



CHSP Budget Workshop

TIPS TO ENSURE ACCURACY

Form 1: Agency-Wide Information - Section 1

* Agency Legal Name: CHSP County Training
 * Phone Number: 850 - 222 - 2222
 * Agency Contact Person: Robyn Wainner
 * Cell Phone Number: 850 - 555 - 1212
 * Street Address: 123 Main Street
 * City: Tallahassee
 * Mailing Address: 123 Main Street
 * State: Florida
 * Zip: 32301
 * E-mail Address: Robyn.Wainner@talgov.com

Form 1: Agency-Wide Second Contact Information

* Agency Contact Person 2: John Doe
 * Cell Phone Number 2: 850 - 555 - 1212
 * E-mail Address 2: humanservices@talgov.com

Financial Information - Please provide the agency's ENTIRE operating budget:

* The Agency's Last Completed Fiscal Year Budget: \$100,000.00
 * The Agency's Current Fiscal Year Budget: \$100,000.00
 * List the agency's fiscal year (i.e., list the month the fiscal year begins and the month the fiscal year ends): Oct 1-Sept 30
 * List the percentage of the administrative/fundraising expense in comparison to the agency's entire operating budget: 5 %
 If the administrative/fundraising expense is above 25% of your entire agency's operating budget, please provide an explanation: n/a

Ensure agency budget amount on Form 1, Section 1 matches what is on Form 3 budget forms.

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Revenue	Agency Total	A	B	C	D	E	F
		Program: Kids Afterschooc	Program: Program Name	Program: Program Name	Program: Program Name	Program: Program Name	Program: Other
CHSP Allocation (all partners)	\$12,000	\$12,000	\$0	\$0	\$0	\$0	\$0
City of Tallahassee (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Leon County (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children Services Council of Leon County	\$5,000	\$0	\$0	\$0	\$0	\$0	\$5,000
United Way	\$10,000	\$10,000	\$0	\$0	\$0	\$0	\$0
Big Bend Continuum of Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State	\$55,000	\$30,000	\$0	\$0	\$0	\$0	\$25,000
Federal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grants (total of all other grants not listed above)	\$5,000	\$5,000	\$0	\$0	\$0	\$0	\$0
Fundraising	\$5,000	\$3,000	\$0	\$0	\$0	\$0	\$2,000
Dues / Membership Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Service Fees	\$8,000	\$5,000	\$0	\$0	\$0	\$0	\$3,000
Miscellaneous / Other Income	\$0	0	0	0	0	0	0
Fund Balance Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$100,000	\$65,000	\$0	\$0	\$0	\$0	\$35,000

Expenses	Agency Total	A	B	C	D	E	F
		Program: Kids Afterschool Program	Program: Program Name	Program: Program Name	Program: Program Name	Program: Program Name	Program: Other
Compensation and Benefits	\$67,820	\$50,000	\$0	\$0	\$0	\$0	\$17,820
Professional Fees	\$4,000	\$2,000	\$0	\$0	\$0	\$0	\$2,000
Occupancy / Util. / Phones / Networks	\$7,000	\$4,000	\$0	\$0	\$0	\$0	\$3,000
Materials / Supplies / Postage	\$3,500	\$1,500	\$0	\$0	\$0	\$0	\$2,000
Equipment: Rental, Maint., Purchase	\$3,000	\$1,500	\$0	\$0	\$0	\$0	\$1,500
Travel	\$280	\$200	\$0	\$0	\$0	\$0	\$80
Staff / Board Development / Recruit	\$600	\$200	\$0	\$0	\$0	\$0	\$400
Direct Assistance	\$5,000	\$2,000	\$0	\$0	\$0	\$0	\$3,000
Bad Debts / Uncollectibles	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$5,000	\$2,000	\$0	\$0	\$0	\$0	\$3,000
Capacity Building	\$200	\$100	\$0	\$0	\$0	\$0	\$100
Copying / Printing	\$900	\$500	\$0	\$0	\$0	\$0	\$400
Payments to Local / State / National	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$2,700	\$1,000	\$0	\$0	\$0	\$0	\$1,700
Miscellaneous / Other Expenses	\$0	0	0	0	0	0	0
Total Expenses	\$100,000	\$65,000	\$0	\$0	\$0	\$0	\$35,000

Section 1.2: Overall Program Budget

A. Program Funding Information

* CHSP 2025/2026 Program Allocation (this program only)

\$12,000

* CHSP 2026/2027 Program Request (this program only)

\$16,000

B. Program Resources

If this is your organization's first year in operation or the first year for this program, please check this box:

