4.25 FTE DV Advocates	4.00%	\$ 174,806.00	\$ 6,992.24	12.00%	\$ 839.07	\$ 7,831.31

Project Number 1, 2, 3 - Northland Family Help Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 10,433.00		\$10,433	\$20,866.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 968.00		\$968	\$1,936.00
(i) Internet/Telephone			\$ 1,630.00		\$1,630	\$3,260.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-			\$		\$500	\$1,000.00

Capital Expenditures			500.00			
(l) Building/Space			\$ 1,034.00		\$1,034	\$2,068.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 4,132.00		\$4,132	\$8,264.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 191.00		\$191	\$382.00
(q=o+p) Subtotal Travel			\$ 191.00		\$191	\$382.00
(r) Contractual			\$ 1,875.00		\$1,875	\$3,750.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 16,631.00		\$16,631	\$33,262.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 16,631.00</b>		<b>\$16,631</b>	<b>\$33,262.00</b>

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 100. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 101. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 102. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Old Town Mission**

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oooooooo. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

75. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** All staff will use daily logs/sign in sheets to identify time spent provide clients with information explaining benefits, distributing educational materials, and completing pre-qualification applications. Staff will log outreach events and track participants with sign in sheets. The Executive Director will provide a monthly activity sheet to the finance coordinator with totals from above mentioned sign in sheets.

76. Total SNAP Expense: \$ 99,982

77. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

- a. Executive Director (50 percent): The Executive Director will be responsible for the overall running and monitoring of the SNAP program. The ED will provide layouts and materials for each outreach event. The ED will provide the staff needs for each event and provide the necessary training and instructions for each SNAP outreach event to be successful and reach as many clients as possible. The ED will delegate job responsibility and necessary documentation to other personnel dependent on the event and will ensure that at each outreach event that our clients understand the information provided and answer any and all questions regarding the SNAP program.
- b. General Manager (25 percent): The General Manager will be responsible to ensure all materials, staff, information table, computers (when needed) and SNAP information is at each event. The General Manager will help develop and manage the SNAP logo on all

- our flyers, post cards, data sheets, and event brochures along with our social media accounts such as Facebook, Instagram, and company website. It will be the General Managers responsibility to ensure all information is shared with each team member involved with the SNAP outreach programs. The GM will also gather and organize all the daily logs and spreadsheets to be submitted in the mandatory monthly activity reports to the finance coordinator. The GM will man a table at certain events and help guide our clients through the computer portion of the SNAP program.
- c. Grocery Rescue Driver (10 percent): The Grocery Rescue Driver will be responsible for helping deliver SNAP marketing materials and informational sheets to each outreach location. He will help set up and break down each outreach event and will be on hand to help direct clients that have questions or inquiries about the SNAP program.
  - d. Human Resources (20 percent): Human resources will be responsible for gathering all the information from the General Manager and putting it into report form for the ED to approve before submitting to the Finance Coordinator monthly. HR will also be responsible for overseeing the budget and providing information to the Board of Directors as to the success of the program and the money received from this community outreach funding program.
  - e. Thrift Store Manager (30 percent): The Thrift Store Manager will be responsible overseeing SNAP informational outreach at the store. The manager will ensure the outreach is staffed, provided with the necessary information to hand out and offer guidance to our customers and also be available to answer any questions. He will help distribute program materials and advertise the date and time of each monthly outreach event. The Thrift Store Manager will ensure the staff is trained and educated on the information being provided to the customer about the SNAP program. During monthly staff meetings he will address any questions, changes/updates to the program and ideas regarding improvement to the outreach will be discussed to ensure success.
  - f. Thrift Store Supervisor (30 percent): The Thrift Store Supervisor will work hand and hand with the Thrift Store Manager to ensure the set up and breakdown of each monthly outreach event is coordinated and staffed accordingly. Supervisor will ensure enough materials are available to meet the demands of our customers and will also be on hand to distribute materials and answer questions.
  - g. Homeless Liaison Team Member (40 percent): will be responsible for setting up/breaking down tables and chairs and providing information for each outreach event. They will also be responsible for clean-up and any transporting of necessary items such as flyers, brochures, etc., needed at the outreach events in keeping it well stocked. They will be in charge of overseeing the Homeless Resource Center and speaking with the clients to answer any questions regarding information related to all resources distributed. They will refer clients to the receptionist for as needed such as to utilize computers, fax machine and copier.
  - h. Team Member (50 percent): The Team Members at the mission will be responsible for preparing SNAP Material bags, distribution of bags and speaking with clients who attend the food pantry, community meal, vision clinic etc.
  - i. Receptionist (40 percent): The Receptionist at the mission will be responsible for signing in all clients to our resource center, they will answer phones and handle all questions regarding SNAP as well as schedule computer time for those needing to fill out applications. Receptionist will make copies, fax paperwork and scan documents for SNAP clients.
  - j. Food Delivery Team Member (30 percent): This team member will be responsible for delivering SNAP information to homebound clients who have requested a food box.

Information will also be distributed on Saturdays through the Homeless Resource Center and during the community meal by this same team member.

- k. Cashier/Stocker (3) (10 percent): These team members will be an extra hand when needed to set up/breakdown/restock or clean up at each outreach event. They will also be available to run necessary marketing information to locations if need be and be available to direct customers and clients to the informational tables.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**ppppppppp. Copying/Printing/Materials:**

62. Total SNAP Expense: \$3,192.00

63. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

- a. Schedules: 100 weekly/400 monthly
- b. Evening Food Pantry Sheets – 300 monthly
- c. Flyers Advertising Programs 400 monthly
- d. Post Cards 300 monthly
- e. Thrift Store Vouchers 200 monthly
- f. Snap Flyers 300 monthly

64. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: 1900 X \$.14 X 12 (Monthly) X 100% SNAP = \$3192.00*

**\*1900 marketing material at \$.14 each for 12 months**

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**qqqqqqqqq. Internet/Telephone:**

93. Total SNAP Expense: \$ 2,095.00

94. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Internet and phone costs estimated at 25 percent SNAP cost. Service at both our locations the Old Town Mission and the Mission Thrift Store costs an average of 698 per month (combined).

- a. *Cost of Internet: Cost to provide computers and internet access to SNAP clients, social media accounts will be maintained with SNAP program information and will post upcoming outreach events.*
- b. *Cost of Telephone: Calls to our clients and customers. Receptionist will be answering incoming questions regarding SNAP program, fax paperwork as needed and share about upcoming SNAP outreach events.*

95. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: 698.40 X 12 X 25% SNAP = \$2,095.20*



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**rrrrrrrr. Equipment (individual items exceeding \$5K):**

93. Total SNAP Expense: \$ XX,XXX

94. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

95. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**sssssssss. Supplies and Non-Capital Expenditures:**

63. Total SNAP Expense: \$ 2,190.00

64. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

An average of 365 is spent monthly on supplies (50 percent of which is for SNAP). Supplies include: pens, gift bags, sanitizer, pencils, paper, copier ink, stapler and staples, clip boards, poster board, thumb tacks, markers, post-its, tape etc.

65. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*  
\$ 365.00 X 12 X 50% SNAP = \$2190.00

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**tttttttt. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

31. Total SNAP Expense: \$5,496.00

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**uuuuuuuuuu. Other:**

63. Total SNAP Expense: \$ XX,XXX

64. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

65. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**ss. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference**

**agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

94. Total SNAP Expense: \$ XX,XXX

95. Purpose of Travel (*Do not use symbols in your description*):

96. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination: Name of Conference/Meeting/Etc.  
 Airfare: Average Cost X # of People X # of Trips  
 Lodging: Average Cost X # of People X # of Trips  
 Per Diem: Average Cost X # of People X # of Trips  
 Ground Transportation: Average Cost X # of People X # of Trips  
= \$Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

**o. Local Travel (In-State Travel):**

91. Total SNAP Expense: \$ 394.00

92. Purpose of Travel (*Do not use symbols in your description*): The Old Town Mission attends community outreach events in the local area and provides resource materials to low income families and individuals. These are 100% SNAP.

93. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

Kids Fair	2	48	.56	\$53.76
Verde River Days	2	20	.56	\$22.40
Walk for Life	2	20	.56	\$22.40
National Night Out	4	11	.56	\$24.64
Food Drive 1	6	12	.56	\$40.32
Food Drive 2	6	14	.56	\$47.04
Open House	2	10	.56	\$11.2
Fall Festival	3	20	.56	\$33.60
Trunk or Treat	2	16	.56	\$17.92
Flying High	5	14	.56	\$39.20
Christmas	3	20	.56	\$33.6
Headstart	2	8	.56	\$8.96
Backpack	7	10	.56	\$39.20

Total \$394.24

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

**vv. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

93. Total SNAP Expense: \$ XX,XXX

94. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

95. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**xx. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

12. Total Expense for Indirect Cost: \$ 11,112

13. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Agency requests standard 10 percent indirect cost rate.

14. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% X (\$113,309 total costs – \$2,190 supplies) = \$11,111.90

Project Number 1, 2, 3 - Old Town Mission							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Kellie Wilson	50%	\$ 52,000.00	\$ 26,000.00		\$ -	\$ 26,000.00
General Manager	Jill Sweet	25%	\$ 46,030.40	\$ 11,507.60		\$ -	\$ 11,507.60
Grocery Rescue (Driver)	Will Woodruff	10%	\$ 33,176.00	\$ 3,317.60		\$ -	\$ 3,317.60
Human Resources	Rhonda Johnson	20%	\$ 28,217.28	\$ 5,643.46		\$ -	\$ 5,643.46
Thrift Store Manager	Lyle Straw	30%	\$ 41,600.00	\$ 12,480.00		\$ -	\$ 12,480.00
Thrift Store Supervisor	Janet Evers	30%	\$ 26,748.80	\$ 8,024.64		\$ -	\$ 8,024.64

Homeless Liaison Team Member	Elizabeth Salazar (Liz)	40%	\$ 28,891.20	\$ 11,556.48		\$ -	\$ 11,556.48
Receptionist	Holly McCormack	40%	\$ 27,060.80	\$ 10,824.32		\$ -	\$ 10,824.32
Team Member	Jessica Wilson	50%	\$ 3,159.00	\$ 1,579.50		\$ -	\$ 1,579.50
Food Delivery Team Member	Robert Burnett	30%	\$ 6,318.00	\$ 1,895.40		\$ -	\$ 1,895.40
Cashier	Diana Currier	10%	\$ 20,983.04	\$ 2,098.30		\$ -	\$ 2,098.30
Cashier	Aleah Buchanan-Gaines	10%	\$ 25,272.00	\$ 2,527.20		\$ -	\$ 2,527.20
Cashier	Patty St. Charles	10%	\$ 25,272.00	\$ 2,527.20		\$ -	\$ 2,527.20

Project Number 1, 2, 3 - Old Town Mission						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 49,991.00		\$49,991	\$99,982.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 1,596.00		\$1,596	\$3,192.00
(i) Internet/Telephone			\$ 1,048.00		\$1,048	\$2,096.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,095.00		\$1,095	\$2,190.00
(l) Building/Space			\$ 2,728.00		\$2,728	\$5,456.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,467.00		\$6,467	\$12,934.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 197.00		\$197	\$394.00
(q=o+p) Subtotal Travel			\$ 197.00		\$197	\$394.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 56,655.00		\$56,655	\$113,310.00
(t=Indirect cost rate x s) Indirect			\$ 5,556.00		\$5,556	\$11,112.00
<b>(u=s+t) TOTAL</b>			<b>\$ 62,211.00</b>		<b>\$62,211</b>	<b>\$124,422.00</b>

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 103.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 104.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 105.** Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Phoenix Dream Center**

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**vvvvvvv. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**78. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
Separate timesheets are maintained to track all SNAP Partnership related staff hours to ensure compliance with record keeping requirements. Timesheets are maintained and updated every week for staff members working on SNAP Partnership activities. Timesheets include date, staff name, description of activities, items used and time spent on each activity.

79. Total SNAP Expense:     \$ 52,699.00

80. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

**PDC CONTRACTS MANAGER**

The PDC Contracts Manager will contribute 20 percent of their time to oversee and ensure SNAP program compliance and present SNAP information to the community as needed.

As the PDC expands, much of this time will be spent meeting with various internal and external partners to assist in getting the word out about what our organization offers and is responsible for as part of the SNAP Partnership. As we continue to partner with different organizations, the PDC Contracts Manager will

continue to outline the areas of authority involved in assisting our residents and the community with SNAP and will be responsible for all reports/invoices.

### **PDC MILESTONES OFFICE MANAGER**

The PDC Milestones Office Manager will contribute 35 percent of their time to performing the core activities essential to SNAP facilitation. This includes operating from a dedicated desk in the Milestones office, community consultations and mobile sign ups and assisting those who call for assistance throughout the entire week. Additionally, this will include distribution of information concerning SNAP Outreach to the community and providing access to computers, telephones and copiers as well as general relevant assistance to members of the community through the Milestones Computer Lab which will allow many clients to be served at once. The PDC Milestones Office Manager will also track, log and enter all relevant data for PDC SNAP Outreach activities. The PDC Milestones Office Manager will also oversee unpaid volunteers who will assist in supporting positions within the PDC Milestones Resource Office.

### **EVDC SITE DIRECTOR**

The EVDC Site Director will contribute 25 percent of their time to oversee and ensure SNAP program compliance and present SNAP information to the East Valley community as needed. As the EVDC expands, much of this time will be spent meeting with various internal/external partners to assist in getting the word out about what our organization offers and is responsible for as part of the SNAP Partnership. As we continue to partner with different organizations, the EVDC Site Director will continue to outline the areas of authority involved in assisting our residents and the community with SNAP. The EVDC Site Director will lead various community outreaches with the goal of educating individuals in the community of resources available to them. At these outreaches members of the community will also be provided with mobile access to computers, telephones and scanning equipment and given relevant advice and assistance as needed. Responsibilities will also include tracking and delivering information to the PDC Contracts Manager for all relevant reports and invoices. The EVDC Site Director will also oversee unpaid volunteers who will assist in supporting positions in the EVDC drop in center, after school programs and outreaches.

### **SCDC PROGRAM ASSISTANT**

The SCDC Program Assistant will contribute 40 percent of their time to oversee efforts for SNAP program compliance and presentation of information to the community. As the food bank expands, much of their time will be spent meeting with various volunteers/external partners to assist in getting the word out about what our organization offers and is responsible for as part of the SNAP Partnership. The SCDC Program Assistant will be tasked with assisting in pre-screenings, application submissions and additional administrative tasks as they pertain to our organizational participation in the SNAP Partnership. The SCDC Program Assistant will be responsible for the collection and preparation of relevant reporting data and its subsequent submission to the PDC Contracts Manager for inclusion in monthly reports and invoices.

### **SCDC FOOD BANK MANAGER**

The SCDC Food Bank Manager will dedicate 15 percent of their time to the performing of core activities essential to SNAP facilitation. This will include staffing a dedicated office at the SCDC Food Bank, giving consultations within the community, administering mobile and in-person sign ups and assisting those who call or reach out for assistance throughout the entire work week. Additionally, this will include distribution of information concerning SNAP Outreach to the community and providing access to computers, telephones copiers and general relevant assistance to members of the community. The SCDC Food Bank Manager will also oversee unpaid volunteers who will assist in various supporting positions at the SCDC Food Bank.

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#### **wwwwwwww. Copying/Printing/Materials:**

65. Total SNAP Expense:     \$ 16,493

66. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your*

*description.)*

Our organization prints an extensive amount of material as part of our SNAP Partnership activities. One of the greatest advantages our organization offers is well-developed lines of communication into our communities built through our 58 regular weekly outreaches. The Phoenix Dream Center as well as the East Valley Dream Center and the Short Creek Dream Center conduct a myriad of community outreach and engagement events every week designed to bring encouragement, assistance and empowerment to our communities. We print out and pass out flyers at each of our outreaches to bring awareness to our SNAP Partnership activities.

Additionally, we have designed our programmatic entry paperwork for our various recovery and life improvement programs across all campuses to assist us in gathering relevant information to support the application of the members of our programs and life improvement programs to applicable SNAP services. Our onboarding packets also inform in writing the benefits potentially available to each person who passes through our programs.

As we assist the members of our programs and the members of our communities in their applications for various SNAP services much additional copying and printing is required. Examples of printing and copying services we provide for members of the community include: Printing relevant SNAP information materials, printing and copying birth certificates, name changes, address change paperwork, court paperwork, application paperwork, supporting documents when required as well as individually relevant miscellaneous documents to aid members in our community as they work to get their lives back on track.

We incorporate relevant SNAP Partnership information in additional printed advertising materials that are distributed from our front desks and made available at various public and professional events in addition to our regularly scheduled outreaches. We also incorporate SNAP Partnership related contact details in the business cards which we print in house for each of our staff members across each of our locations.

67. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

**OUTREACH COPIES:**

58 SNAP relevant outreaches per week X 25 flyers X 52 weeks = 75,400 copies

**PROGRAMATIC ENTRY COPIES:**

50 LRS Program intake packets per month of 20 pages X 12 months = 12,000 copies

15 WHL Program Intake packets per month of 33 pages X 12 months = 5,940 copies

**SUPPORTING PAPERWORK COPIES:**

PDC Supporting paperwork copies per month 600 X 12 months = 7,200 copies

SCDC Supporting paperwork copies per month 200 X 12 months = 2,400 copies

EVDC Supporting paperwork copies per month 80 X 12 months = 960 copies

**PDC OFF-SITE COMMUNITY FLYERS AND PROMOTIONAL BROCHURES COPIES:**

4 events per month X 50 flyers per event X 12 months = 2,400 copies

**SCDC FLYERS AND PROMOTIONAL BROCHURES COPIES:**

8 events per month X 100 flyers per event X 12 months = 9,600 copies

**EVDC FLYERS AND PROMOTIONAL BROCHURES COPIES:**

8 events per month X 100 flyers per event X 12 months = 9,600 copies

Total Copies: 125,500 x \$0.11 = \$13,805

Annual Printer Maintenance Costs: \$2976 x 50% = \$1488

400 business cards per month printed for all sites at PDC X \$.25 X 12 months = \$1,200

(\$13,805 + \$1,488 + \$1,200 = \$16,493)

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**xxxxxxxxx. Internet/Telephone:**

96. Total SNAP Expense: \$ 9,729

97. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Our organization provides internet access at 15 total work stations throughout our resource offices in Phoenix and Short Creek. 50 percent of all use of these workstations is for support of SNAP Partnership related activities. These 15 workstations are utilized by all SNAP staff in our organization and are also made available to the public to assist with personal research and application of benefits.

One wireless broadband hotspot is utilized so that we can offer remote wireless access to the community at a number of our Phoenix outreaches.

We utilize 10 total cell phones to assist in connectivity in our remote visits, administration and outreaches.  
4 Cell phones are used at the Phoenix Dream Center for SNAP Partnership activities.  
4 Cell phones are used at the East Valley Dream Center for SNAP Partnership activities.  
2 Cell phones are used at the Short Creek Dream Center for SNAP Partnership activities.

We utilize 4 total landlines at the Phoenix Dream Center. 50 percent of all use of these landlines is for SNAP Partnership related support.

98. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

15 X \$14.50 (prorated internet cost/station) X 12 months X 50% SNAP = \$1305.00:  
1 Wireless Hotspot: \$50.00 per month X 12 months = \$600.00 (100 percent cost for SNAP)  
10 Cell Phones: \$50.00 per month X 12 months X 50% SNAP = \$3,000.00  
4 Landline Phone System: \$201.00 per month per line X 12 months X 50% SNAP = \$4,824.00  
(\$1,305.00 + \$600.00 + \$3,000 + \$4,824.00 = \$9,729.00)

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**yyyyyyyyy. Equipment (individual items exceeding \$5K):**

96. Total SNAP Expense: \$ XX,XXX

97. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

98. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**zzzzzzzzz. Supplies and Non-Capital Expenditures:**



66. Total SNAP Expense: \$ 2,592

67. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

Supplies are budgeted on a monthly basis for general office materials to support the SNAP Program administration, including application assistance, educating the community and preparing and distributing advertisements.

Each resident of the Phoenix Dream Center gets their own file where they answer a questionnaire to help us determine the areas in which they need assistance. Notes only are kept in each file and clients keep the original documents. These are combined with their client files.

68. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

18 boxes of folders per month X \$8.25 X 12 months X 50% SNAP = \$891.00  
6 boxes filing labels per month X \$11.50 X 12 months X 50% SNAP = \$414.00  
18 boxes fasteners/bases per month X \$4.50 X 12 months X 50% SNAP = \$486.00  
6 boxes ball point pens per month X 12 months X \$5.50 per box X 50% SNAP = \$198.00  
6 boxes #2 yellow pencils per month X 12 months X \$6.50 per box X 50% SNAP = \$234.00  
6 boxes jumbo paperclips per month X 12 months X \$2.50 per box X 50% SNAP = \$90.00  
3 packages of Post Its (3" x 3") X 12 months X \$15.50 per package X 50% SNAP = \$279.00  
(\$891.00 + \$414.00 + \$486.00 + \$198.00 + \$234.00 + \$90.00 + \$279.00 = \$2,592.00)

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**aaaaaaaaa. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

32. Total SNAP Expense: \$ 40,844.

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**bbbbbbbbbb. Other:**

66. Total SNAP Expense: \$ XX,XXX

67. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

68. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**tt. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation

(e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

97. Total SNAP Expense: \$ XX,XXX

98. Purpose of Travel (*Do not use symbols in your description*):

99. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

94. Total SNAP Expense: \$ 35,280.

95. Purpose of Travel (*Do not use symbols in your description*):

Our SNAP related staff and volunteers will travel to outreaches and promotional events to provide SNAP access and informational activities, trainings and application assistance. The virtual majority of our organizational in-state travel consists of traveling to our 58 weekly outreaches (some of which are to the same destination multiple times). Below is a summary of our typical weekly outreaches/mileage based on SNAP activity.

96. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense  
1211.54 Miles per week x 52 weeks x 0.56 = \$35,280.04

**SUMMARY OF OUTREACHES**

1. CASS FISHING TUESDAY PM: 1 roundtrip per week X 9.6 roundtrip mileage = 9.6 weekly mileage
2. CASS FISHING THURSDAY PM: 1 roundtrip per week X 9.6 roundtrip mileage = 9.6 weekly mileage
3. CASS FISHING SUNDAY AM: 1 roundtrip per week X 9.6 roundtrip mileage = 9.6 weekly mileage
4. CASS FISHING SUNDAY PM: 1 roundtrip per week X 9.6 roundtrip mileage = 9.6 weekly mileage
5. CASS WOMENS BREAKFAST: 5 roundtrips per week X 9.6 roundtrip mileage = 48 weekly mileage
6. DREAM CENTER OUTREACH: 5 roundtrips per week X 0 roundtrip mileage = 0 weekly mileage
7. 38<sup>th</sup> AND POLK OUTREACH: 5 roundtrips per week X 12.3 roundtrip mileage = 61.5 weekly mileage
8. GILA RIVER THURSDAY: 1 roundtrip per week X 36.8 roundtrip mileage = 36.8 weekly mileage
9. GILA RIVER SATURDAY: 1 roundtrip per week X 36.8 roundtrip mileage = 36.8 weekly mileage
10. OCOTILLO AND 27TH AVE: 1 roundtrip per week X 17.4 roundtrip mileage = 17.4 weekly mileage
11. 16TH AND WASHINGTON: 1 roundtrip per week X 8.2 roundtrip mileage = 8.2 weekly mileage
12. WASHINGTON ST CROSSWALK: 1 roundtrip per week X 21 roundtrip mileage = 21 weekly mileage

13. CHICKEN PARK OUTREACH: 1 roundtrip per week X 25.8 roundtrip mileage = 25.8 weekly mileage
14. SCDC FOOD BANK OTR FRI: 1 roundtrip per week X 18 roundtrip mileage = 18 weekly mileage
15. SCDC FOOD BANK OTR SAT: 1 roundtrip per week X 18 roundtrip mileage = 18 weekly mileage
16. EVDC MESA APARTMENTS: 1 roundtrip per week X 19.44 roundtrip mileage = 19.44 weekly mileage
17. EVDC AFTER SCHOOL OUTREACH: 1 roundtrip per week X 0 roundtrip mileage = 0 weekly mileage
18. VETERANS OUTREACH: 1 roundtrip per week X 27.8 roundtrip mileage = 27.8 weekly mileage
19. FOUNTAIN TRAFFICKING OTR: 1 roundtrip per week X 51.9 roundtrip mileage = 51.9 weekly mileage
20. SOUTHSIDE OUTREACH: 1 roundtrip per week X 72 roundtrip mileage = 72 weekly mileage
21. MILL AVE OUTREACH: 1 roundtrip per week X 84 roundtrip mileage = 84 weekly mileage
22. SCOTTSDALE CLUB OUTREACH: 1 roundtrip per week X 32 roundtrip mileage = 32 weekly mileage
23. ST VINCENT DE PAUL OTR: 5 roundtrips per week X 19.2 roundtrip mileage = 96 weekly mileage
24. 19TH AND CAMELBACK OUTREACH: 1 roundtrip per week X 7 roundtrip mileage = 7 weekly mileage
25. DESERT WEST SKATE PARK: 2 roundtrips per week X 36 roundtrip mileage = 72 weekly mileage
26. MICHIGAN TRAILER PARK: 1 roundtrip per week X 1 roundtrip mileage = 1 weekly mileage
27. AMBUSH OUTREACH: 5 roundtrips per week X 52 roundtrip mileage = 260 weekly mileage
28. CORONADO PARK OUTREACH: 2 roundtrips per week X 36 roundtrip mileage = 72 weekly mileage
29. WELLNESS PUBLIC OUTREACH: 3 roundtrips per week X 0 roundtrip mileage = 0 weekly mileage
30. MARAVILLA CARE CENTER OTR: 1 roundtrip per week X 23 roundtrip mileage = 23 weekly mileage
31. CORONADO CARE CENTER OTR: 1 roundtrip per week X 18 roundtrip mileage = 18 weekly mileage
32. DESERT SKY OUTREACH: 1 roundtrip per week X 15 roundtrip mileage = 15 weekly mileage
33. DESERT HAVEN OUTREACH: 1 roundtrip per week X 14.5 roundtrip mileage = 14.5 weekly mileage
34. DESERT TER CARE CENTER OTR: 1 roundtrip per week X 16 roundtrip mileage = 16 weekly mileage

(TOTAL WEEKLY MILEAGE = 1,211.54 X 52 weeks in the year X \$0.56 = \$35,280.04)

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**ww. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

96. Total SNAP Expense:     \$ XX,XXX

97. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

98. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)*

**yy. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

15. Total Expense for Indirect Cost: \$ XX,XXX

16. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

17. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Phoenix Dream Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
PDC Contracts Manager	Michael Loper	20%	\$ 51,375.00	\$ 10,275.00	24.64%	\$ 2,531.76	\$ 12,806.76
PDC Milestones Office Mgr	Robert Power	35%	\$ 27,040.00	\$ 9,464.00	10.00%	\$ 946.40	\$ 10,410.40
EVDC Site Director	Daniel Gonzalez	25%	\$ 36,000.00	\$ 9,000.00	27.52%	\$ 2,476.80	\$ 11,476.80
SCDC Program Assistant	Elijah Belcher	40%	\$ 30,000.00	\$ 12,000.00	10.00%	\$ 1,200.00	\$ 13,200.00
SCDC Food Bank Manager	Richard Brown	15%	\$ 29,120.00	\$ 4,368.00	10.00%	\$ 436.80	\$ 4,804.80

Project Number 1, 2, 3 - Phoenix Dream Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 26,350.00		\$26,350.00	\$52,700.00

Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 8,246.00		\$8,246	\$16,492.00
(i) Internet/Telephone			\$ 4,865.00		\$4,865	\$9,730.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,296.00		\$1,296	\$2,592.00
(l) Building/Space			\$ 20,422.00		\$20,422	\$40,844.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 34,829.00		\$34,829	\$69,658.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 17,640.00		\$17,640	\$35,280.00
(q=o+p) Subtotal Travel			\$ 17,640.00		\$17,640	\$35,280.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 78,819.00		\$78,819	\$157,638.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 78,819.00</b>		<b>\$78,819</b>	<b>\$157,638.00</b>

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 106. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 107. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 108. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Phoenix Indian Center, Inc**

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ccccccccc. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**81. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Hours are tracked by a time tracking log for the receptionist and the navigators. Included in the time tracking are copies, appointments, explaining the program, outreach, research, and phone calls that are related to the SNAP program. Outreach efforts are tracked by the number of SNAP brochures and contacts at events where staff speak with potential participants.

82. Total SNAP Expense: \$ 42,967

83. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Navigator will contribute 50 percent of total time to the SNAP program which will include:  
Conducting assessment of in-coming customers to determine service needs; providing referrals to appropriate services; providing information on programs/services and eligibility criteria; developing individual plan of service; assisting customer to apply for needed services and follow-up on application status; maintaining relevant records for file and follow-up; updating agency database to reflect services/assistance received by customer.

The Navigator will contribute 25 percent of total time to the SNAP program which will include:  
Conducting assessment of in-coming customers to determine service needs; providing referrals to appropriate services; providing information on programs/services and eligibility criteria; developing individual plan of service; assisting customer to apply for needed services and follow-up on application status; maintaining relevant records for file and follow-up; updating agency database to reflect services/assistance received by customer. The responsibilities for both positions remains the

same, just the amount of time dedicated to the SNAP program is different.

The Receptionist will contribute 30 percent of total time to the SNAP program which will include: answering questions for incoming customers interested in benefits enrollment. Scheduling appointments for customers interested in receiving further information and/or completing an application. Making copies of outreach materials and maintaining a sufficient supply of materials in the lobby and for each staff member.

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**ddddddddd. Copying/Printing/Materials:**

68. Total SNAP Expense: \$ 750

69. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Copying/scanning of materials for SNAP outreach and application activities using in-house copier with a specific print code; will prepare flyers for posting/sharing with other staff. Staff makes copies of eligibility documents for customers to assist with application processes. We estimate that the percentage of the maintenance for the copier and ink for the SNAP program is 5 percent of the total agency cost.

70. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

Copies: 13,000 X \$0.05 = \$650.00

Maintenance: \$2,000.00 X 5% = \$100.00

\$650 + \$100= \$750

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**eeeeeeeeee. Internet/Telephone:**

99. Total SNAP Expense: \$ 600

100. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Use of telephone to maintain contact with customer regarding required documents, referrals, etc.; Internet use to complete on-line application forms. The percentage of the cost for internet and telephone is estimated at 5%.

101. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Phone/Internet: \$12,000 X 5% = \$600

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**fffffffff. Equipment (individual items exceeding \$5K):**

99. Total SNAP Expense: \$ 0

100. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

101. Show Calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)

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**ggggggggggg. Supplies and Non-Capital Expenditures:**

69. Total SNAP Expense: \$ 0

70. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

71. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**hhhhhhhhhhh. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

33. Total SNAP Expense: \$ 12,296

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**iiiiiiiiiii. Other:**

69. Total SNAP Expense: \$0

70. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

71. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**uu. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

100. Total SNAP Expense: \$ 0

101. Purpose of Travel (Do not use symbols in your description):



102. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)
- |                        |   |
|------------------------|---|
| Destination:           | Name of Conference/Meeting/Etc.   |
| Airfare:               | Average Cost X # of People X # of Trips   |
| Lodging:               | Average Cost X # of People X # of Trips   |
| Per Diem:              | Average Cost X # of People X # of Trips   |
| Ground Transportation: | <u>Average Cost X # of People X # of Trips</u><br><u>= \$Total Program Cost</u> |

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

97. Total SNAP Expense: \$ 0

98. Purpose of Travel (*Do not use symbols in your description*):

99. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

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**xx. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

99. Total SNAP Expense: \$ 0

100. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

101. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**zz. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

18. Total Expense for Indirect Cost: \$ 10,253

19. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Indirect cost letter attached.

Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Indirect Cost Rate 18.11% x 56,613 = \$10,252.61

Project Number 1, 2, 3 – Phoenix Indian Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Navigator	Jeanette Goseyun	50%	\$ 30,613.44	\$ 15,306.72	21.00%	\$ 3,214.41	\$ 18,521.13
Navigator	Olivia Hendricks	25%	\$ 41,246.40	\$ 10,311.60	21.00%	\$ 2,165.44	\$ 12,477.04
Receptionist	Melinda Yazzie	30%	\$ 32,972.16	\$ 9,891.65	21.00%	\$ 2,077.25	\$ 11,968.89

Project Number 1, 2, 3 – Phoenix Indian Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 21,484.00		\$21,484	\$42,968.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 375.00		\$375	\$750.00
(i) Internet/Telephone			\$ 300.00		\$300	\$600.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 6,148.00		\$6,148	\$12,296.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,823.00		\$6,823	\$13,646.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00

(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 28,307.00		\$28,307	\$56,614.00
(t=Indirect cost rate x s) Indirect			\$ 5,127.00		\$5,127	\$10,254.00
<b>(u=s+t) TOTAL</b>			<b>\$ 33,434.00</b>		<b>\$33,434</b>	<b>\$66,868.00</b>

**PILGRIM REST FOUNDATION, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 109.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 110.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 111.** Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11-point font)

**Organization Name: Pilgrim Rest Foundation, inc.**

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**Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**84. Explain in detail how this organization will track activity and time spent on SNAP for all staff:** *Pilgrim Rest Foundation, Inc. will track time and activity spent on SNAP for all staff by tracking one week out of each month. Each day of track week each staff person will fill out a log sheet with the hours they worked and along with the description of the task.*

85. Total SNAP Expense:     \$ 150,475

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Director of Family Services will spend 30 percent of her time each week in meeting and

networking with other agencies about SNAP. She will also function as the backup for the coordinator.

The two receptionists will each contribute 25 percent of their time to provide informational material and/or brochures about SNAP to every person that applies for our rental and utility assistance program.

The Administrator will contribute 5 percent of his time by being responsible for maintaining the fiscal components of the partnership.

All staff members will assist in copying, printing, and faxing documents for applicants. Assistance will be provided for clients/applicants with contacting DES via phone. Also, a computer will be provided for clients, and a printer may be used to print results of prescreening, applications, and any other information client needs to apply for programs identified through the prescreening process.

The Grant Coordinator will contribute 50 percent to assist clients, prescreen them, assist with accessing the online and will even complete the application for the applicant. This person will also provide outreach and application assistance. This includes time spent scheduling appointments for application assistance, as well as application assistance through [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov) both on-site at Pilgrim Rest Foundation, Inc. and remotely at outreach events.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**kkkkkkkkkk. Copying/Printing/Materials:**

71. Total SNAP Expense: \$8,580

72. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*) Staff copies materials for both SNAP outreach and application activities. The in-house copiers and printers will be used to make flyers for presentations and copy applications for individuals for whom applications are submitted. Staff will make approximately 31,500 copies per year for the SNAP. Approximately, 30 percent of the maintenance cost for the copiers and printer are included.

73. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

25 clients X 12 months X \$0.20 per B&W copy X 8 sheets per package = \$480.00  
500 single page/double sided fliers X 12 months X \$1.00 per Color = \$6,000.00 (Mobile Pantry)  
100 single page/double sided flier X 12 months X \$1.00 per Color = \$1,200.00 (Rental/Utility Assistance Clients)  
Annual Maintenance (\$250 per month X 12 months X 30% SNAP) = \$900  
(\$480 + \$6,000 + \$1,200 + \$900 = \$8,580)

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**IIIIIIII. Internet/Telephone:**

102. Total SNAP Expense: \$ 4,080

103. Describe how the figures in the line item budget were calculated. (*Do not use symbols in*

*your description.*) Pilgrim Rest incurs \$20,400, annually, for telephone services and internet services. The monthly cost of telephone serves is 1,700 dollars per month, and we think SNAP will account for 20 percent of it through the year.

104. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

\$1,700 per month X 12 months = \$20,400 X 20% = \$4,080

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**mmmmmmmmmm. Equipment (individual items exceeding \$5K):**

102. Total SNAP Expense: \$ XX,XXX

103. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

104. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

\$500 month x 12 months = \$6,000

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**nnnnnnnnnn. Supplies and Non-Capital Expenditures:**

72. Total SNAP Expense: \$ 6,000

73. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) *Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budgeted monthly for general office materials (pens and pencils, paper clips, sticky-notes, binders, file folders, etc.) to support the SNAP program administration, including application assistance, educating the community, preparing, and distributing advertisements, etc. Pilgrim Rest average monthly cost is about \$500 for SNAP supplies. We will purchase items such as pens and pencils, paper clips, sticky-notes, binders, file folders, etc.

74. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

75.

\$500 month x 12 months = \$6,000

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**oooooooooooo. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

34. Total SNAP Expense: \$9,625

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**ppppppppppp. Other:**

72. Total SNAP Expense: \$ XX,XXX

73. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

74. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**vv. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

103. Total SNAP Expense: \$4,780

Purpose of Travel (Do not use symbols in your description): Expenses related to the Director of Family Services and Grants Coordinator attending the 2022 National Anti-Hunger Conference that takes place in Washington, DC to receive education and advocate for hunger issues. Even though the conference was virtual last year (2021) we are looking to attend in person in 2022.

104. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -)

Destination:	2022 National Anti-Hunger Conference
Airfare:	\$600 (roundtrip) per person x 2 People x 1 of Trips = \$1,200
Lodging:	\$200 per night X 5 nights x 2 People x 1 of Trips = \$2,000
Registration:	\$415 (last year's registration) x 2 People = \$830
Per Diem:	\$59 per diem for 5 days x 2 People X 1 of Trips = \$590
Ground Transportation:	<u>\$40 x 2 of People x 2 trips=\$160</u>
	<u>\$4,780= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

100. Total SNAP Expense: 2,730

101. Purpose of Travel (Do not use symbols in your description): Expenses for staff to attend and conduct SNAP outreach activities within Maricopa County. Also, for Staff persons to attend the Wildfire Conference:

102. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

5 Roundtrips x 50 miles x .56 x 12 months = \$1,680  
(This is due to previous years travel before COVID-19)

2022 Wildfire Annual Conference Cost \$150 X 3 registrations=\$450  
1-night hotel X 200 (rate, taxes, & fees) x 3 registrants = \$600

\$1,680 (Local Travel) + \$1,050 (2022 Wildfire Conference) =\$2,730

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**yy. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

102. Total SNAP Expense: \$ 21,000

103. Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

Contracts with three individuals that are essential to the operation of the SNAP activities.

1<sup>st</sup> Contractor-Accounting: Costs for the official accountant for the organization. 10 percent of accountant's time will be directed toward tracking expenses, requesting reimbursements, and appropriating funds for the SNAP program.

2<sup>nd</sup> Contractor-I.T, comes in weekly to address any computer issues/concerns for our computers, network, and Internet connectivity. All used by the SNAP program as well as other activities. 20 percent of the time will directly support the SNAP initiatives and activities.

3<sup>rd</sup> Contractor- Website Maintenance **to maintain the website. SNAP information is provided and updated on this site as needed.** 20 percent of the time will directly support the SNAP initiatives and activities.

104. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)*

Accounting Service: \$100,000/year X 10% SNAP Activity= \$10,000

I.T. Support: \$50,000/year X 20% SNAP Activity= \$10,000

Website Maintenance: \$5,000/year X 20% SNAP Activity = \$1,000

\$10,000 + \$10,000 + \$1000 = \$21,000

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**aaa. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

20. Total Expense for Indirect Cost: \$ XX,XXX

21. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

22. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Pilgrim Rest Foundation							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Administrator	Richard Yarbough	5%	225,000.00	\$ 11,250.00	30.00%	\$ 3,375.00	\$ 14,625.00
Director of Family Services	Rhoshawndra Carnes	30%	115,000.00	\$ 34,500.00	30.00%	\$ 10,350.00	\$ 44,850.00
Receptionist	Teresa Howard	25%	50,000.00	\$ 12,500.00	30.00%	\$ 3,750.00	\$ 16,250.00
Receptionist/Finance Asst.	Deborah Bernard Brown	25%	50,000.00	\$ 12,500.00	30.00%	\$ 3,750.00	\$ 16,250.00
Grants Coordinator	Jennifer Sandate	50%	90,000.00	\$ 45,000.00	30.00%	\$ 13,500.00	\$ 58,500.00

Project Number 1, 2, 3 - Pilgrim Rest Foundation						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 75,238.00		\$75,238	\$150,476.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 4,290.00		\$4,290	\$8,580.00
(i) Internet/Telephone			\$ 2,040.00		\$2,040	\$4,080.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 3,000.00		\$3,000	\$6,000.00
(l) Building/Space			\$ 4,813.00		\$4,813	\$9,626.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 14,143.00		\$14,143	\$28,286.00
Travel					\$0	\$0.00
(o) Long Distance			\$ 2,390.00		\$2,390	\$4,780.00
(p) Local (Inside Arizona) Travel			\$ 1,365.00		\$1,365	\$2,730.00
(q=o+p) Subtotal Travel			\$ 3,755.00		\$3,755	\$7,510.00



(r) Contractual			\$ 10,500.00		\$10,500	\$21,000.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 103,636.00		\$103,636	\$207,272.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 103,636.00</b>		<b>\$103,636</b>	<b>\$207,272.00</b>

## PINACCLE PREVENTION

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

112. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
113. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
114. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### Organization Name: Pinnacle Prevention

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qqqqqqqqqq. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

86. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Pinnacle Prevention tracks all time and activity through Labor Activity Reports (LARs) which are maintained and completed electronically.

