

Detailed Financial Plan Example (submit with Work Plan)

COOPERATOR NAME: _____

TIME PERIOD (Cooperative Agreement Year): _____

Financial Plan must match the SF-424A, Section B, Budget Categories (rounded to the nearest dollar).
All costs in the financial plan, excluding fringe benefits and indirect costs, must be included in the work plan.

| ITEM | APHIS FUNDS | COOPERATOR FUNDS (Show even if zero) |
|-----------------------------------------------------------------|-------------|-----------------------------------------|
| PERSONNEL: | | |
| Field Staff: 960 hrs. @ \$14.00/hr = | \$13,400 | |
| Lab Staff: 500 hrs. @ \$14.00/hr | | \$7,000 |
| | | |
| Subtotal | \$13,400 | \$7,000 |
| FRINGE BENEFITS: | | |
| 20% of salary of Field Staff pt employee | \$ 2,680 | |
| | | |
| Subtotal | \$ 2,680 | |
| TRAVEL: | | |
| Total of 4,000 miles @ 16 miles/gal.=250 gal X \$2.75/gal. = | \$ 688 | |
| Per diem 5 days @ \$100.00/day = | \$ 500 | |
| | | |
| Subtotal | \$ 1,188 | |
| EQUIPMENT | | |
| GPS units | | \$ 300 |
| Diagnostic Kits | | \$ 700 |
| Microscopes | | \$3,600 |
| Subtotal | | \$4,600 |
| SUPPLIES | | |
| Gloves, batteries, tools, etc. – field use | \$ 250 | |
| Misc. chemicals – lab use | | \$ 300 |
| | | |
| Subtotal | \$ 250 | \$ 300 |
| CONTRACTUAL | | |
| | | |
| Subtotal | | |
| OTHER | | |
| | | |
| Subtotal | | |
| TOTAL DIRECT COSTS | | |
| INDIRECT COSTS | \$ 2,412 | |
| TOTAL | \$ 19,930 | \$11,900 |
| | | |
| Cost Share Information | 62.6% | 37.4% |