

**Missouri Department of Social Services
Family Support Division Community Support Unit
FFY17 LIHEAP Budget Form**

Agency: **[Insert Agency Name]**

Contract Number:

Program Year October 1, 2016 - September 30, 2017

Revenue	BUDGET
EA Administrative Allocation	\$ -
ECIP Winter Administrative Allocation	\$ -
ECIP Summer Administrative Allocation	\$ -
Total Administrative Allocation	\$ -
Winter ECIP Direct Services Allocation	\$ -
Summer ECIP Direct Services Allocation	\$ -
Emergency Services (allowed up to 2% of ECIP Direct Services Allocation)	\$ -
FFY16 Direct Service Carryover	\$ -
Other-transferred from CSBG to Direct Services	\$ -
Total ECIP Direct Services Allocation	\$ -
Total Revenue = Total Award Allocation	\$ -

Indirect Administrative Costs with FNICR (Documentation required)	\$ -
Federally Negotiated Indirect Cost Rate (FNICR): %	
Application Base: Direct program salaries and wages, including employee benefits	
Indirect Administrative Costs with De Minimus	\$ -

(If there is no FNICR, use) De Minimus: 10%
Application Base: Modified Total = Direct Administrative Cost less equipment over \$5,000 and contract/consulting over \$25,000

Direct Administrative Costs	
Program Salaries and Wages	\$ -
Employee Benefits	\$ -
Travel	\$ -
Training	\$ -
Rent/Space	\$ -
Utilities	\$ -
Insurance	\$ -
Office Supplies (under \$5,000)	\$ -
Equipment (over \$5,000)	\$ -
Communications	\$ -
Repairs and Maintenance	\$ -
Contract/Consulting	\$ -
Other (list):	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Direct Administrative Cost	\$ -

Less:	
Equipment (over \$5,000)	
Contracting/Consulting (over \$25,000)	
Total Modified Direct Administrative Cost	
Total Administrative Expense	\$ -

I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

Signature of Authorized Representative of [Insert Agency Name]	Date
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