87. Total SNAP Expense: \$ 226,058

88. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**Programs Support Specialist** will contribute twenty-five percent of time to coordinate SNAP-O program activities and provide technical assistance to each of the partner sites.

**Farm to Fork Programs Manager** will contribute twenty-five percent of time to manage all aspects of grant management, conduct and implement program planning, complete reporting, and guide technical assistance and coordination activities with the Programs Support Specialist.

**Communications Specialist** will contribute twenty-five percent of time to the SNAP-O program materials design, development, printing, and dissemination coordination with all partner sites.

**Market Staff (22)** will each contribute twenty-five percent of time at each of the twenty-two partner sites for the implementation of all direct assistance and outreach activities with SNAP-eligible individuals including conducting events, workshops, and meetings and connect individuals with local SNAP application and renewal services.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**rrrrrrrrr. Copying/Printing/Materials:**

74. Total SNAP Expense: \$60,910

75. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Copying, printing, and material development includes distribution the design, development, printing, and distribution of 80,000 flyers twice per year and the design, development, and printing of 22,000 regional site specific postcards once per year. Flyers will include information about SNAP eligibility, where to enroll, and ancillary nutrition assistance programs. 50 percent of the information on the flyers will be specific to SNAP and 50 percent of information on the flyers will include referrals and information to other nutrition assistance programs.

76. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

160,000 flyers X \$0.65/unit X 50% = \$52,000

22,000 postcards X \$0.81/unit X 50% = \$8,910

\$52,000 + \$8,910 = \$60,910

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**ssssssssss. Internet/Telephone:**

105. Total SNAP Expense: \$20,700

106. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This line item includes internet/telephone expenses for the three Pinnacle Prevention funded positions pro-rated at the percentage of SNAP activity as well as for each of the 22 funded partner sites.

107. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Annual internet and phone for 23 total sites X \$3,600/year X 25% = \$20,700

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**ttttttttt. Equipment (individual items exceeding \$5K):**

105. Total SNAP Expense: \$0

106. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

107. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**uuuuuuuuuu. Supplies and Non-Capital Expenditures:**

76. Total SNAP Expense: \$0

77. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

78. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**vvvvvvvvvv. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

35. Total SNAP Expense: \$4,718

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**wwwwwwwww. Other:**

75. Total SNAP Expense: \$0

76. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

77. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**ww. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

105. Total SNAP Expense: \$0

106. Purpose of Travel *(Do not use symbols in your description):*

107. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

**o. Local Travel (In-State Travel):**

103. Total SNAP Expense: \$0

104. Purpose of Travel (*Do not use symbols in your description*):

105. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

**zz. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

105. Total SNAP Expense: \$0

106. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

107. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**bbb. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

23. Total Expense for Indirect Cost: \$31,239

24. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Pinnacle Prevention operates at a 10% federal de minimis indirect cost rate.

25. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Pinnacle Prevention operates at a 10% federal de minimis indirect cost rate.

Total Budget = \$312,386

Indirect Cost Total: \$312,386 X 10% = \$31,239

Project Number 1, 2, 3 - Pinnacle Prevention							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Programs Support Specialist	Liv Brashear	25.00%	\$ 50,000.00	\$12,500.00	28.00%	\$ 3,500.00	\$ 16,000.00
Farm to Fork Programs Manager	Kelley Villa	25.00%	\$ 56,430.00	\$14,107.50	28.00%	\$ 3,950.10	\$ 18,057.60
Communications Specialist	Tricey Wilks	25.00%	\$ 50,000.00	\$12,500.00	28.00%	\$ 3,500.00	\$ 16,000.00
Prescott Farmers Market Manager	Kathleen Yetman	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Prescott Valley Market Manager	JB Del Campo	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Chino Valley Farmers Market Manager	Gabriel Kerbs	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Roadrunner Park Farmers Market Manager	Kathy Porter	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Old Town Scottsdale Farmers Market Manager	Christina Sierra	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Downtown Phoenix Farmers Market Manager	Sara Matlin	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Spaces of Opportunity Farmers Market Manager	John Wann-Angeles	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Farm Express Director	Elyse Guidas	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00

Uptown Farmers Market Manager	Bo Mostow	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Ajo Farmers Market Director	Nina Sajovec	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Nogales Little Mercado Manager	Erika Burgos	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Rillito Park Farmers Market Manager	Nick Szumowski	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Udall Park Farmers Market Manager	Zoe Anderson	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Green Valley Village Farmers Market Manager	Doran Hadan	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Oro Valley Farmers Market Manager	Lena Melnick	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Rincon Valley Farmers Market Manager	Anisa Hermosillo	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Sierra Vista Farmers Market Manager	Winnie Struse	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Coffee Pot Farms Manager	Cherilyn Yazzie	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Sun Produce Cooperative Manager	Cindy Gentry	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Rosebird Farms and CSA Manager	Andrea McAdow	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Ahwatukee Farmers Market Manager	Austen Working	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00
Downtown Chandler Farmers Market Manager	Samantha Halvorson	25.00%	\$ 32,000.00	\$ 8,000.00		\$ -	\$ 8,000.00

Project Number 1, 2, 3 - Pinnacle Prevention						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 113,029.00		\$113,029	\$226,058.00
Other Direct Cost					\$0	\$0.00

(h) Copying/Printing/Materials			\$ 30,455.00		\$30,455	\$60,910.00
(i) Internet/Telephone			\$ 10,350.00		\$10,350	\$20,700.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 2,359.00		\$2,359	\$4,718.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 43,164.00		\$43,164	\$86,328.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 156,193.00		\$156,193	\$312,386.00
(t=Indirect cost rate x s) Indirect			\$ 15,620.00		\$15,620	\$31,240.00
<b>(u=s+t) TOTAL</b>			<b>\$ 171,813.00</b>		<b>\$171,813</b>	<b>\$343,626.00</b>

## REGIONAL CENTER FOR BORDER HEALTH, INC.

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 115.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 116.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**



117. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Regional Center for Border Health, Inc.**

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xxxxxxxxx. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

89. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Staff will use a daily tracking log to identify time spent supporting clients with completing the application, answering questions over the phone and in person. In addition, staff will complete a form when attending outreach events identifying time spent and population served. These forms will be turned in to Program Supervisor on a monthly basis.

90. Total SNAP Expense: \$ 39,396

91. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Program Supervisor will contribute fifteen percent of his time to oversee and ensure SNAP program compliance and ensure compliance at the three satellite offices.

The Application Assistor (1) will contribute forty percent of their time to the SNAP program, providing direct services to clients through applications assistance, prescreening, documents assistance community outreach as well as assisting clients with copying, printing and faxing documents. Application Assistors will also participate in community events to promote SNAP.

The Application Assistor/Administration will contribute forty percent of her time to support the SNAP program by preparing copies of outreach information, designing educational flyers as well as provide direct services to clients through application assistance, prescreening, documents assistance, community outreach and assisting clients with copying, printing and faxing.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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yyyyyyyyyy. **Copying/Printing/Materials:**

77. Total SNAP Expense: \$ 900.00

78. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

*The staff uses the in-house copiers and printers to make flyers for presentations, copy applications for individuals for whom applications are submitted as well as prescreening. Staff will make approximately 10,000 copies per year for the SNAP program.*

79. Show calculations for expense described in #1:  
10,000 x \$.09 \$900.00

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**zzzzzzzzzz. Internet/Telephone:**

108. Total SNAP Expense: \$ 946.00

109. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Costs associated with four work stations 20 percent dedicated to SNAP application assistance and outreach prorated per work station. Wireless broadband service for two laptops used remotely for twelve monthly. This broadband is being used 100 percent for SNAP purpose only, which is connected to a laptop. The Application Assistors/Family Care Coordinators use a mobile laptop at community events, and health fairs, for screening and enrollment. The projects staffed by a total of 3 individuals of which Application Assistors determine, by way of an assessment of the caller(s) are potentially eligible for SNAP benefits and begin the eligibility process.

110. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Calculations:

Phone: \$7.20 x 4 work stations X 12 months = \$345.60

(phone: line \$36.00/20%= 7.20)

Wireless Broadband: \$50.00/month X 1 X 12 = \$600.00

\$345.60 + \$600 == \$945.60

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**aaaaaaaaaaa. Equipment (individual items exceeding \$5K):**

108. Total SNAP Expense: \$ XX,XXX

109. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

110. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**bbbbbbbbbbb. Suppies and Non- Capital Expenditures:**

111. Total SNAP Expense: \$ 2,040

112. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

Supplies are budged on a monthly basis for general office materials (pens, sticky—notes, binders,

file folders, ink, copy paper, etc.) to support the SNAP program administration, including application assistance, educating the community, preparing and distributing advertisements, etc.

113. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

Calculations:

Supplies (\$170/mo. X 12 months \$2,040)

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**cccccccccc. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

36. Total SNAP Expense: \$ 6,166

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**dddddddddd. Other:**

78. Total SNAP Expense: \$ 0

79. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

80. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**xx. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

108. Total SNAP Expense: \$ 0

109. Purpose of Travel (*Do not use symbols in your description*):

110. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

106. Total SNAP Expense: \$1,210

107. Purpose of Travel (*Do not use symbols in your description*):

Expenses for staff to attend and conduct SNAP outreach activities, mileage rate of \$0.56 per mile.

108. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56 per mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense  
48 weeks X 3 weekdays X 15 miles X \$0.56 = \$1,209.60

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**aaa. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

108. Total SNAP Expense: \$ 10,050

109. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Contracts with two individuals that are essentials to the operation of the SNAP activities. Accounting: Fifteen percent of accountant's time will be directed toward tracking expenses, requesting reimbursements and appropriating funds for the SNAP program

The second contract for I.T. support for our computers, network, Internet connectivity and phone system; all used by the SNAP program as well as other Resource Center activities. Fifteen percent of the time will directly support the SNAP initiatives and activities.

110. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

Accounting Service: \$35,000/year X 15% = \$5,250

I.T. Support: \$32,000/year X 15% = \$4,800

\$5,250 + \$4,800 = \$10,050

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**ccc. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

26. Total Expense for Indirect Cost: \$ 0

27. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

28. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Regional Center for Border Health							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Program Supervisor	Alex Bejarano	15.00%	\$50,000.00	\$ 7,500.00	30.00%	\$ 2,250.00	\$ 9,750.00
Application Assistor/Admin.	Maria Elena Figueroa	40.00%	\$29,494.00	\$ 11,797.60	30.00%	\$ 3,539.28	\$ 15,336.88
Application Assistor	Cristina Alonso	40.00%	\$27,518.40	\$ 11,007.36	30.00%	\$ 3,302.21	\$ 14,309.57

Project Number 1, 2, 3 - Regional Center for Border Health						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 19,698.00		\$19,698	\$39,396.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 450.00		\$450	\$900.00
(i) Internet/Telephone			\$ 473.00		\$473	\$946.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,020.00		\$1,020	\$2,040.00
(l) Building/Space			\$ 3,083.00		\$3,083	\$6,166.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 5,026.00		\$5,026	\$10,052.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 605.00		\$605	\$1,210.00

(q=o+p) Subtotal Travel			\$ 605.00		\$605	\$1,210.00
(r) Contractual			\$ 5,025.00		\$5,025	\$10,050.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 30,354.00		\$30,354	\$60,708.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 30,354.00</b>		<b>\$30,354</b>	<b>\$60,708.00</b>

## REFUGEES AND IMMIGRANTS COMMUNITY FOR EMPOWERMENT (RICE)

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

118. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
119. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
120. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### Organization Name: Refugees and Immigrants Community for Empowerment (RICE)

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eeeeeeeeee. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

92. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** Daily, all staff will use a google doc to track start and end time for SNAP outreach and support with providing direct service to families to include prescreening, documenting and application assistance, answering calls regarding SNAP, setting up appointments to complete applications, developing and copying program flyers. This google doc will be a shared document with Executive Director and all SNAP outreach team that will be always viewable. Executive Director will use this document to submit monthly reports for SNAP Partnership reimbursements.

93. Total SNAP Expense: \$56,160.00

94. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

We only have one site for all staff: 3581 W Northern Ave #8 Phoenix, AZ 85051

Office Manager – will devote forty percent of time providing direct service to families to include prescreening, documenting and application assistance, answering calls regarding SNAP, setting up appointments to complete applications, developing and copying program flyers.

Empowerment Coach – will devote forty percent of time providing direct service to families to include prescreening, documenting and application assistance, answering calls regarding SNAP, setting up appointments to complete applications, developing and copying program flyers.

Empowerment Coach – will devote forty percent of time providing direct service to families to include prescreening, documenting and application assistance, answering calls regarding SNAP, setting up appointments to complete applications, developing and copying program flyers.

Executive Director – will contribute forty percent of time to oversee the SNAP program and ensure program compliance, present SNAP to the community (outreach), supervise staff and hold monthly meetings to discuss SNAP activity. Review monthly reimbursement report for accuracy, will do outreach and attend public events to share that we are a SNAP community partner.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**fffffff. Copying/Printing/Materials:**

80. Total SNAP Expense: \$ 120.00

81. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

We purchase a ream of paper every two months. Cost is 50 dollars per ream. We will use copy paper to print out fliers and materials for the SNAP outreach program.

82. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

\$50.00 per ream of paper x 6 reams of paper per year = \$300.00

\$300.00 x 40% of SNAP = \$120.00

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**ggggggggggg. Internet/Telephone:**

111. Total SNAP Expense: \$2,226.00

112. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

8X8 Phone Service to answer questions and make appointment to assist with the SNAP outreach and assistance.

Google Suites – our email system and document sharing system for our staff members to send emails regarding SNAP outreach and to save documents regarding SNAP outreach and assistance.

Cox communication internet – this is our internet provider so we can assist with SNAP applications online and outreach.

113. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

Phone: \$691.92 x 40% of SNAP = \$276.77

Google Suites: \$390.96 x 40% of SNAP = \$156.38



Cox Internet: \$4,482.60 x 40% of SNAP = \$1,793.04

Total = \$2,226.19

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**hhhhhhhhhh. Equipment (individual items exceeding \$5K):**

114. Total SNAP Expense: \$XXX.XX

115. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

116. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**iiiiiiiiiii. Supplies and Non-Capital Expenditures:**

79. Total SNAP Expense: \$ XX,XXX

80. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

81. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**jjjjjjjjjj. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

37. Total SNAP Expense: \$ 2,400

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**kkkkkkkkkk. Other:**

81. Total SNAP Expense: \$ 658.00

82. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

*QuickBooks payroll and accounting services – to pay staff who are designated for the SNAP outreach and assistance program.*

*\$137 per month and \$1,644.00 per year*

83. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

\$1,644.00 x 40% of SNAP = 657.60

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**yy. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

111. Total SNAP Expense: \$ XX,XXX

112. Purpose of Travel (*Do not use symbols in your description*):

113. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

109. Total SNAP Expense: \$ XX,XXX

110. Purpose of Travel (*Do not use symbols in your description*):

111. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

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**bbb. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

111. Total SNAP Expense: \$ XX,XXX

112. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

113. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**ddd. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by

contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

29. Total Expense for Indirect Cost: \$ XX,XXX

30. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

31. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Refugees and Immigrants Community for Empowerment (RICE)							
Position Title	Staff Member Name	(a) FTE Outreach %	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Office Manager	Awatif Madini	40%	\$ 36,000.00	\$ 14,400.00	0.00%	\$ -	\$ 14,400.00
Empowerment Coach	Seraphine Aziza	40%	\$ 28,800.00	\$ 11,520.00	0.00%	\$ -	\$ 11,520.00
Empowerment Coach	Samah Alhabal	40%	\$ 30,000.00	\$ 12,000.00	0.00%	\$ -	\$ 12,000.00
Executive Director	Dominic Braham	40%	\$ 45,600.00	\$ 18,240.00	0.00%	\$ -	\$ 18,240.00

Project Number 1, 2, 3 - Refugees and Immigrants Community for Empowerment (RICE)						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 28,080.00		\$28,080	\$56,160.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 60.00		\$60	\$120.00
(i) Internet/Telephone			\$ 1,113.00		\$1,113	\$2,226.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 1,200.00		\$1,200	\$2,400.00
(m) Other			\$ 329.00		\$329	\$658.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 2,702.00		\$2,702	\$5,404.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 30,782.00		\$30,782	\$61,564.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 30,782.00</b>		<b>\$30,782</b>	<b>\$61,564.00</b>

## RIO VISTA CENTER

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

**121.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).

**122.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that

these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**

123. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

## Rio Vista Center

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IIIIIIIIII. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

95. Time tracking is done on a time sheet (shared on goggle drive) where weekly hours and activities are recorded. Activities include: assisting self-serve clients, assisting full serve clients, outreach, prep, record keeping, and supervision. Hours are then inputted into a personnel calculator calculating the amount of pay for SNAP activities.

96. Total SNAP Expense: \$ 52,668.

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

Assistant –Our Assistant will contribute 83 percent of her time to assist in the application processing for community members including those who are using our self-service computers for accessing HealtheArizona.org. She also helps with copying and faxing of necessary documents as well as answering client questions. Additionally, she assists in completing monthly reports.

Director – The Director contribute 50 percent of his time to oversee the entire program to ensure proper training and implementation. He will recruit and train volunteers along with assisting the outreach worker and contract worker to ensure the highest quality result. He is also responsible for reporting and further enhancements to the program. He will assist community members utilizing our self-service computers. He will also conduct outreach, specifically to other faith-based organizations.

97. None of our staff will be full time for related programs, but will rather work with our volunteer staff to ensure the most man hours possible are put towards our program. Each employee has additional duties with other programs within the organization.

98. The reason why the assistant is expected to spend 83 percent of her time on SNAP allowable activities is because she leads on the SNAP program. While others may assist with occasional SNAP appointments for application assistance, the assistant will schedule the majority of all SNAP appointments. She will also spend a large amount of time doing outreach in the community. Her position will focus mainly on SNAP outreach and application assistance.

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**mmmmmmmmmm. Copying/Printing/Materials:**

83. Total SNAP Expense: Total SNAP Expense: \$1340.00

84. Description: Copying/Printing Materials:

Cost for purchasing paper and toner for the printing costs related to copying applications and documents for individuals submitting applications. Costs solely for SNAP program: one toner cartridge per month and one case of paper per quarter.

85. Calculations: Toner Cartridges:  $\$95 \times 12 = \$1140.00$ , Paper:  $\$50 \times 4 = \$200$   
( $\$1140 + \$200 = \$1340.00$ )

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**nnnnnnnnnn. Internet/Telephone:**

1. Total Expense: \$ 1835

2. Description: Cost of telephone for faxing and Internet for submitting the online applications.

3. Calculations: This is shared usage with other programs that also utilize these services. The monthly bill averages out to \$216.00 per month for both the Internet cost, phone, and faxing. Additionally, 20% of wireless plan is utilized for assisting in application process. The usage of the Internet and phone for application processing is 50 percent of the use at Rio Vista Center ( $\$216 \times 12 \times 50\% = \$1296$ ) + ( $\$2696.94 \times 20\% = \$539.39$ ) = \$1835.39.