	Last Completed Fiscal Year Program Budget	Current Fiscal Year Program Budget	Proposed Fiscal Year Program Budget
TOTAL PROGRAM BUDGET	\$65,000	\$66,100	\$69,000
Total Staff (FTE)	2	2	2
Total In-Kind Contributions (non-cash)	\$5,000	\$5,000	\$6,000
Total Volunteer Hours	50	55	60
Total Value of Volunteers (\$34.79 per hour)	\$1,739.50	\$1,913.45	\$2,087.40

C. Clarification of Client Demographic Information

1. * If you need to clarify information provided in the client demographics or provide additional information not captured in the charts, including information regarding the programs secondary target population such as community meetings and health fairs, please explain. If not applicable, please enter "N/A".

Ensure program budget amount on Form 2, Section 1.2 matches what is on Form 3 budget forms.

Revenue	Agency Total	A	B	C	D	E	F
		Program: Kids Aftershoc	Program: Program Name	Program: Program Name	Program: Program Name	Program: Program Name	Program: Other
CHSP Allocation (all partners)	\$12,000	\$12,000	\$0	\$0	\$0	\$0	\$0
City of Tallahassee (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Leon County (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children Services Council of Leon County	\$5,000	\$0	\$0	\$0	\$0	\$0	\$5,000
United Way	\$10,000	\$10,000	\$0	\$0	\$0	\$0	\$0
Big Bend Continuum of Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State	\$55,000	\$30,000	\$0	\$0	\$0	\$0	\$25,000
Federal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grants (total of all other grants not listed above)	\$5,000	\$5,000	\$0	\$0	\$0	\$0	\$0
Fundraising	\$5,000	\$3,000	\$0	\$0	\$0	\$0	\$2,000
Dues / Membership Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Service Fees	\$8,000	\$5,000	\$0	\$0	\$0	\$0	\$3,000
Miscellaneous / Other Income	\$0	0	0	0	0	0	0
Fund Balance Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$100,000	\$65,000	\$0	\$0	\$0	\$0	\$35,000

Expenses	Agency Total	A	B	C	D	E	F
		Program: Kids Afterschool Program	Program: Program:	Program: Program:	Program: Program:	Program: Program:	Program: Other
Compensation and Benefits	\$67,820	\$50,000	\$0	\$0	\$0	\$0	\$17,820
Professional Fees	\$4,000	\$2,000	\$0	\$0	\$0	\$0	\$2,000
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Equipment: Rental, Maint., Purchase	\$3,000	\$1,500	\$0	\$0	\$0	\$0	\$1,500
Travel	\$280	\$200	\$0	\$0	\$0	\$0	\$80
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Insurance	\$5,000	\$2,000	\$0	\$0	\$0	\$0	\$3,000
Capacity Building	\$200	\$100	\$0	\$0	\$0	\$0	\$100
Copying / Printing	\$900	\$500	\$0	\$0	\$0	\$0	\$400
Payments to Local / State / National	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$2,700	\$1,000	\$0	\$0	\$0	\$0	\$1,700
Miscellaneous / Other Expenses	\$0	0	0	0	0	0	0
Total Expenses	\$100,000	\$65,000	\$0	\$0	\$0	\$0	\$35,000

Fundraising and Grant Writing Plans for the Agency's Current Fiscal Year

List the fundraising and grant writing plans for the agency's current fiscal year.
Funds reported here must also be reflected in the Budget Worksheet for the current fiscal year.

Fundraising Activities

If the organization did not have any fundraising to report, please check this box.

Delete	Fundraiser	Date of Fundraiser	Gross Dollar Amount Goal	Gross Dollar Amount Raised To-Date	Gross Dollar Amount Raised in the Last Completed Fiscal Year for the Same
X	Car wash	10/25/2025	\$2,500	\$2,500	\$2,000
X	annual appeal	Year Round	\$900	\$800	\$500
X	Popcorn sale	11/8/2025	\$2,000	\$2,000	\$2,000
X	Share Night	2/2/2026	\$1,000	\$1,200	\$0
PROJECTED TOTALS			\$6,400	\$6,500	\$4,500

Add Fundraising Activity

Grant Writing Activities

If the organization did not have any grant activities to report, please check this box.

