**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):**

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