

## **MERCER COUNTY BUDGET FORMS**

**Please refer to the attached forms for Budget Forms:**

- Budget Information Summary Expense Form
- Contract Expense Detail Personnel
- Budget Summary/Contract Expense Detail other Than Personnel
- Revenue
- Cost of Equipment
- Related Organizations/Subcontractees

**Please submit all budget forms, even if they are not applicable to your agency. If they are not applicable, please mark an “N/A” on them and submit them. Failure to do so will result in points lost during the proposal review period.**



**MERCER COUNTY  
BUDGET INFORMATION SUMMARY EXPENSE FORM  
PAGE \_\_ OF \_\_**

Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Chief Executive Officer: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_

Agency Federal I.D. # \_\_\_\_\_  
 Charities Registration # \_\_\_\_\_  
 Non-Profit \_\_\_ For-Profit \_\_\_ Public \_\_\_  
 Budget Period \_\_\_\_\_ to \_\_\_\_\_  
 Agency Fiscal Year End \_\_\_\_\_  
 Date: \_\_\_\_\_

Please note that this form must be typed.

BUDGET CATEGORY	TOTAL	COUNTY	STATE	PRIVATE	OTHER
A. PERSONNEL					
B. CONSULTANT/PROFESSIONAL FEES					
C. MATERIAL/SUPPLIES					
D. FACILITY COSTS					
E. SPECIFIC ASSISTANCE TO CLIENTS					
F. OTHER					
G. TOTAL OPERATING COSTS					
H. EQUIPMENT					
I. TOTAL COSTS					
J. LESS REVENUE					
K. NET COSTS					

**MERCER COUNTY  
 CONTRACT EXPENSE DETAIL  
 PERSONNEL  
 PAGE \_\_ OF \_\_**

**AGENCY NAME:** \_\_\_\_\_  
**CONTRACT NUMBER:** \_\_\_\_\_  
 Period Covered \_\_\_\_\_ to \_\_\_\_\_

Please note that this form must be typed.

BUDGET CATEGORY: PERSONNEL POSITION & TITLE/NAME OF EMPLOYEE	HRS/ WEEK	TOTAL COST	COUNTY	STATE	PRIVATE	OTHER

**MERCER COUNTY**  
**BUDGET SUMMARY**  
**CONTRACT EXPENSE DETAIL**  
**OTHER THAN PERSONNEL**  
 PAGE \_\_\_ OF \_\_\_  
 (Use Additional Pages As Needed)

AGENCY NAME: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

Period Covered \_\_\_\_\_ to \_\_\_\_\_

Please note that this form must be typed.

BUDGET CATEGORY/ LINE ITEM	ITEMIZATION OF COST	TOTAL COST	COUNTY	STATE	PRIVATE	OTHER

MERCER COUNTY  
REVENUE  
PAGE \_\_ OF \_\_

AGENCY NAME:  
CONTRACT NUMBER: \_\_\_\_\_  
Period Covered \_\_\_\_\_ to \_\_\_\_\_

Please note that this form must be typed.

DESCRIPTION	TOTAL					



**MERCER COUNTY  
RELATED ORGANIZATION / SUBCONTRACTEES  
PAGE \_\_ OF \_\_**

**AGENCY NAME:** \_\_\_\_\_

**CONTRACT NUMBER:** \_\_\_\_\_

**Period Covered** \_\_\_\_\_ to \_\_\_\_\_

**Please note that this form must be typed.**

<b>NAME OF RELATED ORGANIZATION (S)</b>	<b>TYPES OF SERVICES, FACILITIES AND/OR SUPPLIES FURNISHED BY THE RELATED ORGANIZATIONS</b>	<b>EXPLAIN RELATIONSHIP</b>	<b>COST</b>	<b>NAME OF PROGRAM AND COLUMN CHARGED</b>



## **MERCER COUNTY BUDGET NARRATIVE\***

*\*The Budget Narrative is to be completed in Microsoft Word.*

Please justify the need and cost calculation for each line item shown on your budget forms in a narrative format. Do not leave this section blank; completion of this section is mandatory.

*Please note that, upon review of your agency's proposal, the County of Mercer can offer your agency a contract with an amount that differs from what your proposal requested. If this occurs, your agency will be asked to submit an amended budget narrative illustrating this new amount before the contract can route to the Board of Chosen Freeholders.*