

## **Budget Instructions**

---

1. Budgets must be submitted on the Budget and Justification Form approved by the Commission and included in the application. If you need to add more rows to the Budget and Justification form, the Excel template will be available on the Commission's website, [www.first5fresno.org](http://www.first5fresno.org), under Funding.
2. Use the categories in the budget template to identify the total budget requested from the Commission.
3. Itemize each expense, including the cost per unit.
4. In your justification, state how Commission funds will be used to support the Transitional Kindergarten.
5. Submit one (2) original copies of the budget attached to the application and electronic version via e-mail to [vcharez@first5fresno.org](mailto:vcharez@first5fresno.org).

***Funds cannot be used for personnel, consultants, or indirect.***

## **Incentive Policy Limitations**

---

1. The distribution of a cash award is not permitted as an incentive.
  2. No gift cards - no exceptions.
  3. The value of an incentive is limited to \$50 per person per year. The award amount cannot be combined to exceed the \$50 per person per year limit, however, awards over the \$50 limit may be provided by soliciting donations from the community. Careful consideration should be given to the public perception of program funds spent on incentive items and cost of these items should preclude allegations of extravagance.
  4. The incentive must provide a benefit to the program/program goals appropriate to cost incurred.
- \* Our incentive policy is available on our website under Providers.

## **Payment Reimbursement**

---

Commission will reimburse the Agency for all necessary and reasonable expenses incurred in accordance with the project budget. To avoid payment delays, consider the following guidelines:

1. The Payment Reimbursement Form and pertinent documents shall be received no later than the 30 days from the termination date of the contract, or as Commission requires.
2. All supporting documents (e.g. receipts, cleared checks etc.) should be attached to the Payment Reimbursement Form to show proof of payment.
3. Reimbursement will not be made on expenses that are not in accordance with the budget and/or not approved by the Commission.

\* The Payment Reimbursement Form will be e-mailed with the contract and will also be available in our website under Funding.



## Transitional Kindergarten Budget and Justification

Agency Name: \_\_\_\_\_  
Project Name: \_\_\_\_\_

Budget Date(s): \_\_\_\_\_  
Contract Number: \_\_\_\_\_

**MATERIALS & SUPPLIES**

Narrative/Justification:

Qty	Description	Unit Price	Total

Materials & Supplies Subtotal

**FOOD**

Narrative/Justification:

Qty	Description	Unit Price	Total
			0
			0
			0

Food Subtotal \$0

**EVENT SERVICES/RENTALS**

Narrative/Justification:

Qty	Description	Unit Price	Total
			0
			0
			0

Event Services/Rentals Subtotal \$0

**EQUIPMENT**

Narrative/Justification:

Qty	Description	Unit Price	Total

Equipment Subtotal

**OTHER EXPENSES**

Narrative/Justification:

Qty	Description	Unit Price	Total

Other Expenses Subtotal

**TOTAL REQUESTED (not to exceed this amount)**