| Proposed Program Budget | Worksheet 1 | | | **TIME ALLOCATION WORKSHEET** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| AGENCY NAME: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Please enter the names of all support and line staff that will be charged to HSD programs. | | | | | | | | | | | |
| Enter the percentage of time each position will spend in each program. Express the percentage of time as a decimal. For example, John Doe will spend 8 hours a week in Program X. | | | | | | | | | | | |
| In the Program X column, enter .20 beside John's name. (8hr x 52 weeks = 416. Divided by 2080, = .20) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | **Personnel by Program FTE Equivalent Allocation** | | | | | | | | |
| | | | | Enter Program Name | | Enter Program Name | | Enter Program Name | | Enter Program Name | |
| **Name** | **Position** | **Annual Salary** | **Total FTE** | Direct Staff FTE | Admin/Clerical/ Supervision | Direct Staff FTE | Admin/Clerical/ Supervision | Direct Staff FTE | Admin/Clerical/ Supervision | Direct Staff FTE | Admin/Clerical/S upervision |
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| **TOTAL** | | $ - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
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| For definitions of salaries to be charged to the programs, please see Appendix B : Line Item Descriptions | | | | | | | | | | | |