

# 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)
<b>PERSONNEL:</b>		
Field Staff: 960 hrs. @ \$14.00/hr =	\$13,400	
Lab Staff: 500 hrs. @ \$14.00/hr		\$7,000
Subtotal	\$13,400	\$7,000
<b>FRINGE BENEFITS:</b>		
20% of salary of Field Staff pt employee	\$ 2,680	
Subtotal	\$ 2,680	
<b>TRAVEL:</b>		
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	
<b>EQUIPMENT</b>		
GPS units		\$ 300
Diagnostic Kits		\$ 700
Microscopes		\$3,600
Subtotal		\$4,600
<b>SUPPLIES</b>		
Gloves, batteries, tools, etc. – field use	\$ 250	
Misc. chemicals – lab use		\$ 300
Subtotal	\$ 250	\$ 300
<b>CONTRACTUAL</b>		
Subtotal		
<b>OTHER</b>		
Subtotal		
<b>TOTAL DIRECT COSTS</b>		
<b>INDIRECT COSTS</b>	\$ 2,412	
<b>TOTAL</b>	\$ 19,930	\$11,900
Cost Share Information	62.6%	37.4%