



SERVING SOUTH SNOHOMISH COUNTY

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Budget

In this document you will find detailed instructions on how to complete the budget portion of your Verdant request.

Under the "Program Details" section of your application you will be asked to provide your Total Program Budget. Your Total Program Budget includes all costs and funding sources for the program, not just the amount requested from Verdant. In this section, you will also be asked to include your Total Amount Requested from Verdant. (Reference Pages 3 through 5).

Total Program Budget

The Total Program Budget is the total amount budgeted, including all costs and revenue, for the entire program for which you are applying for funding.

Total Program Budget for Year 1 *	\$
Amount Requested from Verdant for	\$
Year 1 *	

Amount Requested from Verdant

The Amount Requested from Verdant is is the amount you are requesting from Verdant to support this program.

	Total Program Budget for Year 1 *	\$
\langle	Amount Requested from Verdant for Year 1 *	\$

The Amount Requested from

The Amount Requested from Verdant and the Total Program Budget will be used to autogenerate the % of the program funded by Verdant. This can be viewed under the budget section of your application after you add your budget break down and hit "Save and Continue".

Total Program Budget for Year 1 *

\$617,360.00

Amount Requested from Verdant for Year 1 *

\$114,600.00

When filling out the "Budget" section of your application you will only be focusing on the Total Amount Requested from Verdant.

Verdant requires that you break down your Verdant Request into five categories:

- Personnel Expenses
- Direct Project Expenses
- Administrative Expenses
- Subcontractual Expenses
- Other Expenses.

You will enter line item numbers as well as having the opportunity to enter optional comments if additional information and/or clarification is needed.

Example: Zoe's Pet Palace

For Zoe's Pet Palace, a hypothetical organization specializing in pet care, their budget section might look something like the image on page 4.

They have divided their Verdant Request into the five categories provided stating the exact amount dedicated to each type of expense. They have entered "0"in the "Other" category, as it is not a requirement to have an expense for each category, just to enter a number in each field.

Example: Zoe's Pet Palace

		li li
▼ Budget		
Please use the + button below to add the Year 1 Request from Verdant		
Grantee Budgets		
Budget Period	Budget	
Subsidized Spay and Neuter Clinic: 7/1/2021 to 6/30/2022	114,600	
Total	114,600	
Budget Snapshot		
	Subsidized Spay and Neuter Clinic 7/1/2021 to 6/30/2022	
		Budget
Personnel Expenses		75,400
Direct Project Expenses Administrative Expenses		4,600 9,600
Subcontractual Expenses		25,000
Other		0
Total		114,600
✓ Outcomes Please use the + button below to add outcomes Outcomes will be finalized annually and the outcomes indicated below should reflect Ye Additional outcomes may be added by clicking the + icon. You must hit the + for each we suggest including at least 2 additional outcomes.		
	Cancel Save and Continue	Save and Clo

In the next pages you will find detailed instructions on how to complete the budget portion of your Verdant request.

Inputting a Budget:

Click on the blue "+" icon located in the bottom right-hand corner of the "Budget" tab to add begin your budget break down.

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	In addition to completing the budget form below, what are the proposed use of funds, including other sources of funds or resources, alloca this program and your sustainability plan? *	ted to
~		
-	▼ Budget	
	Please use the + button below to add the Year 1 Request from Verdant	
	Grantee Budgets	(±)
	No Grantee Budgets have been added	
	✓ Outcomes ▲ Please use the + button below to add outcomes	
	Outcomes will be finalized annually and the outcomes indicated below should reflect Year 1 only. All grantees are required to report the number of individuals so Additional outcomes may be added by clicking the + icon. You must hit the + for each outcome you choose to add. While there is no minimum or maximum rec we suggest including at least 2 additional outcomes.	erved. quired,
	Number of Individuals Served:	
	Annual Goal *	
	Outcome	
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-	▼ Ackn Pleas	
•	Cancel Save and Continue S	ave and Close
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In the textbox under "Name" enter the name of your program.

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n.fluxx.io						
	In addition to completing the budget form be	low, what are the proposed use of fund	ds, including other sources of fund	s or resources, al	located to	
Add Gran	ntee Budgets			×		
0	G	arant Summary Information				
Organiza	ation Name:	Zoe's Pet Palace				
Amount:						
Request	t ID:	R-202109-00122				
Start Da	te:					
End Date	e:					
Name*)				+	
Subsid	lized Spay and Neuter Clinic					
Year*						
				~		
Start Da	ate*					
End Dat	te*				s served.	
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Budget	Details					
Item			Budgeted	Actual	+	
				Save		
	▼Acknowledgment					
	- / lottionodginon					
-	Please select an answer for each dropdown below.					
	I acknowledge that I can track and report	~				
	outcomes and					
	required reporting					
			Cancel Sa	ve and Continue	Save and Close	

Using the "year" drop down select "1".

