Kansas
Department for Children and Families
Office of Grants and Contracts

Form OGC-1003
REV 03/2026

RFP BUDGET REQUEST

Term: Other (type term here)

(RFP - Attachment B)

BIDDING AGENCY: _____

Title of Award or RFP: _____

DESCRIPTION	BUDGET REQUEST	MATCH*	ADMIN COST*
Personnel	$ 0.00	$ 0.00	$ 0.00
Fringe Benefits	$ 0.00	$ 0.00	$ 0.00
Travel	$ 0.00	$ 0.00	$ 0.00
Equipment	$ 0.00	$ 0.00	$ 0.00
Supplies	$ 0.00	$ 0.00	$ 0.00
Contractual	$ 0.00	$ 0.00	$ 0.00
Building	$ 0.00	$ 0.00	$ 0.00
Training	$ 0.00	$ 0.00	$ 0.00
Other 1 (Please Specify)	$ 0.00	$ 0.00	$ 0.00
Other 2 (Please Specify)	$ 0.00	$ 0.00	$ 0.00
Other 3 (Please Specify)	$ 0.00	$ 0.00	$ 0.00
Indirect Costs	$ 0.00	$ 0.00	$ 0.00
TOTAL BUDGET REQUEST	$ 0.00	$ 0.00	$ 0.00

**Admin Cost/Match only required if requested in the RFP*

PERSONNEL

	Position Description	FTE	Annual Hours	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
	TOTALS	0.00	0	$ 0.00	$ 0.00	$ 0.00

NOTE: Report only the applicable portion of staff salaries to be directly related to this grant.

For example, if 20% of a given position is allocated to this grant, report 0.2 (20%) Full-time Equivalent (FTE), 20% of the Annual Base Salary (multiply 0.2 by the Annual Base Salary). Report any indirect salary expenses such as accounting, human resources, etc. under the Indirect Costs tab.

Annual Hours are based on a 40 hour work week and 52 work weeks during year (2080 hours per year).

Comments:

FRINGE BENEFITS

	Fringe Benefit Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)	Payroll Taxes/FICA			
2)	Health Insurance			
3)	Dental Insurance			
4)	Life Insurance			
5)	Retirement Plans			
6)	Worker's Comp Insurance			
7)	Unemployment			
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Report only the applicable portion of staff benefits to be directly related to this grant.

For example, if 20% of a given position is allocated to this grant, report 0.2 (20%) FTE, 20% of the total Fringe Benefits (multiply 0.2 by the total Fringe Benefits).

Report any indirect salary expenses such as accounting, human resources, etc. under the Indirect Costs tab.

Comments:

TRAVEL

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Expenses included here should be transportation, lodging, subsistence and related items incurred by employees who are in travel status on official business.

*For more in depth information on this see e-CFR 200.474. *All travel rates are subject to the State rates, which may change during the course of the grant, regardless of what rates are initially calculated at.*

Reimbursement cannot exceed the State rates for travel.

Comments:

EQUIPMENT

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or $10,000. (e-CFR 200).

At the close of the agreement DCF may request any Equipment purchased with these funds be returned to DCF.

Comments:

SUPPLIES

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Define as tangible personal property other than those described in the equipment definition.

A computing device is a supply if the acquisition cost is below the lesser of the capitalization level established by the recipient or sub-recipient for financial statement purposes or $10,000, regardless of the length of its useful life. (CFR 200).

Comments:

CONTRACTUAL

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the Grantee, are allowable, subject to factors of relevancy discussed within 2 CFR 200.459.

Independent Audit cost may be included in this category unless that cost is to be shared, per your cost allocation plan, across multiple awards and included as an indirect cost.

Comments:

BUILDING

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Costs included here are rental of facilities based on the allocable portion of the award, utilities necessary to operate the facility as well as services necessary to run the facility such as phone.

All items are to be an allocable portion of the total cost based on the award.

Comments:

TRAINING

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Costs of training and education provided for employee development as per 2 CFR 200.472.

**All travel rates are subject to the State rates, which may change during the course of the award, regardless of what rates are initially calculated at.*

Reimbursement cannot exceed the State rates for travel.

Comments:

OTHER

OTHER 1

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: These are open and available for whatever additional allowable expenses Grantee will be providing. An example would be "client assistance." Each one should be specified in the box provided. Attach additional pages if needed.

Comments:

OTHER 2

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: These are open and available for whatever additional allowable expenses Grantee will be providing. An example would be "client assistance." Each one should be specified in the box provided. Attach additional pages if needed.

Comments:

OTHER 3

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: These are open and available for whatever additional allowable expenses Grantee will be providing. An example would be "client assistance." Each one should be specified in the box provided. Attach additional pages if needed.

Comments:

INDIRECT COSTS

	Description	Grant Budget Request	Match/In-Kind (If Applicable)	Administrative Costs (If Applicable)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTALS	$ 0.00	$ 0.00	$ 0.00

NOTE: Indirect Costs shall not exceed 10 percent of the total Budget, unless Awardee has a federally approved indirect cost rate that is higher or using the de minimis rate for allocating indirect cost across organization. A copy of the Awardee's federally approved indirect cost rate agreement must be included should a different rate be requested.

If the de minimis rate is used, a worksheet must be provided identifying the allowable Modified Total Direct Costs used and calculation for amount used in the cost bid.

If an independent audit cost is included in your budget, it can be included as an indirect cost, if the cost is being shared by multiple awards, per your cost allocation plan.

Comments: