

**MCDAC APPLICATION SUMMARY
SECTION II**

Project Title:

Applicant Name:

Grant Funding Cycle: Beginning Date of 7/1/1 through Ending Date of 6/30/1□h.

If Ongoing Project, Please list prior years and amount of funding received from MCDAC.

Total Cost of Proposed Project \$ _____

MCDAC Requested Amount \$ _____

Applicant Cost Share of Project \$ _____

Brief Summary of Project (limited to space provided below), MCDAC will use this section for media-related publications. MCDAC reserves the right to edit as needed.

**MCDAC APPLICATION
BACKGROUND & HISTORY OF ORGANIZATION
SECTION III**

**MCDAC APPLICATION
PROJECT PLAN NARRATIVE
SECTION IV**

**MCDAC APPLICATION
ADMINISTRATIVE AND PROGRAM COST COMPARISON
SECTION V (A-2)**

Indicate in the appropriate columns administrative costs, program costs and dollar amount & %

| TOTAL MCDAC REQUEST \$ | ADMINISTRATIVE COST | % | PROGRAM COST | % | TOTAL COST |
|---|------------------------|------------------------|-----------------|------------------------|---------------|
| Salary | | | | | |
| Benefits | | | | | |
| Purchased Services | | | | | |
| Contractual Fees | | | | | |
| Rent | | | | | |
| Equipment Lease | | | | | |
| Utilities | | | | | |
| Printing | | | | | |
| Training | | | | | |
| Office Supplies | | | | | |
| Materials | | | | | |
| Other | | | | | |
| MCDAC PROJECT TOTAL COST & % | \$ | 25% or less | \$ | 75% or more | \$ |

The above financial report reflects true and accurate information to the best of our knowledge and belief.

APPLICANT AGENCY
Fiscal Officer _____

Date _____

IMPLEMENTING AGENCY
Fiscal Officer _____

Date _____

**MCDAC APPLICATION
PERSONNEL BUDGET
SECTION V (B)**

FUNDING CYCLE: from 7-1-12 through 6-30-13

| POSITION | NAME/VACANT | Total Hours # | X | Hourly Rate \$ | Total = Wages \$ |
|-----------------|--------------------|------------------------------|----------|-------------------------------|---------------------------------|
|-----------------|--------------------|------------------------------|----------|-------------------------------|---------------------------------|

| Employer's Share of Monthly Rate Fringe Benefits | or % Rate | Eligible Wage Amount or # of Months | X | Employer's Share of Fringes |
|---|----------------------|--|----------|--|
| PERS or STRS | _____ | X | _____ | = _____ |
| Medicare | _____ X | _____ | _____ | = _____ |
| FICA | _____ X | _____ | _____ | = _____ |
| Other Pension (Name) | _____ X | _____ | _____ | = _____ |
| Health Insurance | _____ X | _____ | _____ | = _____ |
| BWC | _____ X | _____ | _____ | = _____ |
| Unemployment | _____ | X | _____ | = _____ |
| Other | _____ X | _____ | _____ | = _____ |

Subtotal Fringes = \$ _____

Subtotal Salary + \$ _____

Personnel Total = \$ _____

**MCDAC APPLICATION
NON-PERSONNEL BUDGET
SECTION V (C-E)**

FUNDING CYCLE: from 7-1-12 through 6-30-13

PURCHASED SERVICES

| Provider's Name | Service | Hourly Fee | x | # of Hours | = | Expense |
|-----------------|---------|------------|---|------------|-----------------|----------------|
| _____ | _____ | _____ | | _____ | | _____ |
| _____ | _____ | _____ | | _____ | | _____ |
| _____ | _____ | _____ | | _____ | | _____ |
| | | | | | Subtotal | \$_____ |

CONTRACTUAL FEES

| Provider's Name | Service | Hourly Fee | x | # of Hours | = | Expense |
|-----------------|---------|------------|---|------------|-----------------|----------------|
| _____ | _____ | _____ | | _____ | | _____ |
| _____ | _____ | _____ | | _____ | | _____ |
| _____ | _____ | _____ | | _____ | | _____ |
| | | | | | Subtotal | \$_____ |

RENT

| Name of Landlord | Monthly Fee | x | # of Months | = | Expense | |
|------------------|-------------|---|-------------|---|-----------------|----------------|
| _____ | _____ | | _____ | | _____ | |
| | | | | | Subtotal | \$_____ |

TRAINING

| Description of Service | = | Expense |
|------------------------|---|-----------------|
| _____ | | _____ |
| _____ | | _____ |
| | | Subtotal |
| | | \$_____ |

EQUIPMENT LEASE

| Item Description | Purpose | = | Expense |
|------------------|---------|---|-----------------|
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |
| | | | Subtotal |
| | | | \$_____ |

**MCDAC APPLICATION
NON-PERSONNEL BUDGET
(CONTINUED)**

PRINTING

| Item Description | Unit Cost | x | # Printed | = Expense |
|------------------|-----------|---|-----------------|-----------------|
| _____ | _____ | | _____ | _____ |
| | | | Subtotal | \$ _____ |

UTILITIES

| Item Description | Monthly Cost | x | Time | = Expense |
|------------------|--------------|---|-----------------|-----------------|
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| | | | Subtotal | \$ _____ |

MATERIALS

| Item Description | # of Items | x | \$ Per Item | = Expense |
|------------------|------------|---|-----------------|-----------------|
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| | | | Subtotal | \$ _____ |

SUPPLIES

| Item Description | # of Items | x | \$ Per Item | = Expense |
|------------------|------------|---|-----------------|-----------------|
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| | | | Subtotal | \$ _____ |

OTHER

| Item Description | Unit Cost | x | # | = Expense |
|------------------|-----------|---|-----------------|-----------------|
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| | | | Subtotal | \$ _____ |

Non-Personnel Total = \$ _____