**American Rescue Plan Act (ARPA) Grant** **Application Budget**

**ARPA Grant Category: \_\_\_ Substance Use Disorder \_\_\_ Reentry \_\_\_ Work-based Learning**

***Note: Please submit a separate budget for each grant initiative.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Item Category** | **Grant Funds****Requested** | **Leveraged Resources****(specify)** | **Other Resources:****in-kind or cash (specify)** | **TOTAL** |
| 1. Contracted Services
 |  |  |  |  |
| 1. Staff Salaries
 |  |  |  |  |
| 1. Staff Fringe Benefits
 |  |  |  |  |
| 1. Staff Travel
 |  |  |  |  |
| 1. Staff Materials and Supplies
 |  |  |  |  |
| 1. Local Area Administrative Fee\*
 |  |  |  |  |
| 1. Existing Employee Training
 |  |  |  |  |
| 1. Participant Supportive Services
 |  |  |  |  |
| 1. Participant Wages
 |  |  |  |  |
| 1. Participant Fringe Benefits
 |  |  |  |  |
| 1. Wages Reimbursed to Employers
 |  |  |  |  |
| 1. Training Components
 |  |  |  |  |
| 1. Certifications/Credentials
 |  |  |  |  |
| 1. Other Expenses – please specify
 |  |  |  |  |
| **TOTAL** |  |  |  |  |

\*Up to 5% of the total grant award can be used for the Local Workforce Development Board Administration Fee.

**Budget Narrative (add lines as needed):**

|  |  |
| --- | --- |
| **Line Item** | **Description**  |
|  |  |
|  |  |