Delete	Name of Grant	Date Applied for Grant	Dollar Amount Applied for	Dollar Amount Awarded (If pending, list PENDING)	Dollar Amount Awarded in the Agency's Last Completed Fiscal Year
X	state grant	12/5/2025	\$55,000	\$55,000	\$55,000
X	United Way	6/6/2025	\$15,000	\$10,000	\$10,000
X	Community Foundation	8/1/2025	\$10,000	\$5,000	\$5,000
X	WalMart Foundation	11/15/2026	\$2,500	\$2,500	\$0
Total Applied for and/or Awarded			\$82,500	\$72,500	\$70,000

Add Grant Writing Activity

Ensure grants and fundraising activities listed on Form 1, Section 6 are reflected on Current FY Budget Worksheet

For Currently Funded Agencies:
 Ensure 25/26 CHSP amount is
 correct on Form 2, Section 1.2

Section 1.2 : Overall Program Budget

A. Program Funding Information

* CHSP 2025/2026 Program Allocation (this program only)

\$12,000

* CHSP 2026/2027 Program Request (this program only)

\$16,000

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If this is your organization's first year in operation or the first year for this program, please check this box.

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TOTAL PROGRAM BUDGET	\$65,000	\$66,100	\$69,000
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C. Clarification of Client Demographic Information

1. * If you need to clarify information provided in the client demographics or provide additional information not captured in the charts, including information regarding the programs secondary target population such as community meetings and health fairs, please explain. If not applicable, please enter "N/A".

SALARY WORKSHEET- SALARY ONLY!

Salary Information

Only include each position's salary. Do not include the position's other personnel benefits such as insurance, taxes, etc. ALL Agency staff must be included. Use Columns A-E to allocate staff salary across programs you are requesting CHSP funding for. Use Column F to allocate staff salary to "Other".

Section 1 : Title and Time Equivalence			Section 2 : Salary History			* Section 3: Proposed Fiscal Year Budget					
Delete	Position Title	F.T.E	Last Fiscal Year Budget	Current Fiscal Year Budget	Proposed Fiscal Year Budget	A Program Kids Afterschool Program	B Program	C Program	D Program	E Program	F Program Other
	Executive Director	1.00	\$22,000 N/A	\$22,000	\$28,000	\$10,000	\$0	\$0	\$0	\$0	\$18,000
X	After school counselors (2)	0.50	\$31,200 N/A	\$31,200	\$35,500	\$35,500	\$0	\$0	\$0	\$0	\$0
X	PT admin	0.50	\$9,800 N/A	\$9,800	\$10,000	\$2,000	\$0	\$0	\$0	\$0	\$8,000
Total			\$63,000.00	\$63,000.00	\$73,500.00	\$47,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,000.00

To add salary information input the data in the fields below and click the Add or Save button

	Position Title	F.T.E	Last Fiscal Year Budget	Current Fiscal Year Budget	Proposed Fiscal Year Budget	A Kids Afterschool Program	B	C	D	E	F Other
<input type="button" value="Add"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ensure all positions within agency are listed. Allocate across programs/ "Other" in columns A-F. Columns A-E are for CHSP funded programs. Column F is for everything else.

SALARY WORKSHEET- SALARY ONLY!

Only include each position's salary. Do not include the position's other personnel benefits such as insurance, taxes, etc. ALL Agency staff must be included. Use Columns A-E to allocate staff salary across programs you are requesting CHSP funding for. Use Column F to allocate staff salary to "Other".

Section 1 : Title and Time Equivalence			Section 2 : Salary History			* Section 3: Proposed Fiscal Year Budget					
Delete	Position Title	F.T.E	Last Fiscal Year Budget	Current Fiscal Year Budget	Proposed Fiscal Year Budget	A Program Kids Afterschool Program	B Program	C Program	D Program	E Program	F Program Other
	Executive Director	1.00	\$0 N/A	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X	Executive Director	0.50	\$22,000 N/A	\$22,000	\$28,000	\$10,000	\$0	\$0	\$0	\$0	\$18,000
X	After school counselors (2)	0.50	\$31,200 N/A	\$31,200	\$35,500	\$35,500	\$0	\$0	\$0	\$0	\$0
X	PT admin	0.50	\$9,800 N/A	\$9,800	\$10,000	\$2,000	\$0	\$0	\$0	\$0	\$8,000
Total			\$63,000.00	\$63,000.00	\$73,500.00	= \$47,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,000.00

To add salary information input the data in the fields below and click the Add or Save button

	Position Title	F.T.E	Last Fiscal Year Budget	Current Fiscal Year Budget	Proposed Fiscal Year Budget	A Kids Afterschool Program	B	C	D	E	F Other
<input type="button" value="Add"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The amount for Section 2, "Proposed FY Budget" should equal the total of the amounts in Section 3