

**Westchester County  
Office of Workforce Investment  
Cost Reimbursement Based Budget**

**SCHEDULE B**

**Budget Summary Page**

**Subcontractor** \_\_\_\_\_ **Contract Period** 6/1/05 - 9/30/05

**Title** TANF Summer Employment **Contract Number** \_\_\_\_\_

**Cost Categories**

A. Personnel \_\_\_\_\_ - \_\_\_\_\_

B. Fringe \_\_\_\_\_ - \_\_\_\_\_

C. Customer Wage Subsidy \_\_\_\_\_ - \_\_\_\_\_

D. Customer Fringe \_\_\_\_\_ - \_\_\_\_\_

E. Contractual Expenses \_\_\_\_\_ - \_\_\_\_\_

F. Other than Personal \_\_\_\_\_ - \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_ - \_\_\_\_\_

TOTAL PARTICIPANTS \_\_\_\_\_

COST PER PARTICIPANT \_\_\_\_\_

\_\_\_\_\_  
Subrecipients Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Reviewed Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Authorization-Director \_\_\_\_\_ Date \_\_\_\_\_

## A. PERSONNEL

Title	# of Staff	Annual Salary	% of Time Charged	Amount Funded
Youth Employment Cor				-
Case Manager				-
Program Director				-
Administrative Assist				-
Assistant Certifier				-
				-
				-
	0			0.00

## B. FRINGE

Category	Rate	Expense
FICA	<u>7.65%</u>	<u>-</u>
Wkr Comp	<u>2.88%</u>	<u>-</u>
Health	<u>          </u>	<u>          </u>
Disability	<u>          </u>	<u>-</u>
Unemployment	<u>          </u>	<u>-</u>
Other	<u>1.420%</u>	<u>-</u>
<b>TOTAL FRINGE</b>		<u><u>-</u></u>

**C. PARTICIPANT WAGES**

Title	# of Participants	Hourly Rate	# of Hours	Amount Funded
Participants				-
<b>TOTAL WAGE SUB.</b>				-

**D. PARTICIPANT FRINGE**

Category	Rate	WIA Funds Requested
FICA	_____	-
Wkr Comp	_____	-
Other:	_____	_____
Other:	_____	-
<b>TOTAL FRINGE</b>		-

**E. CONTRACTUAL EXPENSE**

	Total Expense	% Charged	WIA Funds Requested
Rent			-
Consultants			-
<b>TOTAL CONTRACTUAL</b>	-		-

**F. OTHER THAN PERSONAL SERVICES**

	Total Expense	% Charged	WIA Funds Requested
Printing & Duplicating			-
			-
Supplies			-
			-
Other: Trips		100%	-
<b>TOTAL OTPS</b>	-		-