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**oooooooooooo. Equipment (individual items exceeding \$5K):**

117. Total SNAP Expense: \$ XX,XXX

118. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

119. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**pppppppppp. Supplies and Non-Capital Expenditures:**

82. Total SNAP Expense: \$ XX,XXX

83. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

84. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**qqqqqqqqqq. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

38. Total SNAP Expense: \$ 4560.00

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**rrrrrrrrrr. Other:**

84. Total SNAP Expense: \$ XX,XXX

85. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

86. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**zz. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

114. Total SNAP Expense: \$ XX,XXX

115. Purpose of Travel (*Do not use symbols in your description*):

116. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

112. Total SNAP Expense: \$ XX,XXX

113. Purpose of Travel (*Do not use symbols in your description*):

114. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

**ccc. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

1. Total SNAP Expense: \$ 25,200.00
2. Description: Rio Vista has a second site in Mesa, Casa de Amor. This location will provide the same services as our Phoenix location. The on site director for this location will be contractual labor. He will oversee volunteers and provide training for assisting SNAP clients. He will provide assistance for self-serve and full serve clients. He will help with phone calls, faxing, copies, and any additional needs. He will also be in charge of any outreach activities – meeting with local schools, setting up outreach events, attending community events of other agencies in the area to share about SNAP. Additionally, he will meet weekly with the director of the Phoenix location.
3. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

1 contractor X \$ 64500 annual pay X 39% SNAP = \$25,200.00

**eee. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant’s cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant’s accounting system permits, costs may be allocated in the direct costs categories.

32. Total Expense for Indirect Cost: \$ XX,XXX

33. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

34. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Rio Vista Center							
Position Title	Staff Member Name	(a) FTE Outreach %	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)



Director	Aaron Norwood	50.00%	\$ 64,500.00	\$ 32,250.00	0.00%	\$ -	\$ 32,250.00
Assistant	Debbie Allen	83.00%	\$ 24,600.00	\$ 20,418.00	0.00%	\$ -	\$ 20,418.00

Project Number 1, 2, 3 - Rio Vista Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 26,334.00		\$26,334	\$52,668.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 670.00		\$670	\$1,340.00
(i) Internet/Telephone			\$ 918.00		\$918	\$1,836.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 2,280.00		\$2,280	\$4,560.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 3,868.00		\$3,868	\$7,736.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ 12,600.00		\$12,600	\$25,200.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 42,802.00		\$42,802	\$85,604.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 42,802.00</b>		<b>\$42,802</b>	<b>\$85,604.00</b>

**SAHUARITA FOOD BANK**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for

each line was determined. Each expense detail and narrative must consist of the following:

- 124. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line-Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 125. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 126. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Sahuarita Food Bank:**

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ssssssssss. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

99. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
Sahuarita Food Bank SNAP Partnership Staff will keep a daily tracking log of time and activities spent on SNAP-related activities including explaining benefits, distributing educational materials, completing pre-qualifications and applications and training and supervising volunteers. Staff will also log outreach activities along with the number of individuals served for each activity. Partnership Staff will provide a monthly summary of logs with totals.

100. Total SNAP Expense: \$ 2,960

101. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**Executive Director** will contribute five percent of time to oversee the SNAP program, ensure program compliance, work with contractual staff (see description below) and our treasurer, present SNAP to the community, respond to community inquiries, and review monthly disbursement reports before submission.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

N/A

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**tttttttttt. Copying/Printing/Materials:**

86. Total SNAP Expense: \$ 150

87. Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

**Copying:** The copier will be used to prepare relevant materials for families participating in the SNAP program such as marketing materials, flyers, and copies of applications for individuals for whom applications are submitted. Staff will make approximately 1,000 copies for SNAP applications, presentations, and outreach.

88. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

(1,000 copies X \$.15 X SNAP Activities 100% = \$150)

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**uuuuuuuuuuu. Internet/Telephone:**

114. Total SNAP Expense: \$ 120

115. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*)

**Office phone:** For activities dedicated to the SNAP application assistance and outreach program, follow up with applicants and scheduling appointments

**Internet:** Costs associated with Executive Director and Community Resource Center Director SNAP activities including prescreening, application, follow up, and outreach.

116. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Office Phone service associated with CRC Director X \$20 X 12 months X SNAP activities 10% = \$24  
Internet service associated with CRC Director X \$80 X 12 months X SNAP activities 10% = \$96

(\$24 + \$96 = \$120)

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**vvvvvvvvvvv. Equipment (individual items exceeding \$5K):**

120. Total SNAP Expense: \$ N/A

121. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*)

122. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**wwwwwwwwwww. Supplies and Non-Capital Expenditures:**

85. Total SNAP Expense: \$ 2,240

86. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

**General Office Supplies:** pens, stapler, paper clips, copy paper, printer cartridges for use by CRC Director (and SNAP volunteers) at \$500 per year.

**Computer 1:** For use by staff in applications, preparing marketing materials and outreach activities. 20% of use.

**Computer 2:** For use by clients in prescreening, application and application monitoring activities when in self-help mode. Also used when staff is helping a client so only client can see values entered to maintain client confidentiality. 100% of use.

**Printer/scanner/fax:** For use in applications, preparing marketing materials and outreach activities. 40% of use.

87. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

General Office Supplies: 1 X \$500 per year X SNAP Activities 100% = \$500 per year

Computer 1: 1 X \$1200 X SNAP Activities 20% = \$240

Computer 2: 1 X \$1,200 X SNAP Activities 100% = \$1,200

Printer/scanner/fax: 1 X \$600 X SNAP Activities 50% = \$300

(\$500 + \$240 + \$1,200 + \$300 = \$2,240)

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**xxxxxxxxxx. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

39. Total SNAP Expense: \$ N/A

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**yyyyyyyyyyyy. Other:**

87. Total SNAP Expense: \$ N/A

88. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

89. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**aaa. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

117. Total SNAP Expense: \$ N/A

118. Purpose of Travel (*Do not use symbols in your description*):

119. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)
- |                        |   |
|------------------------|---|
| Destination:           | Name of Conference/Meeting/Etc.   |
| Airfare:               | Average Cost X # of People X # of Trips   |
| Lodging:               | Average Cost X # of People X # of Trips   |
| Per Diem:              | Average Cost X # of People X # of Trips   |
| Ground Transportation: | <u>Average Cost X # of People X # of Trips</u><br><u>= \$Total Program Cost</u> |

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

115. Total SNAP Expense: \$ N/A
116. Purpose of Travel (*Do not use symbols in your description*):
117. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:  
Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense
- 

**ddd. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

114. Total SNAP Expense: \$5,200
115. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*)

One contractor – the Community Resource Center Director – will devote ten percent of their time to this SNAP project in training and supervising volunteers, providing direct service to families (including prescreening, document and application assistance, answering calls regarding SNAP, setting up SNAP-related appointments), developing SNAP outreach materials, and providing outreach activities such as networking.

116. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

(1 contractor X \$52,000 X 10% = \$5,200)

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**fff. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally approved indirect cost rate by contacting the

applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

35. Total Expense for Indirect Cost: \$ N/A

36. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

37. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Sahuarita Food Bank							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Carlos Valles	5%	\$ 55,000.00	\$ 2,750.00	7.65%	\$ 210.38	\$ 2,960.38

Project Number 1, 2, 3 - Sahuarita Food Bank						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 1,480.00		\$1,480	\$2,960.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 75.00		\$75	\$150.00
(i) Internet/Telephone			\$ 60.00		\$60	\$120.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 1,120.00		\$1,120	\$2,240.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 1,255.00		\$1,255	\$2,510.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00

(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ 2,600.00		\$2,600	\$5,200.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 5,335.00		\$5,335	\$10,670.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 5,335.00</b>		<b>\$5,335</b>	<b>\$10,670.00</b>

**THE SALVATION ARMY**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 127.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 128.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 129.** Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: The Salvation Army**

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**///////. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

- 102. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
The staff members will keep a separate SNAP time sheet to document their time spent on the project. Timesheets will be submitted to their supervisor (Client Services Director) for review. Once the supervisor reviews the timesheets for accuracy, they will then forward them onto the billing specialist. The billing specialist will provide the proper amount to submit to reimbursement.
- 103. Total SNAP Expense: \$ 32,904
- 104. Description of SNAP related duties (and location when multiple sites are assigned to

organization) for each position as noted on SNAP Outreach Staffing Detail:

- a. All SNAP related activities will be assigned to (6) staff members: Contracts/Compliance Coordinator, Intake Coordinator, Front Desk Intake, the Front Desk Assistant, and (2) Shelter Case Managers located at The Salvation Army Family Services Department, 2707 E. Van Buren Street, Phoenix, Arizona 85008. The Client Services Director will ensure SNAP activities are being performed and is responsible for programmatic reporting. (This position is not included and will not be charged to SNAP).
- b. The Contracts/Compliance Coordinator will contribute 10 percent of their time to SNAP related activities and will be responsible for providing direct services to Emergency Assistance Program clients and other walk-in clients through education, document assistance, and program access activities.
- c. The Intake Coordinator will contribute 20 percent of their time to SNAP related activities and will be responsible for providing direct services to Emergency Assistance Program clients and other walk-in clients through education, document assistance, and program access activities.
- d. The Front Desk Intake position will contribute 15 percent of their time to SNAP activities. They will schedule appointments for clients to meet with staff members, ensure outreach materials are available in the main lobby, support case management with direct service activities as needed, and inform/educate community in the main lobby with questions on the Supplemental Nutrition Assistance Program.
- e. The Front Desk Assistant will contribute 10 percent of their time to SNAP related activities. They will assist the Front Desk Intake position with distributing staff outreach materials in the main lobby and support direct service activities as needed.
- f. The (2) Shelter Case Manager positions will contribute 5 percent of their time to SNAP related activities. Upon intake, they educate clients about SNAP benefits, eligibility, required documentation, and application assistance as needed.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**aaaaaaaaaaaa. Copying/Printing/Materials:**

89. Total SNAP Expense: \$ 0.00

90. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

91. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

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**bbbbbbbbbbbbbb. Internet/Telephone:**

117. Total SNAP Expense: \$ 0.00

118. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

119. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -)* i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**cccccccccccc. Equipment (individual items exceeding \$5K):**



123. Total SNAP Expense: \$ 0.00

124. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

125. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**ddddddddddddd. Supplies and Non-Capital Expenditures:**

88. Total SNAP Expense: \$ 0.00

89. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

90. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**eeeeeeeeeeeeee. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

40. Total SNAP Expense: \$ 0.00

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**ffffffffffff. Other:**

90. Total SNAP Expense: \$ 0.00

91. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

92. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**bbb. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

120. Total SNAP Expense: \$ 0.00

121. Purpose of Travel (*Do not use symbols in your description*):

122. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

118. Total SNAP Expense: \$ 0.00

119. Purpose of Travel (*Do not use symbols in your description*):

120. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

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**eee. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

117. Total SNAP Expense: \$ 0.00

118. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

119. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**ggg. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories. The expense is rounded up by the formula on the program budget sheet, so it has been reported that way on this sheet, too.

38. Total Expense for Indirect Cost: \$ 8,391.00

39. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Indirect cost letter attached.

40. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: 25.5% X \$ 32,904 = \$ 8,390.52

Project Number 1, 2, 3 - Salvation Army - Phoenix							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Contracts/Compliance Coordinator	Michele Kirkpatrick	10%	\$42,630.00	\$4,263.00	48.36%	\$2,061.59	\$ 6,324.59
Intake coordinator	Vacant	20%	\$33,280.00	\$6,656.00	55.37%	\$3,685.43	\$10,341.43
Front desk intake	Liz Clark	15%	\$27,340.00	\$4,101.00	62.41%	\$2,559.43	\$ 6,660.43
Front desk assistant	Byren Begay	10%	\$27,340.00	\$2,734.00	62.41%	\$1,706.29	\$ 4,440.29
Shelter case manager	Maria Torrez	5%	\$33,780.00	\$1,689.00	54.89%	\$ 927.09	\$ 2,616.09
Shelter case manager	Ayanna Alexander	5%	\$32,240.00	\$1,612.00	56.40%	\$ 909.17	\$ 2,521.17

Project Number 1, 2, 3 - Salvation Army - Phoenix						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 16,452.00		\$16,452	\$32,904.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ -		\$0	\$0.00
(i) Internet/Telephone			\$ -		\$0	\$0.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ -		\$0	\$0.00

Travel					\$0	\$0.00
(o) Long Distance			\$		\$0	\$0.00
			-			
(p) Local (Inside Arizona) Travel			\$		\$0	\$0.00
			-			
(q=o+p) Subtotal Travel			\$		\$0	\$0.00
			-			
(r) Contractual			\$		\$0	\$0.00
			-			
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$		\$16,452	\$32,904.00
			16,452.00			
(t=Indirect cost rate x s) Indirect			\$		\$4,196	\$8,392.00
			4,196.00			
<b>(u=s+t) TOTAL</b>			\$		<b>\$20,648</b>	<b>\$41,296.00</b>
			<b>20,648.00</b>			

## SENIOR PERSONAL ASSISTANCE CORPORATION

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

130. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line-Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
131. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
132. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11-point font)

#### Seniors Personal Assistance Corporation

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- ggggggggggggg. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.
105. We have a time clock app our employees can log into with their computer or their phones, so they clock in if they are spending time on any related SNAP activities. We have an office log sheet in office to write down what was done toward the time spent on any SNAP activities.
  106. Total SNAP Expense: \$ 43,280
  107. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

The Director (50 percent SNAP activity) entering applications online and making sure all documents are provided and complete. The director will be over seeing all other applications done by her staff. She will also be doing home visits to pick up documents needed for uploading into the case in E healthy AZ website.

Our Bookkeeper (10 percent SNAP activity) with be helping with payroll and making copies needed for SNAP purposes.

Our Outreach Manager (50 percent SNAP activity) spends her time talking to with clients over the phones gathering and documenting their information so we can do their application online for them to help them apply for SNAP benefits. She also attends all outreach activities to help the director with outreaching to our community by contacting other agencies and community centers and setting up meetings to come out and pass out flyers

and talking with people who are needing help with food assistance.

On Phoner (50 percent SNAP activity) makes calls daily to our clients who have applied for food stamps to make sure their interviews were completed. He also makes calls to senior's centers and low-income seniors' apartments to reach out to seniors who need help with applying for food stamps.

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**hhhhhhhhhhhh. Copying/Printing/Materials:**

92. Total SNAP Expense = 1,000.00

93. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*) printer cartridge for faxes, and copies cost \$141.25 a month (50 percent of which is used for SNAP). Paper costs per month are about \$25.49.

94. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line-item h)

Paper for copier \$25.49 a month = 305.88 and used 50 percent for SNAP = 152.94 toward SNAP.

Ink cartridge cost is 141.25 a month = 1,695 (50% SNAP). = 847.50

847.50 + 152.94 = 1,000.44

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**iiiiiiiiiii. Internet/Telephone:**

120. Total SNAP Expense: \$ 7,800

121. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*) Internet for the office, with five phone lines and business fast speed costs about 300 per month (50 percent is for SNAP). Our outbound calling system is only used for SNAP outreach (100 percent); the system costs about \$500 a month to maintain.

122. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

300 per month X 12 months (50%) = 1,800/yr.

Outbound calling system for SNAP outreach \$ 500 a month X 12 months (100%) = 6,000/yr

1800 + 6,000 = 7,800

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**jjjjjjjjjj. Equipment (individual items exceeding \$5K):**

126. Total SNAP Expense: \$ XX,XXX

127. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*)

128. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**kkkkkkkkkkkk. Supplies and Non-Capital Expenditures:**

91. Total SNAP Expense: \$ XX,XXX

92. Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

93. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

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**IIIIIIIIII. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

41. Total SNAP Expense: \$ 4,320

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**mmmmmmmmmm. Other:**

93. Total SNAP Expense: \$ XX, XXX

94. Describe how the figures in the line-item budget were calculated. *(Do not use symbols in your description.)*

95. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line-item m)*

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**ccc. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

123. Total SNAP Expense: \$ XX, XXX

124. Purpose of Travel *(Do not use symbols in your description):*

125. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line-item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

121. Total SNAP Expense: \$ 728.00

Purpose of Travel (*Do not use symbols in your description*): The Director will be driving on average 25 miles a week by driving to client's house who have applied for food stamps to pick up documents. Most of our clients are seniors and are not able to upload or email them to us because they do not have computers or even phones.

122. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

25 miles per week \$0.56 x 52 weeks = 728.00

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**fff. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

120. Total SNAP Expense: \$ XX, XXX

121. Describe how the figures in the line-item budget were calculated. (*Do not use symbols in your description.*)

122. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**hhh. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

41. Total Expense for Indirect Cost: \$ XX, XXX

42. Description: **\*\*When the ICR is federally approved, the organization must attach a copy of the fully executed and negotiated ICR agreement. \*\***



43. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Seniors Personal Assistance Corporation							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Director	Renee Gastineau	50%	\$ 45,000.00	\$22,500.00		\$ -	\$22,500.00
Outreach Manger	Alissa Quintana	50%	\$ 26,000.00	\$13,000.00		\$ -	\$13,000.00
Phoner	Vincy Cheng	50%	\$ 14,560.00	\$ 7,280.00		\$ -	\$ 7,280.00
Bookkeeper	Kim Dederer	10%	\$ 5,000.00	\$ 500.00		\$ -	\$ 500.00

Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 21,640.00		\$21,640	\$43,280.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 500.00		\$500	\$1,000.00
(i) Internet/Telephone			\$ 3,900.00		\$3,900	\$7,800.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 2,160.00		\$2,160	\$4,320.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,560.00		\$6,560	\$13,120.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 364.00		\$364	\$728.00
(q=o+p) Subtotal Travel			\$ 364.00		\$364	\$728.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 28,564.00		\$28,564	\$57,128.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 28,564.00</b>		<b>\$28,564</b>	<b>\$57,128.00</b>

**SUN LIFE FAMILY HEALTH CENTER, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 133. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 134. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section**.
- 135. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Sun Life Family Health Center, Inc.**

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nnnnnnnnnnnn. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

The most recent analysis of time and effort shows that SNAP related activities represent 10 percent of all activities performed by the Outreach and Enrollment specialist staff. Staff will track time and activity using SNAP time tracking sheets, accounting for time spent on outreach, enrollment assistance and all grant related activities. These trackers will be used for monthly reporting of time and record will be kept for all activities.

108. Total SNAP Expense: \$ 27,251

109. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**Outreach and Enrollment Specialists:** The SNAP Project will include six full time Outreach and Enrollment Specialists who will allocate 10 percent of their time for SNAP related activities in accordance with the Scope of Work.

**Lead Outreach and Enrollment Specialist:** This position will spend 10 percent of their time providing education, training and enrollment assistance for SNAP.

Fringe benefits are calculated at a rate of 17 percent of staff salaries.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**oooooooooooo. Copying/Printing/Materials:**

95. Total SNAP Expense: \$ 100

96. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Staff copies materials for both SNAP outreach and application activities. The staff uses the in-house copiers and printers to print flyers for presentations and to copy applications for individuals receiving assistance. Staff will make approximately 10,000 copies per year, 10% for the SNAP program.

97. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

10,000 copies X \$.10/copy X 10% = \$100

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**pppppppppppppp. Internet/Telephone:**

123. Total SNAP Expense: \$ 1,058

124. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This line item includes the cost of Network stations (phone and internet) for seven outreach and enrollment staff.

125. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

7 X \$126/month X 12 months X 10% = \$1,058.40

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**qqqqqqqqqqqq. Equipment (individual items exceeding \$5K):**

129. Total SNAP Expense: \$ XX,XXX

130. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

131. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**rrrrrrrrrrrr. Supplies and Non-Capital Expenditures:**

94. Total SNAP Expense: \$ 338

95. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

This line item includes monthly budgeted costs for general office supplies to support SNAP program activities and administration as well as program promotion (pens, pencils, binders, paper clips, folder, etc.).

96. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

\$282 per month X 12 months X 10% = \$338.40

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**ssssssssss. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

42. Total SNAP Expense: \$ 9,038

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**tttttttttt. Other:**

96. Total SNAP Expense: \$ XX,XXX

97. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

98. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**ddd. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

126. Total SNAP Expense: \$ XX,XXX

127. Purpose of Travel *(Do not use symbols in your description):*

128. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips

Per Diem: Average Cost X # of People X # of Trips  
Ground Transportation: Average Cost X # of People X # of Trips  
= \$Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

123. Total SNAP Expense: \$ XX,XXX

124. Purpose of Travel (*Do not use symbols in your description*):

125. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

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**ggg. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

123. Total SNAP Expense: \$ XX,XXX

124. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

125. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

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**iii. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

44. Total Expense for Indirect Cost: \$ XX,XXX

45. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

46. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Sun Life Family Health Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Outreach & Enrollment Specialist	Vacant	10.00%	\$ 30,284.80	\$ 3,028.48	17.00%	\$ 514.84	\$ 3,543.32
Outreach & Enrollment Specialist	Myrna Bermudez	10.00%	\$ 33,009.60	\$ 3,300.96	17.00%	\$ 561.16	\$ 3,862.12
Outreach & Enrollment Specialist	Maria Gonzalez	10.00%	\$ 33,737.60	\$ 3,373.76	17.00%	\$ 573.54	\$ 3,947.30
Outreach & Enrollment Specialist	Brandi Kay	10.00%	\$ 30,284.80	\$ 3,028.48	17.00%	\$ 514.84	\$ 3,543.32
Outreach & Enrollment Specialist	Olivia Gilmore	10.00%	\$ 35,380.80	\$ 3,538.08	17.00%	\$ 601.47	\$ 4,139.55
Outreach & Enrollment Specialist	Amayrany Mendoza	10.00%	\$ 30,284.80	\$ 3,028.48	17.00%	\$ 514.84	\$ 3,543.32
Lead Outreach & Enrollment Specialist	Sally Lopez	10.00%	\$ 39,936.00	\$ 3,993.60	17.00%	\$ 678.91	\$ 4,672.51

Project Number 1, 2, 3 - Sun Life Family Health Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 13,626.00		\$13,626.00	\$27,252.00
Other Direct Cost					\$0.00	\$0.00

(h) Copying/Printing/Materials			\$ 50.00		\$50.00	\$100.00
(i) Internet/Telephone			\$ 529.00		\$529.00	\$1,058.00
(j) Equipment			\$ -		\$0.00	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 169.00		\$169.00	\$338.00
(l) Building/Space			\$ 4,519.00		\$4,519.00	\$9,038.00
(m) Other			\$ -		\$0.00	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 5,267.00		\$5,267.00	\$10,534.00
Travel					\$0.00	\$0.00
(o) Long Distance			\$ -		\$0.00	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0.00	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0.00	\$0.00
(r) Contractual			\$ -		\$0.00	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 18,893.00		\$18,893.00	\$37,786.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0.00	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 18,893.00</b>		<b>\$18,893.00</b>	<b>\$37,786.00</b>

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 136. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 137. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 138. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Sunset Health**

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**uuuuuuuuuuuu. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

110. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Time and activity for the Outreach and Eligibility Department personnel will be tracked through time/activity reports that are completed with actual hours spent on outreach and application assistance. Hours for staff will be tallied and reported monthly, and used for monthly invoice reporting.

111. Total SNAP Expense: \$ 201,359

112. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Community Relations, Outreach & Eligibility Director will contribute 50 percent of her time to coordinate schedules and events, including communicating for collaboration with outside agencies; oversee the day-to-day SNAP activities of the Outreach and Eligibility Department; and, track and report SNAP outreach and eligibility activities and data. When necessary she will also translate approved materials to be printed in Spanish.

Sunset's 3 Community Health Workers will contribute 50 percent of their time to SNAP activities by conducting outreach via social media platforms, events, health fairs, the schools, and attending other agency hosted events and health fairs in the community; providing outreach materials in Spanish or English at various outreach events and Sunset clinic locations. They will also facilitate access to the application process by providing information on locations, providing brochures, pamphlets, and flyers, and making transportation accommodations as necessary.

The four Sunset Eligibility Outreach Workers will support SNAP activities at 50 percent of their time with their primary function being to assist clients with eligibility screenings and the application process. Eligibility



Outreach Workers are housed at Sunset clinics full-time. They will also perform copying, printing, and faxing as necessary for applicants and may on occasion assist applicants with phone calls to DES. Eligibility Outreach Workers will be housed at Sunset clinics in Yuma, San Luis, Somerton, and Wellton. These staff may also travel with the Community Health Workers and other outreach team members to provide application assistance on-site.

All staff is cross-trained and this allows Sunset to provide necessary access to SNAP information, application assistance, and appointment scheduling at other site locations. These locations include the school-based sites.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**vvvvvvvvvvvv. Copying/Printing/Materials:**

98. Total SNAP Expense: \$ 5,250

This amount will help pay for costs associated with copying and printing materials to promote SNAP and SNAP related activities. The Health Outreach, Promotion and Education team members post flyers and provide informational and educational brochures to help educate the community on access to healthy foods and nutrition through the Supplemental Nutrition Assistance Program, and application assistance. Distributed materials also include information on how to access SNAP at Sunset clinic locations, hours, and contact information to apply for SNAP. Sunset also distributes promotional flyers or leaflets for special SNAP outreach and screening events at the schools or various locations in the communities. Brochures and informational bulletins will also be included with mailings or send home packets in the schools. Informational and promotional pamphlets are also provided throughout the clinics and at outreach events and activities. These materials are also provided to local businesses willing to distribute or have on-hand in their agency.

99. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

In FY 2022, Sunset anticipates distributing 15,000 SNAP related flyers, leaflets, and pamphlets, materials, throughout the 5,500+ square miles of Yuma County. Estimated area of distribution: 10,000 in the south Yuma County area that includes Somerton, San Luis, and Gadsden; 2,500 in Yuma and North Yuma area; and 2,500 in east Yuma County that includes Wellton, Dateland, and the Mohawk Valley.

100. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

# 15,000 units X \$0.35 estimated cost/unit X SNAP Activities 100% = \$5,250

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**wwwwwwwwwwww. Internet/Telephone:**

126. Total SNAP Expense: \$ 1,350

127. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

This amount will allow the Community Relations and Outreach Director and two teams of Community Health Workers, and/or Eligibility Outreach Workers phone service, voice and data, in the field with an estimated 75 percent cost allocated to SNAP activities/SNAP related efforts. It will allow for phone service and wireless internet connection in various outreach locations throughout Yuma County and allow for the following SNAP activities: coordinating SNAP activities; provide on-site application pre-screening and assistance; scheduling appointments; follow-up with applicants

regarding SNAP applications; and, contacting DES when necessary. Anticipated use of phone and data service to be available for the teams on location in the four regions of the 5,500+ square miles of Yuma County as follows: 1) South County; 2) Yuma area; 3) Mohawk Valley, and, 4) Wellton area.

128. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Cellular Telephone Service: 3 cell X \$50 X 12months at 75% SNAP activities = \$1,350

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**xxxxxxxxxxxxx. Equipment (individual items exceeding \$5K):**

132. Total SNAP Expense: \$ XX,XXX

133. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

134. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**yyyyyyyyyyyyy. Supplies and Non-Capital Expenditures:**

97. Total SNAP Expense: \$ 7,000

Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) *Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

This amount supports cost related to eligibility and outreach supplies and non-capital expenditures. This includes ink cartridges and toner for printers, paper and other miscellaneous minor office supplies

This amount will pay for team members assisting with the SNAP application process and to print the SNAP application for take home, or other printing related to SNAP at the permanent sites. This will include quarterly purchase of toner and monthly purchase of ink and paper for the following five sites where the Eligibility Outreach Workers conduct application assistance: Yuma, North Yuma, Somerton, San Luis, and Wellton.

98. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

Paper: 60 units X \$50 X 100% SNAP Activities = \$3,000

Toner: 20 units X \$80 X 100% SNAP Activities = \$1,600

Ink: 60 units X \$40 X 100% SNAP Activities = \$2,400

\$3,000 + \$1,600 + \$2,400 = \$7,000

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**zzzzzzzzzzzzz. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

43. Total SNAP Expense: \$ XX,XXX

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**aaaaaaaaaaaa. Other:**

99. Total SNAP Expense: \$ XX,XXX

100. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

101. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**eee. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence).  
**\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

129. Total SNAP Expense: \$ XX,XXX

130. Purpose of Travel (*Do not use symbols in your description*):

131. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

126. Total SNAP Expense: \$12,195

127. Purpose of Travel (*Do not use symbols in your description*):

**Mileage** - \$11,200 will pay for mileage reimbursement of team members for SNAP related travel to conduct outreach activities throughout Yuma County including health fairs, special events, school functions, other agencies, and other locations throughout Yuma County to perform outreach, promotion, and application assistance for Yuma County residents.

**Other Local Travel** - \$995 will pay for travel of two Sunset team members to the annual ACAA meeting in Phoenix, Arizona, to meet other Arizona partners and collaborators of SNAP and other social services.

128. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

**Mileage:**

Average 20 miles to outreach locations throughout Yuma County X 2 (roundtrip) = 40 average roundtrip miles X 500 locations = 20,000 miles X \$.056 = \$11,200

**Other Local Travel Calculations:**

Hotel Room: @ \$140 per room per night/one night X 2 persons = \$280.00 at 100% SNAP

ACAA Registration Fee: @ \$165.00 per registration X 2 persons = \$330.00 X 50% SNAP = \$165.00

Mileage from Somerton and/or Yuma area, Arizona to Phoenix, Arizona: @ 400 miles roundtrip X \$.56 = \$224 X 2 persons = \$448 at 100% SNAP

Meals/Per Diem: \$51 per day X 2 persons = \$102.00 at 100% SNAP

Total = \$995

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**hhh. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

126. Total SNAP Expense: \$ XX,XXX

127. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

128. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**jjj. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

47. Total Expense for Indirect Cost: \$ XX,XXX

48. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

49. Calculation: (*acceptable symbols: X; #; \$; %, =; +; -*)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Sunset Community Health Center							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Community Relations/Outreach Director	Garcia, Murrieta Lucy	50.00%	\$80,729.22	\$ 40,364.61	27.00%	\$ 10,898.44	\$ 51,263.05
Community Health Worker	Bowen, Magdalena	50.00%	\$35,006.40	\$ 17,503.20	27.00%	\$ 4,725.86	\$ 22,229.06
Community Health Worker	Herandez, Diana	50.00%	\$27,414.40	\$ 13,707.20	27.00%	\$ 3,700.94	\$ 17,408.14
Community Health Worker	Velazquez, Jessica	50.00%	\$32,572.80	\$ 16,286.40	27.00%	\$ 4,397.33	\$ 20,683.73
Community Health Worker	Armendariz, Sylvia	50.00%	\$46,758.40	\$ 23,379.20	27.00%	\$ 6,312.38	\$ 29,691.58
Community Health Worker	Montanez, Margarita	50.00%	\$31,969.60	\$ 15,984.80	27.00%	\$ 4,315.90	\$ 20,300.70
Community Health Worker	Enriquez, Mari	50.00%	\$33,155.20	\$ 16,577.60	27.00%	\$ 4,475.95	\$ 21,053.55
Community Health Worker	Ayala, Yasojara	50.00%	\$29,494.40	\$ 14,747.20	27.00%	\$ 3,981.74	\$ 18,728.94

Project Number 1, 2, 3 - Sunset Community Health Center						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 100,680.00		\$100,680	\$201,360.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 2,625.00		\$2,625	\$5,250.00
(i) Internet/Telephone			\$ 675.00		\$675	\$1,350.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 3,500.00		\$3,500	\$7,000.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 6,800.00		\$6,800	\$13,600.00
Travel					\$0	\$0.00

(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 6,098.00		\$6,098	\$12,196.00
(q=o+p) Subtotal Travel			\$ 6,098.00		\$6,098	\$12,196.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 113,578.00		\$113,578	\$227,156.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 113,578.00</b>		<b>\$113,578</b>	<b>\$227,156.00</b>

# TANNER COMMUNITY DEVELOPMENT CORPORATION

## SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 139. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 140. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 141. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: TANNER COMMUNITY DEVELOPMENT CORPORATION**

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### bbbbbbbbbbbbbb. Personnel:

113. All staff will use a daily tracking log to identify time spent supporting clients by explaining benefits, distributing educational materials and completing pre-qualifications and applications. Staff will also log outreach events hosted or attended along with the number of population served for each event. Each staff member will provide a monthly activity sheet to the finance coordinator with totals from their daily logs.

114. Total SNAP Expense: \$ 58,844

115. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

**Program Manager** will contribute twenty-five percent of time to oversee the SNAP program and ensure program compliance, present SNAP to the community (outreach), provide direct services to families (to include prescreening, document and application assistance, phone calls and making appointments to complete applications). The program manager is responsible for developing SNAP program flyers, training new and existing staff, holding monthly meetings to discuss SNAP activity and reviewing monthly reimbursement reports with the finance coordinator for accuracy.

**Assistant Program Manager** will contribute ten percent of time to support the program manager in SNAP program oversight and compliance, present SNAP to the community (outreach), provide direct services to families and assist with training new and existing staff.

**Finance Coordinator** will contribute twenty percent of time to collecting and checking monthly SNAP activity sheets, summarizing data and completing monthly SNAP program reimbursement reports. The finance coordinator will monitor SNAP program employee compliance and will provide periodic reports to the program manager regarding program status and budget status. The finance coordinator is also responsible for record retention of all documents related to the SNAP program.

**Administrative Assistant and Receptionist** will each devote five percent of time to the SNAP program and will be available during business hours to respond to walk-ins and phone calls. They will answer phone and in-person inquiries regarding SNAP, forward calls to the appropriate persons available and make copies of flyers to advertise the program.

**Community Outreach Coordinators (9)** will contribute their assigned percent of time (one at 20%, four at 10% and four at 5%) to SNAP outreach efforts at all of their events, workshops and meetings (in-person and virtual). Community coordinators will distribute SNAP information (flyers), provide contact information for those interested in applying for SNAP and will notify individuals at TCDC who can assist with applications and renewals.

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**cccccccccccc. Copying/Printing/Materials:**

101. Total SNAP Expense: \$ 2,420

102. Office copiers will be used to prepare relevant materials for staff packets and for families participating in the SNAP program. Staff will make approximately 10,000 copies of items such as marketing materials, flyers and applications for outreach and presentations. Approximately 20 percent of copier maintenance annual costs will be utilized in carrying out the SNAP program and are included in this line item.

103. 10,000 copies X \$.11 X 100% SNAP Activities = \$1,100  
Maintenance: \$6,600 per year X 20% SNAP Activities = \$1,320

(\$1,100 + \$1,320 = \$2,420 Total SNAP Expense of line item h

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**dddddddddddd. Internet/Telephone:**

129. Total SNAP Expense: \$ 4,080

130. Office phone cost associated with 12 staff dedicated to the SNAP application assistance and outreach program. Cell phone service for 2 staff members to schedule appointments, follow up with applicants and attend community events where SNAP outreach is presented.

131. Office phone service is calculated at 12 staff X \$20 X 12 months X 100% SNAP Activities = \$2,880

Cell phone service is calculated at 2 staff X \$50 X 12 months X 100% SNAP Activities = \$1,200

\$2,880 + \$1,200 = \$4,080 Total SNAP Expense of line item i

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**eeeeeeeeeeee. Equipment (individual items exceeding \$5K):**

135. Total SNAP Expense: \$ 0

136. Description:

137. Calculation:



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**fffffff. Supplies and Non-Capital Expenditures:**

99. Total SNAP Expense: \$ 0

100. Description:

101. Calculation:

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**ggggggggggggg. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

44. Total SNAP Expense: \$ 1,575

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**hhhhhhhhhhhhh. Other:**

102. Total SNAP Expense: \$ 2,100

103. Ten percent of actual costs of insurance and audit fees have been charged to this grant.

104. Insurance: \$13,000 X .10 X 100% SNAP Activities = \$1,300

Audit Fees: \$8,000 X .10 X 100% SNAP Activities = \$800

(\$1,300 + \$800 = \$2,100 Total SNAP Expense of line item m

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**fff. Long Distance (Out-of-State Travel):**

132. Total SNAP Expense: \$ 7,500

133. Purpose of Travel: We have budgeted for 4 staff to attend the National Anti-Hunger Policy Conference in Washington, DC for the 3 day meeting.

134. Calculations:

Destination:	Washington, DC	
Registration:	\$350 x 4 People =	\$1,400
Airfare:	\$650 X 4 People =	\$2,600
Lodging:	\$181 X 4 People X 3 Day Trip =	\$2,172
Per Diem:	\$66 X 4 People X 2 Meeting Days =	\$ 528
Per Diem:	\$50 X 4 People X 2 Travel Days =	\$ 400
Ground Transportation:	<u>\$25 X 4 of People X 4 of Trips =</u>	<u>\$ 400</u>
		\$ 7,500 <u>Total Program Cost</u>

\$7,500 Total Cost X 100% of cost allocated to SNAP Outreach = \$7,500 Total SNAP Expense of line item o

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**o. Local Travel (In-State Travel):**

129. Total SNAP Expense: \$ 2,800

130. Purpose of Travel: Mileage reimbursement will be for staff to attend and conduct SNAP outreach activities. TCDC estimates 25 community events to be attended throughout the metro-Phoenix area by 10 staff.

131. Calculation: 25 roundtrips X 10 staff X 20 roundtrip miles X .56 per mile X 100% SNAP = \$2,800

Destination: 250 Roundtrips X 20 miles Roundtrip Mileage X \$0.56 = \$2,800 Total SNAP Expense

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**iii. Contractual:**

129. Total SNAP Expense: \$ 25,200

130. Three Contractors will be engaged to devote approximately 20 hours per month in outreach in the community and at community events informing families about SNAP and assisting with scheduling times for application support.

131. Calculations: 20 hours per month X 12 months X 3 contractors X \$35 per hour X 100% SNAP Activities = \$25,200 Total SNAP Expense of line item r)

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**kkk. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

50. Total Expense for Indirect Cost: \$ 10,452

51. Description: ICR of 10 percent is requested per program guidelines

52. Calculation:

Formula: 10% Indirect Cost Rate X \$104,519 Total Direct Cost of all other line items = \$10,452 Indirect Cost

Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Comm Outreach Coord	Candace Adams	10%	\$ 35,000.00	\$ 3,500.00	30.00%	\$ 1,050.00	\$ 4,550.00
Asst. Program Manager	Linda Arroyo	10%	\$ 45,000.00	\$ 4,500.00	30.00%	\$ 1,350.00	\$ 5,850.00
Program Manager	LaVern Calvin-Stevenson	25%	\$ 40,000.00	\$ 10,000.00	30.00%	\$ 3,000.00	\$ 13,000.00
Comm Outreach Coord	Margaret Carter	20%	\$ 35,000.00	\$ 7,000.00	30.00%	\$ 2,100.00	\$ 9,100.00
Finance Coordinator	Brunita Duncan	20%	\$ 15,600.00	\$ 3,120.00	9.00%	\$ 280.80	\$ 3,400.80
Comm Outreach Coord	Joi Fletcher	10%	\$ 26,500.00	\$ 2,650.00	30.00%	\$ 795.00	\$ 3,445.00
Comm Outreach Coord	Loren Grizzard	10%	\$ 46,500.00	\$ 4,650.00	30.00%	\$ 1,395.00	\$ 6,045.00
Comm Outreach Coord	Albert Harris Jr.	5%	\$ 12,000.00	\$ 600.00	9.00%	\$ 54.00	\$ 654.00
Comm Outreach Coord	Clyde Miller	5%	\$ 30,000.00	\$ 1,500.00	30.00%	\$ 450.00	\$ 1,950.00
Comm Outreach Coord	Tashema Oates	10%	\$ 30,400.00	\$ 3,040.00	30.00%	\$ 912.00	\$ 3,952.00
Comm Outreach Coord	Diogo Pereira	5%	\$ 45,000.00	\$ 2,250.00	30.00%	\$ 675.00	\$ 2,925.00
Admin Assistant	LeiAnn Powell	5%	\$ 7,500.00	\$ 375.00	9.00%	\$ 33.75	\$ 408.75
Comm Outreach Coord	Calvin Worthen	5%	\$ 40,000.00	\$ 2,000.00	30.00%	\$ 600.00	\$ 2,600.00
Receptionist	vacant	5%	\$ 17,680.00	\$ 884.00	9.00%	\$ 79.56	\$ 963.56

Project Number 1, 2, 3 - Tanner Community Development Corporation							
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds	
(g) Personnel (Salary & Benefits)			\$ 29,422.00			\$29,422.00	

Other Direct Cost			\$			\$0.00
(h) Copying/Printing/Materials			\$	1,210.00		\$1,210.00
(i) Internet/Telephone			\$	2,040.00		\$2,040.00
(j) Equipment			\$	-		\$0.00
(k) Supplies and Non-Capital Expenditures			\$	-		\$0.00
(l) Building/Space			\$	788.00		\$788.00
(m) Other			\$	1,050.00		\$1,050.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$	5,088.00		\$5,088.00
Travel						\$0.00
(o) Long Distance			\$	3,750.00		\$3,750.00
(p) Local (Inside Arizona) Travel			\$	1,400.00		\$1,400.00
(q=o+p) Subtotal Travel			\$	5,150.00		\$5,150.00
(r) Contractual			\$	12,600.00		\$12,600.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$	52,260.00		\$52,260.00
(t=Indirect cost rate x s) Indirect			\$	5,226.00		\$5,226.00
<b>(u=s+t) TOTAL</b>			<b>\$</b>	<b>57,486.00</b>	<b>\$57,486</b>	<b>\$114,972.00</b>

**Organization Name: Tempe Community Action Agency**

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iiiiiiiiiii. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

116. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

TCAA employees record time spent and tasks completed as it relates to SNAP activity by:

- (1) recording work hours related to SNAP activity in Paycom, TCAA's online employee time management system. Biweekly time records are subsequently approved by the program manager and reviewed by the Director of Operations and Director of Finance
- (2) recording units of service on the SNAP Partner Activity Report each month. Each employee maintains a copy of the Activity Report, records SNAP related activity in their spreadsheet and submits the report to their Program Manager at the end of each month. The recorded data are verified by Program Managers and submitted to the Director of Operations or Director of Programs for approval. The individual spreadsheets are compiled into one report and submitted to the Director of Finance for invoicing. In the Partner Activity Report, staff record the number of monthly activities under the categories of Full Service, Self Service, Information Distribution,

and Coordination.

