Employer Innovation Fund Budget Form

If awarded, contact name and phone number:	
Legal Applicant Organization Name:	
Project Title:	
Proposed Start Date:	
Proposed End Date:	

Complete the Budget form and attach in IowaGrants.gov. This budget should closely match the description in the budget narrative text in the application within IowaGrants. Be aware that formulas are built into this spreadsheet and if adding or deleting lines, it could impact the excel formulas--double check that the totals are accurate before submitting.

Funding Requirement Reminders:

The Employer Innovation Fund provides a state match for regional investments of private dollars. What this means is that the fund is intended to serve as a match for money raised privately as part of the application process. Applicants can request approval for an amount up to the amount of money they have secured for the project. The private funds must be expensed first, matching state dollars may be drawn down on a reimbursement basis. Applicants need to plan to expend all private funds first. If more funds are requested than are available, funds will be awarded proportionately to eligible proposals to provide the greatest amount of support across all eligible applicants.

The fund can be used to support for-credit and non-credit credential attainment, along with wrap-around support, such as child care, transportation, books, equipment, fees or other innovative ideas and proposals that help Iowans complete education or training beyond high school leading to high-demand jobs. It cannot be used for administrative expenses of operating the program or implementing the project.

Cost Category	Description	Private Match Total	Funds RequestedTotal	Project Total
Participant Support Costs *Identify proposed participant support costs, including proposed supportive services such as tuition assistance, childcare assistance, uniforms or program supplies, etc. Describe the participant support cost and the number of participants estimated to benefit.*				
Support Cost #1				$0.00
Support Cost #2				$0.00
Support Cost #3				$0.00
Support Cost #4				$0.00
Total		$0.00	$0.00	$0.00
Contractual *Identify costs that will be supported by a contract. Specify its purpose and estimated cost.*				
Cost #1 (e.g. Training Consultant/Provider)				$0.00
Cost #2				$0.00
Cost #3				$0.00
Total		$0.00	$0.00	$0.00
Supplies *Identify categories of supplies. List quantity and unit cost per item. Supplies include all tangible property other than "equipment" (items less than $5,000).*				
Item #1				$0.00
Item #2				$0.00
				$0.00
Total		$0.00	$0.00	$0.00
Equipment *2 CFR 200 defines equipment as an item with an estimated acquisition cost of $5,000 or more per unit (or your agency's capitalization level if it is less than $5,000). List quantity and unit cost per item.*				
Item #1 (e.g. Complex Software)				$0.00
Item #2 (e.g. Specialized Machine)				$0.00
				$0.00
Total		$0.00	$0.00	$0.00
Other Project Costs *List each item in sufficient detail for us to determine whether the costs are reasonable or allowable. Examples of items may include allocated direct occupancy costs (rent & utilities), participant support costs such as tuition reimbursement, event costs, etc. Include a basic description outlining the budgeted calculation. For example, "Occupancy costs include rent and utilities allocated based on total square footage and a ratio of FTE. $250 x 12 months.*				
Cost #1				$0.00
				$0.00
Total		$0.00	$0.00	$0.00
Total Matched Funds		$0.00		
Total Requested Funds			$0.00	$0.00
Number of Participants				
Cost per participant				