| LWIA:      DATE:      NEG Disaster Budget—Temporary Jobs Component**(Grant Number 13-6410xx)** |
| --- |
| **Line Item Description** | **Requested Grant Budget Amount** |  |
| **Participant Wages** | **$** |  |
| **Participant Fringe Benefits** | **$** |  |
| **Supportive Services:** | **$****0** |  |
|  Clothing | $      |  |
|  Transportation | $      |  |
|  Child Care | $      |  |
|  Other | $      |  |
| **Other:** | **$****0** |  |
|  Program Staff Wages and Fringes | $      |  |
|  Program Staff Travel | $      |  |
|  Facility-Related Costs | $      |  |
|  Office Supplies and Office Equipment Rental | $      |  |
|  NEG Outreach-Recruitment | $      |  |
|  Safety Training | $      |  |
|  Worksite Tools/Supplies/Safety Gear | $      |  |
|  Pre-Enrollment Qualifier Costs | $      |  |
|  Heavy Equipment Lease/Prior DOL Approval | $      |  |
|  Contractual | $      |  |
|  Other | $      |  |
| **AdministratiON** | **$** |  |
| **Total Cost—Temporary Jobs Component** | **$0** |  |

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| Detailed Narrative |
| 1. **Number of Planned Participants:**
2. **Number of Planned Worksites:**
 |
| **LINE ITEM** | **DETAILED NARRATIVE EXPLANATION AND JUSTIFICATION**Show detailed calculations and justification in       below |
| **Participant Wages**: Show detailed calculation, including anticipated average wage, for both Lead Workers and for Crew Workers. Show average number of weeks/months/hours worked. | **Total: $0**      |
| **Participant Fringes**: Show calculation including FICA, UI, Worker's Comp. | **Total: $0**      |
| **Supportive Services**: Consistent with local policy. Services necessary for participation in Temporary Jobs component -- work clothing, transportation, child care, etc. | Total Clothing: $0Total Transportation: $0Total Child Care: $0Total Other: $0**TOTAL SUPPORTIVE SERVICES: $****0***Provide a calculation for each supportive service line item to show details:*      |
| **Other TOTAL:**Total all “Other” lines from below. | **Total: $0** |
|  **Other: Program Staff Wages and Fringes**:  List each program staff showing wage calculations; show Fringe calculations | **Total: $0**      |
|  **Other: Program Staff Travel**:   | **Total: $0**      |
|  **Other: Facility-Related Costs:** Rent, utilities, phones, internet, etc. | **Total: $0**      |
|  **Other: Office Supplies and Office Equipment Rental**  General office supplies such as staff computers, mailing supplies, pens, paper, etc. | **Total: $0**      |
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|  **Other: NEG Outreach-Recruitment**  NEG-related program outreach for participants and worksites. It does not include any outreach that is NOT targeted to the NEG project. |  |  |  |

 | **Total: $0**      |
|  **Other: Safety Training**  Safety training for all participants working outdoors. | **Total: $0**      |
|  **Other: Worksite Tools/Supplies/Safety Gear**  Rakes, shovels, chainsaws, non-fitted gear (e.g. gloves, safety vests, protective eyewear, etc.), water coolers, etc. | **Total: $0**      |
|  **Other: Pre-Enrollment Qualifier Costs**  Pre-enrollment services (e.g. tetanus shot and physical required for all outdoor positions; drug testing and background check determined locally based on worksite requirements and safety considerations. | **Total: $0**      |
|  **Other: Heavy Equipment Lease/Prior DOL Approval**  Costs for heavy equipment lease (e.g. bulldozer, backhoe, etc.). Must be presented in a formal request to DOL for prior approval—contact DCEO. | **Total: $0**      |
|  **Other: Contractual**  Other program contractual costs. | **Total: $0**      |
|  **Other: Other** Other program costs not classified above. | **Total: $0**      |
| **Administration**: Accounting, financial, cash management, budget activities, procurement, personnel, payroll, property management, audit, and general legal services functions are administrative in nature, as are coordinating the resolution of findings arising from audits, reviews, investigations, and incident reports and developing systems and procedures, including information systems, required for these administrative functions.     | **Total: $0**      |
| **TOTAL—Temporary Jobs component** | **Total: $****0** |

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| Worksite Name | City | County | Number of Planned Participants | Estimated Months at Worksite |
|       |       |       |       |       |
|       |       |       |       |       |
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