Examples of units of service tracked and recorded in the Partner Activity Report by each employee include, but are not limited to:

- the number of flyers distributed daily in food boxes, home-delivered meals, or other manner of distribution
- number of people receiving SNAP information during a home visit
- date/time/location of a tabling event, number of flyers distributed, and number of people served at the TCAA table during same tabling event
- the dates, names, and number of customers provided with online and/or hard copy application assistance

The Benefits Coordinator also participates in monthly reviews of the Partner Activity Reports compiled by staff. This position is responsible for training new employees on the SNAP documentation requirements and providing guidance in the areas of data tracking and reporting as it relates to this contract.

117. Total SNAP Expense: \$ 282,891

Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

<b>Position</b>	<b>Description of SNAP Related Duties</b>	<b>Location</b>
Director of Operations (5 percent of time)	The position is responsible for supervision of programs designed to alleviate homelessness, as well as responsible for agency operations including facilities, contracts, finance, information technology, grant management, and training, among other areas of responsibilities. The position supervises the Senior Manager over Homelessness Services and SNAP related activity for these programs. The position is also responsible for SNAP documentation and reporting for TCAA and is accountable to the achievement of program outcomes within established contract guidelines and budgets.	Broadway Rd
Director of Finance (5 percent of time)	This position is responsible for financial planning and financial management including accounts payable and receivable, budgeting, invoicing, managing the SAGE50 financial system, overseeing audits and internal controls, and preparing reports as relates to this contract.	Broadway Rd
CAP Program Manager (12.5 percent of time)	Responsibilities include scheduling, managing, and conducting SNAP outreach and educational activities, prescreening potential SNAP applicants, and providing enrollment assistance to program customers. Provide SNAP reports to the Director of Programs, and attend SNAP related meetings and trainings.	2146 E Apache Blvd
CAP Lead Case Worker (17.5 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to low-income populations seeking CAP services. Records data on SNAP related activity.	2146 E Apache Blvd
CAP Case Worker (17.5 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to low-income populations seeking CAP services. Records data on SNAP related activity.	2146 E Apache Blvd

CAP Case Worker (17.5 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to low-income populations seeking CAP services. Records data on SNAP related activity. Records data on SNAP related activity.	2146 E Apache Blvd
Senior Independence Case Manager (20 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to low-income older adults seeking services, including providing home-based case management and SNAP education. Records data on SNAP related activity.	2146 E Apache Blvd
Social Worker (20 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to low-income older adults seeking services, including providing home-based case management and SNAP education. Records data on SNAP related activity.	2146 E Apache Blvd
Project Manager (25 percent of time)	Supervise Financial Success Center staff who also conduct SNAP related tasks. Plans, supervises and conducts community outreach and education sessions. Ensures SNAP data are recorded, tracked, and reported in a timely and accurate manner, provide SNAP reports to the Director of Programs, and attend SNAP-related meetings and trainings.	2146 E Apache Blvd
Benefits Coordinator (45 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to SNAP eligible customers served by multiple TCAA programs. Ensures SNAP data are recorded, tracked, and reported in a timely and accurate manner. Provides SNAP reports to the Director of Programs.	2146 E Apache Blvd & 1880 E Apache Blvd
Financial Coach (25 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to low-income populations seeking Financial Success Center services. Records statistics on SNAP-related activity.	2146 E Apache Blvd
Senior Manager – Homeless Services (20 percent of time)	Supervises I-HELP shelter operations and the Oasis Drop-In Center serving unsheltered persons. Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to potentially eligible customers. Provides supervision of program staff also conducting SNAP-related tasks. Ensures SNAP data are recorded, tracked, and reported in a timely and accurate manner. Provides SNAP reports to the Director of Operations.	1880 E Apache Blvd
Shelter Case Manager (25 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to adults seeking I-HELP shelter services. Records data on SNAP related activity.	1880 E Apache Blvd
Shelter Case Manager (25 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to adults seeking I-HELP Shelter services. Records data on SNAP related activity.	1880 E Apache Blvd
Director of Programs (10 percent of time)	Duties include leadership and supervision of emergency services, family services and aging programs including supervision of program managers and volunteers. This includes directing, scheduling, and overseeing SNAP-related activity conducted by these programs. The position also manages program budgets, oversees program reporting, and is accountable to the achievement of program outcomes within established contract guidelines and budgets.	2146 E Apache Blvd

Food Pantry Manager (40 percent of time)	Responsible for planning, supervising and conducting Food Pantry operations including interfacing with food recovery partners, food storage, and food box distribution. Plans, supervises, and conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to customers seeking hunger relief services. Supervises Food Pantry staff who also conduct SNAP-related tasks. Ensures SNAP data are documented, tracked, and reported in a timely and accurate manner. Provides SNAP reports to the Director of Programs.	2146 E Apache Blvd
Food Pantry Asst (Fulltime) (20 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to low-income populations seeking hunger relief services. Records data on SNAP related activity.	2146 E Apache Blvd
Food Pantry Asst (Part-time) (20 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provide enrollment assistance to low-income populations seeking hunger relief services. Records data on SNAP related activity.	2146 E Apache Blvd
Health Start Program Manager (20 percent of time)	Responsible for planning, supervising and conducting Health Start operations and supervises Health Outreach Workers conducting SNAP-related tasks. Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to low-income minority households seeking Health Start program services including home-based case management services. Ensures SNAP data are documented, tracked, and reported in a timely and accurate manner. Provides SNAP reports to the Director of Programs.	Orange St.
Health Outreach Worker (25 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to low-income populations seeking Health Start program services, including providing home-based case management and SNAP education. Records data on SNAP related activity.	Orange St.
Health Outreach Worker (25 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to low-income populations seeking Health Start program services, including providing home-based case management and SNAP education. Records data on SNAP related activity.	Orange St.
Health Outreach Worker (25 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to low-income populations seeking Health Start program services, including providing home-based case management and SNAP education. Records data on SNAP related activity.	Orange St.
Health Outreach Worker (25 percent of time)	Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to low-income populations seeking Health Start program services, including providing home-based case management and SNAP education. Records data on SNAP related activity.	Orange St.
Senior Meal Program Manager (10 percent of time)	Responsible for planning, supervising and conducting congregate and home-delivered meal services and the Neighbors Helping Neighbors program and supervises staff who conduct SNAP-related tasks. Conducts SNAP outreach and educational activities, prescreens potential SNAP applicants, and provides enrollment assistance to program participants. Ensures SNAP data are documented, tracked, and reported in a timely and accurate manner. Provides SNAP reports to the Director of Programs.	Bridalwreath St.
Home Delivered Meal Team Lead	Conducts SNAP outreach and educational activities in person and by phone, prescreens potential SNAP applicants, and provides	Bridalwreath St.

(20 percent of time)	enrollment assistance to low-income populations seeking Home-Delivered Meal services. Records data on SNAP related activity.	
Home Delivered Meal Drivers (6 staff, 10 percent of time)	Conducts SNAP outreach and educational activities by delivering SNAP materials and information to recipients of home-delivered and congregate meals. Records data on SNAP-related activity.	Bridalwreath St.
Senior Nutrition Specialist (20 percent of time)	Conducts SNAP outreach and educational activities, presents SNAP information during congregate meal services, prescreens potential SNAP applicants, and provides enrollment assistance to low-income populations. Records data on SNAP related activity.	Bridalwreath St.

118. If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case: *Not applicable.*

**jjjjjjjjjjjj. Copying/Printing/Materials:**

104. Total SNAP Expense: \$ 8,200

105. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

The proposed expense represents the program-related cost for copying and printing of SNAP outreach materials in FFY2022. TCAA will prepare a minimum of 22,000 copies for distribution in each food box that is provided to low income households in the Food Pantry and boxes delivered to Tempe schools for distribution to students/families in crisis. An additional 7,000 copies of USDA/SNAP brochures will be produced and distributed by TCAA to clients in our homeless shelter, Financial Success Center, Health Start, and Senior Independence programs as well as made available at outreach/tabling events and in our building lobbies. This information will be distributed to low income populations at risk for or experiencing food insecurity with particular focus on homeless individuals, seniors, adults with disabilities, minority groups, and families with children.

Printing expenses also include copies (printing/scanning) of eligibility-related documents made for clients seeking to enroll in SNAP benefits. Based on a target of 1,100 households receiving application assistance, an estimated 12,000 documents will be produced.

106. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

**41,000 copies X \$0.20 X 100% SNAP related = \$8,200 for SNAP-specific printing and copying.**

**kkkkkkkkkkkkkk. Internet/Telephone:**

132. Total SNAP Expense: \$3,201

133. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

TCAA's Apache Blvd locations, Broadway Rd, Escalante and North Tempe Senior Center sites incur monthly expenses for internet access for 32 SNAP-related positions which spend an average of 19 percent of time on SNAP functions. Internet and telephone service is provided by Cox Communications, at a monthly fee of 1,050 dollars or 12,600 dollars annually.



Internet and telephone service cost: \$12,600 dollars annual cost supports 42.5 FTEs for the entire agency, at a per-person cost of 296 dollars annually. 32 of those FTEs perform SNAP-related tasks.

Telephone service is provided by Crexendo, at a per-user fee of 18.40 dollars per month or 220.80 dollars per year per user. 16 of these users perform SNAP-related duties at an average of 19 percent of time.

Additionally, eight (8) positions conducting home-based case management services for the Health Start program and the Senior Independence program are reimbursed for a portion of cell phone expenses at a rate of 40 dollars per month, per employee. These employees spend an average of 19 percent of time conducting SNAP related duties.

**Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)**

- Cox Internet and Phone Service = \$12,600 annually  
\$12,600 annual cost supports 42.5 FTEs for the agency, at a per-person cost of \$296 annually.  
32 of those FTEs perform SNAP related tasks for an average of 19% of time.  
32 positions X \$296 annually X 19% spent on SNAP = 1,799.68
- Crexendo Phone Service: Telephone service is provided by Crexendo, at a per-user fee of \$18.40 per month or \$220.80 per year per user.  
16 of these users perform SNAP related duties at an average of 19% of time.  
16 X \$220.80 X 19% for SNAP related portion = \$671.23
- Cell phone reimbursement: 8 staff X \$40/month X 12 X 19% SNAP-related portion = \$729.60

Total Internet/Telephone expense for SNAP related activity is:  
\$1,800 + \$669 + \$730 = \$3,199  
\$1,799.68 + \$671.23 + \$729.60 = \$3,200.51

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**IIIIIIIIII. Equipment (individual items exceeding \$5K):**

- 138. Total SNAP Expense: \$ 0
- 139. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)
- 140. Show Calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**mmmmmmmmmmmm. Supplies and Non-Capital Expenditures:**

- 102. Total SNAP Expense: \$ 0
- 103. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.
- 104. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.:

(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**nnnnnnnnnnnnnn. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

45. Total SNAP Expense: \$ 7,046

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**ooooooooooooo. Other:**

105. Total SNAP Expense: \$16,952

106. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

TCAA applies a percentage of the agency's annual cost for each line item based on the number/percent of FTEs who dedicate time to SNAP related activities, as well as the extent to which the service (such as transportation using TCAA vehicles) benefits clients who receive services supported by SNAP funds.

A total

of 16,954 dollars is requested for other expenses, as follows:

- Automobile insurance for agency vehicles used in the delivery of program services: Total annual cost for the agency is \$15,600 annual cost. TCAA has 42.5 FTEs. 32 of those FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.
- Postage for SNAP-related communications: Total annual cost for the agency is \$4,800. TCAA has 42.5 FTEs. 32 of those FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.
- SNAP-related portion of general liability insurance and cyber insurance: Total annual cost for the agency is \$33,893. TCAA has 42.5 FTEs. 32 of those FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.
- SNAP-related portion of TCAA building janitorial costs: Total annual cost for the agency is \$12,800. 20 FTE work at the 2 locations (1880 and 2146 E Apache Blvd) with this cost and 15 of those FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.
- SNAP-related portion of TCAA building security costs: Total annual cost for the agency is \$1,453. 15 FTE work at the location (2146 E Apache Blvd) with this cost and 13 FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.
- SNAP-related portion of TCAA building utility expenses (SRP): Total annual cost for the agency is \$43,500. TCAA has 42.5 FTEs. 32 of those FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.
- Storage Space rental for archived client files: Total annual cost for the agency is \$4,300. TCAA has 42.5 FTEs. 32 of those FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.
- SNAP-related portion of TCAA website that is hosted by Firespring: Total annual cost for the agency is \$1,980. TCAA has 42.5 FTEs. 32 of those FTE perform SNAP related tasks for an average of 19 percent of on SNAP related activities.

107. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

- Automobile Insurance  
32 positions X \$367.06 per position X 19% spent on SNAP = \$2,231.72
- Postage  
32 positions X \$112.94 per position X 19% spent on SNAP = \$686.68
- General Liability Insurance and Cyber Insurance  
32 positions X \$797.48 X 19% spent on SNAP = \$4,846 \$4,848.68
- Building related janitorial  
15 positions X \$640 X 19% spent on SNAP = \$1,824
- Building related security  
13 positions X \$96.80 X 19% spent on SNAP = \$239.10
- Building related utilities  
32 positions X \$1,023.53 X 19% spent on SNAP = \$6,223.06
- Storage space rental  
32 positions X \$101.18 X 19% spent on SNAP = \$615.17
- TCAA website that is hosted by Firespring  
32 positions X \$46.59 X 19% spent on SNAP = \$283.27

Total Other expense for SNAP related activity is:

$$\$2,231.72 + \$686.68 + \$4,848.68 + \$1,824 + \$239.10 + \$6,223.06 + \$615.17 + \$283.27 = \$16,951.68$$


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**ggg. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

135. Total SNAP Expense: \$ 0

136. Purpose of Travel (*Do not use symbols in your description*):

137. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u>
	<u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

132. Total SNAP Expense: \$ 12,726

133. Purpose of Travel (*Do not use symbols in your description*):

Conduct SNAP outreach, education, prescreening, and application assistance by 5 Health Start staff (Health Outreach Workers) and 2 other staff (Social Worker and Social Independence Case Manager) who will conduct home-based case management.

134. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.505/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.505 = \$Total SNAP Expense

840 Roundtrips X 30 miles/trip (average) X \$0.505 (we reimburse mileage at \$.505 per mile) = \$12,726

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**jjj. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

132. Total SNAP Expense: \$6,319

133. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

Requested for the SNAP proportion of contractual expenses, as follows:

- Accounting/Audit Fees: \$11,350 annually X 75 percent of employees (32 positions / 42.5 total FTE) X 19 percent time worked on SNAP related activities = \$1,617.38
- IT Support: \$654 per user annually X 32 positions X .19 time worked on SNAP related activities = \$3,976.32

Payroll processing fees (Paycom) for SNAP-related employees: \$5,087 annual X 75 percent of employees (32 positions / 42.5 total FTE) X 19 percent time worked on SNAP related activities = \$724.90

134. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

\$1,617.38 + \$3,976.32 + \$724.90 = \$6,318.60

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**III. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting

system permits, costs may be allocated in the direct costs categories.

82. Total Expense for Indirect Cost: \$33,734

83. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Agency requests standard 10 percent indirect cost rate

84. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% X \$337,335 = \$33,733.50 (part 8 rounds to \$33,734)

Project Number 1, 2, 3 – Tempe Community Action Agency							
Position Title	Staff Member Name	(a) FTE Outreach %	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Director of Operations	Julie Armstrong-Starkey	5.00%	\$ 77,000.00	\$ 3,850.00	27.00 %	\$ 1,039.50	\$ 4,889.50
Director of Finance	Todd Hirsch	5.00%	\$ 76,915.25	\$ 3,845.76	27.00 %	\$ 1,038.36	\$ 4,884.12
CAP Program Manager	Marian Jaquez	12.50 %	\$ 48,410.00	\$ 6,051.25	27.00 %	\$ 1,633.84	\$ 7,685.09
CAP Lead Case Worker	Linda Zuniga	17.50 %	\$ 37,706.24	\$ 6,598.59	27.00 %	\$ 1,781.62	\$ 8,380.21
CAP Case Worker	Elisha Aguilar	17.50 %	\$ 33,207.20	\$ 5,811.26	27.00 %	\$ 1,569.04	\$ 7,380.30
CAP Case Worker	Manuella Perez	17.50 %	\$ 39,608.00	\$ 6,931.40	27.00 %	\$ 1,871.48	\$ 8,802.88
Senior Independence Case Manager	Melanie Overton	20.00 %	\$ 38,563.20	\$ 7,712.64	27.00 %	\$ 2,082.41	\$ 9,795.05
Social Worker	Jalissa Albert	20.00 %	\$ 38,563.20	\$ 7,712.64	27.00 %	\$ 2,082.41	\$ 9,795.05
Project Manager	Chris Cirocco	25.00 %	\$ 48,410.00	\$ 12,102.50	27.00 %	\$ 3,267.68	\$ 15,370.18
Benefits Coordinator	Lisa Gutierrez	45.00 %	\$ 38,930.91	\$ 17,518.91	27.00 %	\$ 4,730.11	\$ 22,249.02
Financial Coach	Geoffrey Nail	25.00 %	\$ 40,705.60	\$ 10,176.40	27.00 %	\$ 2,747.63	\$ 12,924.03
Sr. Manager, Homeless Services	Danielle Nieto	20.00 %	\$ 53,560.00	\$ 10,712.00	27.00 %	\$ 2,892.24	\$ 13,604.24

Shelter Case Manager	TBD	25.00 %	\$ 40,705.60	\$ 10,176.40	27.00 %	\$ 2,747.63	\$ 12,924.03
Shelter Case Manager	TBD	25.00 %	\$ 40,705.60	\$ 10,176.40	27.00 %	\$ 2,747.63	\$ 12,924.03
Director of Programs	TBD	10.00 %	\$ 68,000.00	\$ 6,800.00	27.00 %	\$ 1,836.00	\$ 8,636.00
Food Pantry Manager	Tyler Haskell	40.00 %	\$ 46,350.00	\$ 18,540.00	27.00 %	\$ 5,005.80	\$ 23,545.80
Food Pantry Asst	David De La Cruz	20.00 %	\$ 22,948.40	\$ 4,589.68	27.00 %	\$ 1,239.21	\$ 5,828.89
Food Pantry Asst	Ethan Riley	20.00 %	\$ 13,925.60	\$ 2,785.12	10.00 %	\$ 278.51	\$ 3,063.63
Health Start Program Mgr	Rosario Fuentes	20.00 %	\$ 50,134.22	\$ 10,026.84	27.00 %	\$ 2,707.25	\$ 12,734.09
Health Outreach Worker	Zuleka Aguilar	25.00 %	\$ 32,693.23	\$ 8,173.31	27.00 %	\$ 2,206.79	\$ 10,380.10
Health Outreach Worker	Manuela Padilla	25.00 %	\$ 38,285.10	\$ 9,571.28	27.00 %	\$ 2,584.24	\$ 12,155.52
Health Outreach Worker	Julieta Soto	25.00 %	\$ 33,761.34	\$ 8,440.34	27.00 %	\$ 2,278.89	\$ 10,719.23
Health Outreach Worker	Ziola Flores	25.00 %	\$ 38,348.96	\$ 9,587.24	27.00 %	\$ 2,588.55	\$ 12,175.79
Senior Meal Program Mgr	Jan Nicpon	10.00 %	\$ 55,697.25	\$ 5,569.73	27.00 %	\$ 1,503.83	\$ 7,073.55
Home Delivered Meal Team Lead	Michael De Mott	20.00 %	\$ 28,279.68	\$ 5,655.94	27.00 %	\$ 1,527.10	\$ 7,183.04
Home Delivered Meal Driver	Teri Belville	10.00 %	\$ 14,040.00	\$ 1,404.00	10.00 %	\$ 140.40	\$ 1,544.40
Home Delivered Meal Driver	Dave Powell	10.00 %	\$ 13,520.00	\$ 1,352.00	10.00 %	\$ 135.20	\$ 1,487.20
Home Delivered Meal Driver	Amanda Bley	10.00 %	\$ 13,520.00	\$ 1,352.00	10.00 %	\$ 135.20	\$ 1,487.20
Home Delivered Meal Driver	Eugene Strickland	10.00 %	\$ 13,520.00	\$ 1,352.00	10.00 %	\$ 135.20	\$ 1,487.20
Home Delivered Meal Driver	Deborah Erdman	10.00 %	\$ 13,520.00	\$ 1,352.00	10.00 %	\$ 135.20	\$ 1,487.20
Home Delivered Meal Driver	Rudolfo Chavez	10.00 %	\$ 13,520.00	\$ 1,352.00	10.00 %	\$ 135.20	\$ 1,487.20
Senior Nutrition Specialst	Roy Cantu	25.00 %	\$ 27,740.00	\$ 6,935.00	27.00 %	\$ 1,872.45	\$ 8,807.45

Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non- Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 141,446		\$ 141,446	\$ 282,892
Other Direct Cost					\$ -	\$ -
(h) Copying/Printing/Materials			\$ 4,100		\$ 4,100	\$ 8,200
(i) Internet/Telephone			\$ 1,601		\$ 1,601	\$ 3,202
(j) Equipment			\$ -		\$ -	\$ -
(k) Supplies and Non-Capital Expenditures			\$ -		\$ -	\$ -
(l) Building/Space			\$ 3,523		\$ 3,523	\$ 7,046
(m) Other			\$ 8,476		\$ 8,476	\$ 16,952
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 17,700		\$ 17,700	\$ 35,400
Travel					\$ -	\$ -
(o) Long Distance			\$ -		\$ -	\$ -
(p) Local (Inside Arizona) Travel			\$ 6,363		\$ 6,363	\$ 12,726
(q=o+p) Subtotal Travel			\$ 6,363		\$ 6,363	\$ 12,726
(r) Contractual			\$ 3,160		\$ 3,160	\$ 6,320
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 168,669		\$ 168,669	\$ 337,338
(t=Indirect cost rate x s) Indirect			\$ 16,867		\$ 16,867	\$ 33,734
<b>(u=s+t) TOTAL</b>			<b>\$ 185,536</b>		<b>\$ 185,536</b>	<b>\$ 371,072</b>

**THE PRIMAVERA FOUNDATION, INC.**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

**142.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).

143. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
144. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: The Primavera Foundation, Inc.**

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pppppppppppppp. **Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

119. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
 120. Staff will code their time in their timesheets to SNAP when performing SNAP related activities. Electronic time tracking system allows us to track time specific to grants. Time is tracked within case notes which in turn are either entered into an external HMIS or internal ETO databases (depending upon which program the client is enrolled within). Each program maintains a dashboard with specific indicators that are reviewed quarterly by supervisors and Senior Leaders for progress and program implementation fidelity. The Chief Compliance & IT Officer completes contract billing and also monitors activity (and time, if a deliverable) for all relevant deliverables.

121. Total SNAP Expense: \$ 32,906.00

122. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:  
 Four Resource Specialist(s) located at Emergency Services Center, at Casa Paloma women's shelter/drop-in center and within Resident Services will inform clients of SNAP benefits and provide information that directly connects them to the application process. In subsequent case management meetings, Resource Specialist will support their application process. Support of the application process entails 1) making them aware of the resource; 2) doing an initial review of their intake to see if they may be eligible; 3) offering hard copy or website link for application; 4) assisting client with application if they need help understanding what is being asked/what documents need to accompany application, and/or ensuring they have an application in their primary language; 5) at subsequent meeting, helping client understand correspondence from SNAP and/or helping them track application progress; and 6) ensuring that once benefits are received clients understand how to utilize them and complete re-apps as necessary. This will encompass 20 percent of each Resource Specialist's time.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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qqqqqqqqqqqq. **Copying/Printing/Materials:**

107. Total SNAP Expense: \$ 0
108. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your*



description.)

109. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

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**rrrrrrrrrrrr. Internet/Telephone:**

134. Total SNAP Expense: \$ 0

135. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

136. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**sssssssssssss. Equipment (individual items exceeding \$5K):**

141. Total SNAP Expense: \$ 0

142. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

143. Show Calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**ttttttttttt. Supplies and Non-Capital Expenditures:**

105. Total SNAP Expense: \$ 0

106. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.

107. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**uuuuuuuuuuuuu. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

46. Total SNAP Expense: \$ 0

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**vvvvvvvvvvvv. Other:**

108. Total SNAP Expense: \$ 0

109. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

110. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**hhh. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence).  
**\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

138. Total SNAP Expense: \$ 0

139. Purpose of Travel (*Do not use symbols in your description*):

140. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

135. Total SNAP Expense: \$ 0

136. Purpose of Travel (*Do not use symbols in your description*):

137. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

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**kkk. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

135. Total SNAP Expense: \$ 0

136. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

137. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**mmm. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

53. Total Expense for Indirect Cost: \$ 3,291

54. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

Primavera does not have a negotiated ICR agreement, the total expense for indirect cost reflects the allowed ten percent of Total Direct Costs.

55. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

10% indirect cost rate X \$32,906 = \$3,290.60

Project Number 1, 2, 3 - The Primavera Foundation, Inc							
Position Title	Staff Member Name	(a) FTE Outreach %	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Resource Specialist	Cynthia Miranda	20%	\$ 36,400.00	\$ 7,280.00	13.00%	\$ 946.40	\$ 8,226.40
Resource Specialist	Kim Merritt	20%	\$ 36,400.00	\$ 7,280.00	13.00%	\$ 946.40	\$ 8,226.40
Resource Specialist	Reyna Leon	20%	\$ 36,400.00	\$ 7,280.00	13.00%	\$ 946.40	\$ 8,226.40
Resource Specialist	Richard Cordova	20%	\$ 36,400.00	\$ 7,280.00	13.00%	\$ 946.40	\$ 8,226.40

Project Number 1, 2, 3 - The Primavera Foundation, Inc						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds

(g) Personnel (Salary & Benefits)			\$ 16,453.00		\$16,453	\$32,906.00
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ -		\$0	\$0.00
(i) Internet/Telephone			\$ -		\$0	\$0.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
((k) Supplies and Non-Capital Expenditures)			\$ -		\$0	\$0.00
(l) Building/Space			\$ -		\$0	\$0.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ -		\$0	\$0.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ -		\$0	\$0.00
(q=o+p) Subtotal Travel			\$ -		\$0	\$0.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 16,453.00		\$16,453	\$32,906.00
(t=Indirect cost rate x s) Indirect			\$ 1,646.00		\$1,646	\$3,292.00
<b>(u=s+t) TOTAL</b>			<b>\$ 18,099.00</b>		<b>\$18,099</b>	<b>\$36,198.00</b>

## UNIVERSITY OF ARIZONA CAMPUS

### University of Arizona Campus Pantry

**g. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

- 1. Explain in detail how this organization will track activity and time spent on SNAP for all staff:** All staff who participate will have to log their hours that they spent on SNAP related activities and submit to the Program Coordinator by the end of the month. The coordinator will calculate the total time spent by the organization.
- 2. Total SNAP Expense:** \$ 40,801
- 3. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:**

- Campus Pantry Coordinator (20 percent)
- Fostering Success Coordinator (30 percent)
- Fostering Success Student staff member (50 percent, TBD)
- Campus Pantry Graduate Assistant (50 percent, TBD)

Will be in charge of scheduling 1:1 appointments with students to assist them with their applications. The student employees (2 vacant positions; 1 graduate role, 1 undergraduate) will conduct informative presentations across campus and host tabling events to inform students of their potential eligibility and right to apply.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

**h. Copying/Printing/Materials:**

1. Total SNAP Expense:     \$ 750
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

*Printing costs are only associated with SNAP activities, not other programs.*  
 We will print approx. 5,000 sheets of marketing materials over the course of the year. This will entail 1,000 FAQs, 1,000 where to seek support, 1,000 copies of what EBT money can be used on and where spent on campus, 1,000 sheets of a guide for how to submit applications and 1,000 other fliers as needed. The approximate cost per flyer is \$.10.

We will also print 5 large signs to be used at tabling events with wording such as “Ask us about enrolling in SNAP.” The approximate cost per sign is about \$50.00.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*  
 5,000 sheets x \$.10 x 1= \$500  
 5 signs x \$50 x 1= \$250  
 \$500 + \$250 = \$750 Total SNAP Expense

**i. Internet/Telephone:**

1. Total SNAP Expense:     \$ 581.00
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Internet and phone costs are \$775 per full time person, per year. We have 2 staff at 1.0 FTE and the GA and student staffer would be a total of .5 FTE for a total of 2.5 FTE. We are requesting 30 percent of internet/phone cost be applied to the SNAP grant.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*  
 2.5 x \$775 x .3 = \$581.25

**j. Equipment (individual items exceeding \$5K):**

1. Total SNAP Expense:     \$ 0
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

None needed at this time.

3. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

**k. Supplies and Non-Capital Expenditures:**

1. Total SNAP Expense:     \$ 200
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

We will be purchasing additional office supplies such as folders, pens, tape, staplers etc to be used for SNAP purposes only at tabling events and in 1:1 meetings. We estimate that we will need 2 sets of office supplies totaling \$100 each (includes pens, folders, staplers, tape). These will be used for workshops, presentations, tabling and 1:1 meetings. One set will be in the Fostering Success Coordinators office and one in the Pantry's coordinators office.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

$$2 \times \$100 \times 1 = \$200$$

**l. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

1. Total SNAP Expense:     \$ 8,000

**m. Other:**

1. Total SNAP Expense:     \$ 0
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

None

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of*

units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**n. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

1. Total SNAP Expense: \$ 0

2. Purpose of Travel (*Do not use symbols in your description*):

3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u> <u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

1. Total SNAP Expense: \$ 0

2. Purpose of Travel (*Do not use symbols in your description*):

3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile:

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

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**q. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

1. Total SNAP Expense: \$ 0

2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description*.)

3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**s. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$ 0
2. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***
3. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)  
Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Campus Pantry Coordinator	Bridgette Nobbe	20%	\$ 44,000.00	\$ 8,800.00	31.00 %	\$ 2,728.00	\$ 11,528.00
Campus Pantry Graduate Assistant	vacant	50%	\$ 15,000.00	\$ 7,500.00	12.70 %	\$ 952.50	\$ 8,452.50
Fostering Success Coordinator	Dani Carrillo	30%	\$ 40,000.00	\$ 12,000.00	31.00 %	\$ 3,720.00	\$ 15,720.00
Fostering Success Student Staff	vacant	50%	\$ 10,000.00	\$ 5,000.00	2.00 %	\$ 100.00	\$ 5,100.00

Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)	\$0.00	\$0.00	\$ 20,401		\$ 20,401	\$ 40,801
Other Direct Cost	\$0.00	\$0.00			\$ -	\$ -
(h) Copying/Printing/Materials	\$0.00	\$0.00	\$ 375		\$ 375	\$ 750
(i) Internet/Telephone	\$0.00	\$0.00	\$ 291		\$ 291	\$ 582
(j) Equipment	\$0.00	\$0.00	\$ -		\$ -	\$ -
(k) Supplies and Non-Capital Expenditures	\$0.00	\$0.00	\$ 100		\$ 100	\$ 200



(l) Building/Space	\$0.00	\$0.00	\$ 4,000		\$ 4,000	\$ 8,000
(m) Other	\$0.00	\$0.00	\$ -		\$ -	\$ -
(n=h+i+j+k+l+m) Subtotal Other Direct Costs	\$0.00	\$0.00	\$ 4,766		\$ 4,766	\$ 9,532
Travel	\$0.00	\$0.00			\$ -	\$ -
(o) Long Distance	\$0.00	\$0.00	\$ -		\$ -	\$ -
(p) Local (Inside Arizona) Travel	\$0.00	\$0.00	\$ -		\$ -	\$ -
(q=o+p) Subtotal Travel	\$0.00	\$0.00	\$ -		\$ -	\$ -
(r) Contractual	\$0.00	\$0.00	\$ -		\$ -	\$ -
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual	\$0.00	\$0.00	\$ 25,167		\$ 25,167	\$ 50,333
(t=Indirect cost rate x s) Indirect	\$0.00	\$0.00	\$ -		\$ -	\$ -
<b>(u=s+t) TOTAL</b>			<b>\$ 25,167</b>		<b>\$ 25,167</b>	<b>\$ 50,333</b>

## UNLIMITED POTENTIAL

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

1. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
2. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
3. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

#### Unlimited Potential

- g. Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this

document. Please pay special attention to the lines bolded in red below.

1. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:** CHW will record hours worked via airtable, google forms, and/or existing internal tracking methods.
2. Total SNAP Expense: \$ 16,047.00
3. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:
  - a. **Executive Director** will contribute 5 percent of time to general oversight of the program and fiscal management.
  - b. **Program Manager** will contribute 5 percent of time to the administration of the program, to include team meetings, acting as a resource expert, and responsibility for in-office and external activities.
  - c. **Internal Eligibility Specialist (1)** will contribute 5 percent of time to answering calls, pre-screening individuals, coordinating appointments, and providing walk-in application assistance.
  - d. **External Eligibility Specialist (1)** will contribute 5 percent of time to off-site events or workshops, hand-out flyers, answer questions, pre-screen individuals, and provide off-site application assistance, or follow-up appointment options.
  - e. **Eligibility Specialist Community Outreach (1)** will contribute 5 percent of time to incorporate SNAP outreach into existing home visitation and other existing programs. Community outreach specialist will also pre-screen individuals and provide application assistance, or follow-up appointment options.

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**h. Copying/Printing/Materials:**

1. Total SNAP Expense: \$ 2,800
2. Describe how the figures in the line item budget were calculated.

10,000 pieces of SNAP collateral materials for SNAP outreach activities and 200 SNAP application packages.

3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

10,000 SNAP collateral pieces X \$.25 X SNAP 100% = \$2,500  
200 SNAP applications x \$1.50 X SNAP 100% = \$300

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**i. Internet/Telephone:**

1. Total SNAP Expense: \$ XX,XXX
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)
3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

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**j. Equipment (individual items exceeding \$5K):**

1. Total SNAP Expense:   \$ XX,XXX
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
3. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item j)*

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**k. Supplies and Non-Capital Expenditures:**

1. Total SNAP Expense:   \$ 1,080.00
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

SNAP only supplies for SNAP tabling and outdoor events and to create space for private conversations.

3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

1 Tent x \$300.00 X SNAP 100% = \$300  
2 Table x \$60.00 X SNAP 100% = \$120  
4 Chairs x \$15.00 X SNAP 100% = \$60  
2 Sign x \$100 X SNAP 100% = \$200  
12 events cleaning materials/masks X \$30 X SNAP 100% = \$360  
1 cart x \$40.00 X SNAP 100% = \$40

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**l. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

1. Total SNAP Expense:   \$ 250.00

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**m. Other:**

1. Total SNAP Expense:   \$ XX,XXX
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
3. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)*

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**n. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

1. Total SNAP Expense:     \$ XX,XXX
  
2. Purpose of Travel (*Do not use symbols in your description*):
  
3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*)  
Destination:                Name of Conference/Meeting/Etc.  
Airfare:                     Average Cost X # of People X # of Trips  
Lodging:                    Average Cost X # of People X # of Trips  
Per Diem:                   Average Cost X # of People X # of Trips  
Ground Transportation:    Average Cost X # of People X # of Trips  
                                  = \$Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

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**o. Local Travel (In-State Travel):**

1. Total SNAP Expense:     \$ 269.00
  
2. Purpose of Travel (*Do not use symbols in your description*): Travel to SNAP outreach and education events.
  
3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile: 12 roundtrips X 20 miles X 2 persons X .56 = \$268.80

Destination: Total Roundtrips X Roundtrip Mileage X \$0.445 = \$Total SNAP Expense

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**q. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

1. Total SNAP Expense:     \$ XX,XXX
  
2. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)
  
3. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**s. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$ XX,XXX
2. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***
3. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)  
Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Project Number 1, 2, 3 - Unlimited Potential							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Emma N. Viera	5%	\$ 75,000.00	\$ 3,750.00	30.00%	\$ 1,125.00	\$ 4,875.00
Program Manager	Tawsha Trahan	5%	\$ 52,000.00	\$ 2,600.00	30.00%	\$ 780.00	\$ 3,380.00
Internal Eligibility Specialist	Sandra Amarillas	5%	\$ 45,000.00	\$ 2,250.00	30.00%	\$ 675.00	\$ 2,925.00
External Eligibility Specialist	Maricarmen Guzman	5%	\$ 37,440.00	\$ 1,872.00	30.00%	\$ 561.60	\$ 2,433.60
Eligibility Specialist Community Outreach		5%	\$ 37,440.00	\$ 1,872.00	30.00%	\$ 561.60	\$ 2,433.60

Project Number 1, 2, 3 - Unlimited Potential						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 8,024.00		\$8,024	\$16,048.00
Other Direct Cost					\$0	\$0.00

(h) Copying/Printing/Materials			\$ 1,400.00		\$1,400	\$2,800.00
(i) Internet/Telephone			\$ -		\$0	\$0.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 540.00		\$540	\$1,080.00
(l) Building/Space			\$ 125.00		\$125	\$250.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 2,065.00		\$2,065	\$4,130.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 135.00		\$135	\$270.00
(q=o+p) Subtotal Travel			\$ 135.00		\$135	\$270.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 10,224.00		\$10,224	\$20,448.00
(t=Indirect cost rate x s) Indirect					\$0	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 10,224.00</b>		<b>\$10,224</b>	<b>\$20,448.00</b>

## VALLEY ASSISTANCE SERVICES

### SNAP Outreach Budget Justification FFY2022 (October 2021 – September 2022)

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 145.** Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 146.** Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section**.
- 147.** Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: Valley Assistance Services**

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**Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

**123. Explain in detail how this organization will track activity and time spent on SNAP for all staff:**

Each of the current employees at Valley Assistance Services tracks their time via a daily tracker. The Benefits Advocate has been designated the lead assistor for SNAP online application processing. This position will track time spent on client applications, e-mails, phone calls, home visits, SNAP monthly partner calls, DES webinars/training, and community-outreach events. Additionally, the Benefits Advocate is part of the MAP-A-Plan Rental Assistance Program where time is spent discussing AZ Self-Help, SNAP, and other food insecurities directly with the client, including identification of resources and other community programs that can support and strengthen the self-sufficiency of the household. Both the Benefits Advocate and the RN Care Managers record their client visits in the agency's database.

