

ARRA BUDGET WORKSHEET FOR CHILD SUPPORT AGENCY

___ Initial ARRA Plan

___ Additional ARRA Plan

Briefly Describe Plan Activities:

County: _____ **CY: 20** ___ **Date Submitted:** _____

NAME OR DESCRIPTION	POSITION/LOCATION	ANNUAL SALARY-FRINGS	FULL-TIME EQUIVALENT	IV-D ALLOWABLE COSTS
SALARY & FRINGE:				
DIRECTOR NAME	CSA		1.00	
LEAD PERSON NAME	CSA		1.00	
STAFF PERSON NAME	CSA – CASEWORKER		1.00	
STAFF PERSON NAME	CSA – CASEWORKER		1.00	
STAFF PERSON NAME	CSA – FIN WORKER		0.95	
STAFF PERSON NAME	CSA – ASSISTANT		1.00	
STAFF PERSON NAME	CSA – RECEPTIONIST		1.00	
OVERTIME				
TOTAL FTE's			6.95	

OTHER COSTS:	LOCATION	BUDGET	IV-D Percentage	IV-D ALLOWABLE COSTS
SUPPLIES-OFFICE	CSA		100%	
MISC. OFFICE EQPM/FU	CSA		100%	
ORGANIZATION DUES	CSA		100%	
SUBSCRIPTIONS/BOOKS	CSA		100%	
COURT REPORTER	CSA		100%	
PRINTING	CSA		100%	
REPAIR & MAINT-COMPU	CSA		100%	
REPAIR & MAINT-OFFICE	CSA		100%	
PATERNITY TESTING	CSA		100%	
POSTAGE	CSA		100%	
TELEPHONE	CSA		100%	
TRAINING	CSA		100%	
MILEAGE, MEALS, CONFER	CSA		100%	
FEES-INTERCEPT	CSA		100%	
FEES-CRDT BUR/FPLS	CSA		100%	
FEES-INTERPRETOR	CSA		100%	
FEES-NOTARY PUBLIC	CSA		100%	
FEES-SERVING PAPER	CSA		100%	
FAX/TELETYPE CHARGE	CSA		100%	
SHERIFF EXTRADITION C	CSA		100%	
SERVING PAPERS	CSA		100%	

REVENUE:	LOCATION	BUDGET	IV-D Percentage	REVENUE/RECOVER Y OF COSTS
FEES-APPLICATION	CSA			()
FEES-PROCESS SERV RECOV	CSA			()
FEES-EXTRADITION RECOV	CSA			()

LABORATORY FEES:	LOCATION	BUDGET	IV-D Percentage	REVENUE/RECOVER Y OF COSTS
FEES-PATERNITY	CSA			()
FEES-BLOOD TESTS	CSA			()
CSA BUDGET TOTAL				\$ -

Attach FTE form.

ARRA BUDGET WORKSHEET FOR COOPERATING AGENCIES

(This budget worksheet may include more than one cooperative agency.)

___ **Initial ARRA Plan**

___ **Additional ARRA Plan**

Briefly Describe Plan Activities:				
County:		CY: 20 ___	Date Submitted:	
SALARY & FRINGE:				
STAFF PERSON NAME	CORP COUNSEL Assist.		0.50	
STAFF PERSON NAME	CORP COUNSEL Secret.		0.10	
STAFF PERSON NAME	CORP COUNSEL Assist.		0.05	
SUB-TOTAL FTE'S			0.65	
OTHER COSTS:	LOCATION	BUDGET	IV-D Percentage	IV-D ALLOWABLE COSTS
SUPPLIES-OFFICE	CORP COUNSEL		50%	
PRINTING	CORP COUNSEL		0%	
REPAIRS & MAINT-COMP	CORP COUNSEL		50%	
REPAIRS & MAINT-OFFICE	CORP COUNSEL		50%	
MILEAGE, MEALS, CONF	CORP COUNSEL		30%	
POSTAGE	CORP COUNSEL		0%	
TELEPHONE	CORP COUNSEL		50%	
SALARY & FRINGE:	POSITION/LOCATION	ANNUAL SALARY-FRINGS	FULL-TIME EQUIVALENT	IV-D ALLOWABLE COSTS
STAFF PERSON NAME	FCC		0.18	
STAFF PERSON NAME	FCC Assistant		0.35	
STAFF PERSON NAME	FCC Secretary		0.25	
SUB-TOTAL FTE'S			0.78	
OTHER COSTS:	LOCATION	BUDGET	IV-D Percentage	IV-D ALLOWABLE COSTS
SUPPLIES-OFFICE	FCC		25%	
PRINTING	FCC		10%	
REPAIRS & MAINT-COMP	FCC		25%	
REPAIRS & MAINT-OFFICE	FCC		25%	
MILEAGE, MEALS, CONF	FCC		10%	
POSTAGE	FCC		25%	
TELEPHONE	FCC		25%	
COURT TRANSLATOR	FCC		25%	
SALARY & FRINGE:	POSITION/LOCATION	ANNUAL SALARY-FRINGS	FULL-TIME EQUIVALENT	IV-D ALLOWABLE COSTS
STAFF PERSON NAME	ETC.		0.43	
STAFF PERSON NAME			0.02	
STAFF PERSON NAME	SHERIFF		0.09	
STAFF PERSON NAME	FINANCE		0.04	
STAFF PERSON NAME	FINANCE		0.01	
SUB-TOTAL FTE'S			0.14	
COOPERATING AGENCIES IV-D BUDGET TOTAL				\$ -

Attach FTE Form