124. Total SNAP Expense: \$ 34,886

125. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

- The Executive Director will contribute 10 percent of her time to promote VAS programs, including SNAP, at speaking engagements, homeowner association meetings, and community-outreach events that promote Valley Assistance Services. She also will attend mandatory trainings.
- The RN MAP (MAP A PLAN Rental Assistance Program) Manager will contribute 15 percent of her time promoting SNAP and identifying food insecurities for individuals seeking assistance through the rental assistance and Going Home With Care Programs. An average of 10 home visits are planned monthly to provide an overall health assessment of the client, including time promoting SNAP, and providing nutritional education.
- The Client Benefits Advocate will contribute 25 percent of her time as the lead assistor with on-line application assistance, using the HEAPlus system, copying, faxing, and or scanning/uploading documents as requested through the HEAPlus System. The Benefits Advocate will provide direct information and referral to each household serviced, regarding SANP, referrals to local food banks, and AZ Self Help. She will also contribute time at in-home visits to our limited-income seniors who can no longer drive. The Benefits Advocate will interface with the respective "Help Desks" depending on the need for technical support and/or clarification of the online application process. She will interface with DES staff via phone or e-mail for SNAP application follow-up as needed. The Benefits Advocate will also train outreach volunteers who will participate in community events as needed. She also will attend mandatory trainings.
- The Office and Program Administrator/Assistor will contribute 15% of his time to assisting clients with SNAP online application assistance, attend trainings as required, and present SNAP, and other VAS programs, at community events.
-

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

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**xxxxxxxxxxxxx. Copying/Printing/Materials:**

110. Total SNAP Expense: \$ 1953

111. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*) The copying/print/materials total includes the purchase of printer paper, copier/printer toner/labels to add staff names on SNAP brochures and printing updated VAS brochures.

112. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)

- 4 cases of paper X\$32.00 X 100% = \$128
- Konica Copier lease including toner and colored copies for brochures \$2,671.20 X 12.5% = \$333.90
- Labels on SNAP materials: 3 packages, 1,500 each @ \$47.00/ea X 100% = \$141.00
- Updated 2021 VAS brochures 3,000 in English x \$0.30 = \$900.00 and 1,500 in Spanish x \$0.30 = \$450.00 = \$1350.00

Total Expense: \$1350 + \$141 + \$333.90 + 128 = \$1952.90

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**yyyyyyyyyyyyyy. Internet/Telephone:**

137. Total SNAP Expense: \$ 1150

138. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

*We estimate that 12.5 percent of the total use of the internet and telephones in our office is used for SNAP. The total of the phone and internet service is 766.70 per month. So we extrapolated that amount at 12.5 percent for 12 months.*

139. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)

Total Expense: \$766.70/month x 12.5% x 12 = \$1150.05

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**zzzzzzzzzzzzzz. Equipment (individual items exceeding \$5K):**

144. Total SNAP Expense: \$ XX,XXX

145. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

146. Show Calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)



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**aaaaaaaaaaaaaa. Supplies and Non-Capital Expenditures:**

108. Total SNAP Expense: \$ XX,XXX

109. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

110. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)

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**bbbbbbbbbbbbbb. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY22 Building/Space Calculator) below.

47. Total SNAP Expense: \$ 4,345

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**cccccccccccccc. Other:**

111. Total SNAP Expense: \$ 0

112. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

113. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

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**iii. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

141. Total SNAP Expense: \$ 0

142. Purpose of Travel *(Do not use symbols in your description):*

143. Show Calculations: *(acceptable symbols: X; #; \$; %, =; +; -)*  
Destination: Name of Conference/Meeting/Etc.  
Airfare: Average Cost X # of People X # of Trips  
Lodging: Average Cost X # of People X # of Trips  
Per Diem: Average Cost X # of People X # of Trips  
Ground Transportation: Average Cost X # of People X # of Trips

= \$Total Program Cost

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

---

**o. Local Travel (In-State Travel):**

1. Total SNAP Expense: \$ 2,471
  2. Home visits for homebound clients for advocacy, to distribute SNAP materials, and assist with applications.

3. Show Calculations: (*acceptable symbols: X; #; \$; %, =; +; -*); Reimbursement rate of \$0.56/mile

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

Within Green Valley – 130 roundtrips x 12 miles x \$0.56 = \$873.60

From Green Valley to satellite office in Tubac:

30.6miles X 52 X \$0.56 = \$891.07

ACAA Conference- Executive Director and Assistor to Phoenix= 325 miles X \$0.51 = \$182

Conference Registration \$135.00 X 2 participants = \$270.00

1 night lodging @ \$83 night X 2 rooms = \$166

Per diem meal allowance for 2 participants: 2 X \$44.00 = \$88.00

Total Expense: 873.60 + 891.07 + 182 + 270 + 166 + 88 = \$2,470.67

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**III. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

138. Total SNAP Expense: \$ XX,XXX

139. Describe how the figures in the line item budget were calculated. (*Do not use symbols in your description.*)

140. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %, =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**nnn. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

56. Total Expense for Indirect Cost: \$ 4,481

57. Description:

Valley Assistance Services does not have a federally-approved indirect cost rate (ICR). Therefore, we are using 10 percent as allowed per contract.

58. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: 10% X \$44,805.00 = \$4,481

Project Number 1, 2, 3 - Valley Assistance Services							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Executive Director	Christine Erickson	10%	\$ 85,000.00	\$ 8,500.00	16.85%	\$ 1,432.25	\$ 9,932.25
MAP RN Care Manager	Joey Zimmerman	15%	\$ 39,000.00	\$ 5,850.00	16.85%	\$ 985.73	\$ 6,835.73
Benefits Advocate	Aixa Lujan Herrera	25%	\$ 39,520.00	\$ 9,880.00	16.85%	\$ 1,664.78	\$ 11,544.78
Office and Program Administrator/Assistor	Wesley Moulton	15%	\$ 37,500.00	\$ 5,625.00	16.85%	\$ 947.81	\$ 6,572.81

Project Number 1, 2, 3 - Valley Assistance Services						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary &			\$		\$17,443	\$34,886.00

Benefits)			17,443.00			
Other Direct Cost					\$0	\$0.00
(h) Copying/Printing/Materials			\$ 976.00		\$976	\$1,952.00
(i) Internet/Telephone			\$ 575.00		\$575	\$1,150.00
(j) Equipment			\$ -		\$0	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ -		\$0	\$0.00
(l) Building/Space			\$ 2,173.00		\$2,173	\$4,346.00
(m) Other			\$ -		\$0	\$0.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 3,724.00		\$3,724	\$7,448.00
Travel					\$0	\$0.00
(o) Long Distance			\$ -		\$0	\$0.00
(p) Local (Inside Arizona) Travel			\$ 1,236.00		\$1,236	\$2,472.00
(q=o+p) Subtotal Travel			\$ 1,236.00		\$1,236	\$2,472.00
(r) Contractual			\$ -		\$0	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 22,403.00		\$22,403	\$44,806.00
(t=Indirect cost rate x s) Indirect			\$ 2,241.00		\$2,241	\$4,482.00
<b>(u=s+t) TOTAL</b>			<b>\$ 24,644.00</b>		<b>\$24,644</b>	<b>\$49,288.00</b>

**WORLD HUNGER ECUMENICAL ARIZONA TASK FORCE, INC. DBA WHEAT**

**SNAP Outreach Budget Justification  
FFY2022 (October 2021 – September 2022)**

**Purpose:** Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

- 148. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format). Round this amount to the nearest dollar from the calculation (line #3 in each category).
- 149. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, **do not use symbols in this section.**
- 150. Calculations showing how the expense was computed. Use only the following acceptable symbols: # \$ % = + - X (capital 'X' only)

All budget documents must be submitted using documents provided.

Format must remain consistent with this original form to include (Word document, Arial font, and 11 point font)

**Organization Name: World Hunger Ecumenical Arizona Task Force, Inc dba WHEAT**

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**Personnel:** Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document (Excel). **Do not** include staff names on this document. Please pay special attention to the lines bolded in red below.

- 126. **Explain in detail how this organization will track activity and time spent on SNAP for all staff:**  
WHEAT utilizes the online service called MyTimeStation and each staffer tracks the amount of time spent at various sites along with tasks and activities for SNAP outreach, and if applicable, other WHEAT job duties. This is done daily.
- 127. Total SNAP Expense: **\$ 186,344**
- 128. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:

The Outreach Coordinator at the WHEAT office will spend 45 percent of her time providing direct services to clients through application assistance, prescreening, documents assistance, community outreach and volunteer staff oversight.

The Operations Director will spend 40 percent of her time providing training for paid and volunteer staff, updating information systems to gather data on clients served, recruiting new sites and making presentations on SNAP outreach.

The Executive Director/CEO will spend 15 percent of her time providing support to staff, attending meetings and making presentations on SNAP outreach.

The Chief Financial Officer will spend 15 percent of her time compiling data on clients served, staff and volunteer hours; completing monthly status reports and invoices for payment.

**If your organization is requesting SNAP FTE at a percentage greater than 50% for any position, please explain thoroughly why this is the case:**

The two Outreach Workers in Maricopa County will spend 80 percent of their time providing direct services to clients through application assistance, prescreening, documents assistance, community outreach and volunteer staff oversight. One worker is responsible for the west side and one the east side of the County, with some overlap, when necessary.

The two Outreach Workers in Northern Arizona and Southern Arizona will spend 75 percent of their time providing direct services to clients through application assistance, prescreening, documents assistance, community outreach and volunteer staff oversight.

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**eeeeeeeeeeeeee. Copying/Printing/Materials:**

113. Total SNAP Expense: **\$9,719**

114. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

Fliers, brochures, posters, packets for distribution on CD and hard copy to 2,769 faith communities in Arizona encompassing 1,938,300 congregants based on an average of 700 individuals per faith community. Updated regularly, packets include information to print materials, train volunteers, refer clients and report monthly for the 42 full service and 132 resource and referral-only communities.

115. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
*(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item h)*

(\$3.51 X 2,769 congregations for data CDs and hard copies at each congregation. = \$9,719.19) 100% is for SNAP

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**fffffffffffff. Internet/Telephone:**

140. Total SNAP Expense: **\$ 10,622**

141. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

6 SMART PHONES with data and voice plan, one for each staff member, excluding executive director/CEO and chief financial officer, for use in field; 4 LAND LINE TELEPHONES in Center for Success and at each outlying office site; INTERNET SERVICE in Center for Success and each outlying offices for 10 computers; 6 LAPTOPS w/ WI-FI SERVICE, one for each staff member, excluding executive director/CEO and chief financial officer, for use in field.

142. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.:*  
*(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

-6 SMART PHONES X \$50 EACH OR \$300 PER MO X 12 MO = \$3,600;  
-6 LAPTOPS WITH WI-FI SERVICE X \$50 EACH OR \$300 PER MO X 12 MO = \$3,600;  
-4 LAND LINE TELEPHONES IN RESOURCE CENTER & 3 OUTLYING OFFICES  
@ \$59 PER MO X 4 SITES X 12 MO = \$2,832;  
-INTERNET SERVICE IN RESOURCE CENTER FOR 10 COMPUTERS @ \$49.15 PER  
MO X 12 MO = \$589.80.

(\$3,600 + \$3,600 + \$2,832 + \$589.80 = \$10,621.80) 100% is for SNAP

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**ggggggggggggggg. Equipment (individual items exceeding \$5K):**

147. Total SNAP Expense: **\$ 0.00**

148. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

149. Show Calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item i)*

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**hhhhhhhhhhhhhhh. Supplies and Non-Capital Expenditures:**

111. Total SNAP Expense: **\$ 12,500**

112. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.) Please also note that if you also request reimbursement for indirect costs, the requested supplies amount will not be included in the indirect cost calculations.*

300,000 In-House copying supplies, 60 boxes of paper, and 100 toner cartridges, specifically for outreach efforts based on historical figures.

113. Show calculations for expense described in #1: *(acceptable symbols: X; #; \$; %, =; +; -) i.e.: (# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item k)*

300,000 copies X \$.03 = \$9,000

60 boxes of paper X \$30 per box = \$1,800

100 toner cartridges X \$17 each = \$1,700

(\$9,000 + \$1,800 + \$1,700 = \$12,500) 100% is for SNAP

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**iiiiiiiiiiiiiii. Building/Space:**

Please enter the total amount of allowable building/space costs (determined by the FY21 Building/Space Calculator) below.

48. Total SNAP Expense: **\$ 24,716**

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**jjjjjjjjjjjjj. Other:**

114. Total SNAP Expense: **\$ 21.00**

115. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*

WHEAT owns/uses the domain, GetSnapHelp.org, as an internal vehicle to gather data, and communicate with staff and lead volunteers. This is not a public site; used exclusively by WHEAT. This is the annual cost through GoDaddy for the domain name for this use.

## Your Items

.ORG Domain Renewal		\$20.99
GETSNAPHELP.ORG		
1 Year		
<a href="#">View offer disclaimers</a>		<a href="#">Empty Cart</a>
Subtotal		\$20.99
<b>Taxes &amp; Fees</b>		\$0.18
<a href="#">Round up for charity? (optional)</a>		
<a href="#">Have a promo code?</a>		
<b>Total</b>		<b>\$21.17</b>

116. Show calculations for expense described in #1: (*acceptable symbols: X; #; \$; %; =; +; -*) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item m)

One Domain Renewal (GetSnapHelp.org) X \$21.17 X100% = \$21.17

**jjj. Long Distance (Out-of-State Travel):** Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.) Show the basis of computation (e.g., six people to attend 3-day training at \$X airfare, \$X lodging, and \$X subsistence). **\*\*Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities\*\***

144. Total SNAP Expense: **\$ 0.00**

145. Purpose of Travel (*Do not use symbols in your description*):

146. Show Calculations: (*acceptable symbols: X; #; \$; %; =; +; -*)

Destination:	Name of Conference/Meeting/Etc.
Airfare:	Average Cost X # of People X # of Trips
Lodging:	Average Cost X # of People X # of Trips
Per Diem:	Average Cost X # of People X # of Trips
Ground Transportation:	<u>Average Cost X # of People X # of Trips</u>
	<u>= \$Total Program Cost</u>

Total Cost of line item o X % of cost allocated to SNAP Outreach = \$Total SNAP Expense

**o. Local Travel (In-State Travel):**

138. Total SNAP Expense: **\$ 92,499.00**

139. Purpose of Travel (*Do not use symbols in your description*):

**Expenses for staff to attend and conduct SNAP outreach activities, Mileage rate of \$.56 per mile (See graph following)**



140. Show Calculations: (acceptable symbols: X; #; \$; %, =; +; -); Reimbursement rate of \$0.56/mile:  
**165,177 Total Round Trip Mileage X \$0.56 = \$92,499**

Destination: Total Roundtrips X Roundtrip Mileage X \$0.56 = \$Total SNAP Expense

Destination	Total Round Trips	Roundtrip Mileage	Total Annual Trip Miles	Total Allocated to SNAP Outreach	Total Cost @.56
Supervisor Trips/Apache Cty	15	600	9,000	100%	\$5,040.00
Supervisor Trips/Greenlee Cty	15	510	7,650	100%	\$4,284.00
Supervisor Trips/Gila Cty	15	320	4,800	100%	\$2,688.00
Supervisor Trips/Navajo Cty	15	554	8,310	100%	\$4,653.60
Eastern Maricopa County Coordinator	706	16	11,296	100%	\$6,325.76
Western Maricopa County Coordinator	709	24	17,016	100%	\$9,528.96
Northern Maricopa County Coordinator	710	19	13,490	100%	\$7,554.40
Southern Maricopa County Coordinator	600	16	9,600	100%	\$5,376.00
North Eastern Arizona Coordinator	875	66	57,750	100%	\$32,340.00
South Western Arizona Coordinator	515	51	26,265	100%	\$14,708.40
<b>TOTAL</b>			<b>165,177</b>	<b>100%</b>	<b>92,499.00</b>

**mmm. Contractual:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

141. Total SNAP Expense: **\$ 0.00**

142. Describe how the figures in the line item budget were calculated. (Do not use symbols in your description.)

143. Show calculations for expense described in #1: (acceptable symbols: X; #; \$; %, =; +; -) i.e.:  
(# of units X \$ cost/unit X SNAP Activities % = \$Total SNAP Expense of line item r)

**ooo. Indirect Costs:** Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant chooses to use an indirect cost rate, the applicant cannot include items in the Supplies line item; or the applicant can

include costs in the Supplies line item, but the indirect cost will only apply to the sum of the remaining direct costs categories. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

59. Total Expense for Indirect Cost: **\$ 0.00**

60. Description: **\*\*When the ICR is federally-approved, the organization must attach a copy of the fully executed and negotiated ICR agreement.\*\***

61. Calculation: (acceptable symbols: X; #; \$; %, =; +; -)

Formula: Indirect Cost Rate X Total Direct Cost of all other line items = \$Indirect Cost

Program Number 1, 2, 3 - World Hunger Ecumenical Arizona Task Force							
Position Title	Staff Member Name	(a) FTE Outreach	(b) Salary	(c) Salary Outreach (a*b)	(d) Benefit Rate %	(e) Outreach Benefits (c*d)	(f) Total (c+e)
Outreach Worker, Central & East Valley	Kira Golay	80.00%	\$ 34,041.00	\$ 27,232.80	20.00%	\$ 5,446.56	\$ 32,679.36
Outreach Worker, Central & West Valley	Amita Bhagat	80.00%	\$ 34,041.00	\$ 27,232.80	20.00%	\$ 5,446.56	\$ 32,679.36
Outreach Worker, Northern/Eastern Arizona	Jessica Bracy	75.00%	\$ 26,016.00	\$ 19,512.00	20.00%	\$ 3,902.40	\$ 23,414.40
Outreach Worker, Southern/Western Arizona	Jada K Singh	75.00%	\$ 34,041.00	\$ 25,530.75	20.00%	\$ 5,106.15	\$ 30,636.90
Outreach Coordinator	Ada Davis	45.00%	\$ 38,092.00	\$ 17,141.40	20.00%	\$ 3,428.28	\$ 20,569.68
Operations Director	Cynthia Mudd	40.00%	\$ 47,982.00	\$ 19,192.80	20.00%	\$ 3,838.56	\$ 23,031.36
Executive Director/CEO	Tamera Zivic, PhD	15.00%	\$ 71,251.00	\$ 10,687.65	20.00%	\$ 2,137.53	\$ 12,825.18
Chief Financial Officer	Jody Fulmer, CPA	15.00%	\$ 58,378.00	\$ 8,756.70	20.00%	\$ 1,751.34	\$ 10,508.04

Program Number 1, 2, 3 - World Hunger Ecumenical Arizona Task Force						
Expenses	(a) Public Cash	(b) Public In-Kind	(c) Private Cash	(d=a+b+c) Total Non-Federal	(d) Federal Funds	(f=d+e) Total Funds
(g) Personnel (Salary & Benefits)			\$ 93,172.00		\$93,172.00	\$186,344.00
Other Direct Cost					\$0.00	\$0.00

(h) Copying/Printing/Materials			\$ 4,860.00		\$4,860.00	\$9,720.00
(i) Internet/Telephone			\$ 5,311.00		\$5,311.00	\$10,622.00
(j) Equipment			\$ -		\$0.00	\$0.00
(k) Supplies and Non-Capital Expenditures			\$ 6,250.00		\$6,250.00	\$12,500.00
(l) Building/Space			\$ 12,358.00		\$12,358.00	\$24,716.00
(m) Other			\$ 11.00		\$11.00	\$22.00
(n=h+i+j+k+l+m) Subtotal Other Direct Costs			\$ 28,790.00		\$28,790.00	\$57,580.00
Travel					\$0.00	\$0.00
(o) Long Distance			\$ -		\$0.00	\$0.00
(p) Local (Inside Arizona) Travel			\$ 46,250.00		\$46,250.00	\$92,500.00
(q=o+p) Subtotal Travel			\$ 46,250.00		\$46,250.00	\$92,500.00
(r) Contractual			\$ -		\$0.00	\$0.00
(s=g+n+q+r) Total Personnel, Direct Costs, Travel, and Contractual			\$ 168,212.00		\$168,212.00	\$336,424.00
(t=Indirect cost rate x s) Indirect			\$ -		\$0.00	\$0.00
<b>(u=s+t) TOTAL</b>			<b>\$ 168,212.00</b>		<b>\$168,212.00</b>	<b>\$336,424.00</b>

#### ADES Nondiscrimination Statement

Equal Opportunity Employer/Program. Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available on request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. For further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. Free language assistance for ADES services is available upon request. Ayuda gratuita con traducciones relacionadas a los servicios de ADES está disponible a solicitud del cliente.