In a	addition to completing the budget fo	m below, what are the propose	d use of funds, including other sources o	f funds or resources, allocate	ed to
this	nrogram and your sustainability nla	n? *			
Add Grantee	Budgets			×	
		Grant Summary Inform	nation		
Organization I	lame:	Zoe's Pet Palace			
Amount:		B 000100 00100			
Request ID: Start Date:		R-202109-00122			
End Date:					
Nomet					
Name*	Spay and Neuter Clinic				\oplus
Year*					
1				¥	
Start Date*					
End Date*				's ser	ved.
				I requ	uired,
Budget Deta	ls		Organization Norma		Zoe
			Organization Name	-	206
Item			Amount:		
			Request ID:		R-2
	Acknowledgment		Start Date:		
			End Date:		
Plea	ase select an answer for each dropdown b	elow.			
Lac	knowledge that I	~			
car	track and report		Name*		
	uired reporting		Subsidized Spav	and Neuter Clinic	
Primary Contac	tpdf ^		√ 1		
			2		
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		3 (3)	End Datat		
			End Date*		
			Budget Details		
			Budget Details		

Under "Start Date" select the small calendar icon.

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	In addition to completing the budget form below, what are the proposed use of funds, including other sources of funds or resources, allocated to this program and your sustainability plan?
A	dd Grantee Budgets
r	
	Grant Summary Information
	Organization Name: Zoe's Pet Palace
	Amount:
	Request ID: R-202109-00122
	Start Date:
	End Date:
	Name*
	Subsidized Spay and Neuter Clinic
	Year*
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	Start Date*
	mm/dd/yyyy
	End Date*
	s served. required,
	Budget Details
	Item Burdneted Actual
	Save
	▼ Acknowledgment
1	Please select an answer for each dropdown below.
	I acknowledge that I v can track and report outcomes and required reporting
	Cancel Save and Continue Save and Close

Using the drop downs, select the month and year of your start date. This date should take place in the next six months.

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▼ Budget										
dd Grantee Budgets								×		
J. J										
Name*										
Subsidized Spay and Neuter Clinic	;									
Year*										
1							~			
Start Date*										
mm/dd/yyyy								J		
O Jul → 2021 → J Su Mo Tu We Th Fr									Budget	
1 2									75,400	
4 5 6 7 8 9	10	5 T O N	Add Gr	antee Buo	dget	S				
11 12 13 14 15 16 18 19 20 21 22 23 23										
25 26 27 28 29 30 3										
Leisounai Exhauses			Name	*						
Direct Project Expenses			Subs	idized Spay	and	Neute	er Cli	nic		
			Verr	Jan						
Administrative Expenses			Year	Feb						
			1	Mar						
we suggest including at leas	st 2 additional outcome	es.	Star	Apr						
Number of Individuals Served:			mm	May						
Annual Goal *			0	Jun ✓ Jul	· 20	21	~	0		
Outcome				Aug						
			Su	Sep	We	Th	Fr	Sa		
				Oct		1	2	3		
			4	Nov	7	8	9	10		
Total Project Budpdf \land 💧	Primary Contactpdf		11	Dec	14	15	16	17		
	r mary contactpur		18	19 20	21	22	23	24		
			25	26 27	28	29	30	31		
			reise	оппен схрепае	55					
				t Project Expe						

Then on the calendar, select the start day. Once you click the start day, the calendar will close and your start date will be saved in the text box.

	Subs	idizor	d Sna	y and	Nout	ər Cli	nic		
			u opa	ly and	Neut				
	Year*								
	1								
	Start	Date*	•						
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x C Outcomes - A4 x 🐁 Verdant Health Commission Da x	0	Jul		▶ 20	21	~	0		
th.fluxx.io	Su	Мо	Tu	We	Th	Fr	Sa		
In addition to completing the budget form below, what a				(1	2	3		
Add Grantee Budgets		5	6	7		9	10		
	4				8				
Grant Sum	11	12	13	14	15	16	17		
Organization Name: Zoe's Pe	18	19	20	21	22	23	24		
Amount:	25	26	27	28	29	30	31		
Request ID: R-20210 Start Date:	Feise		vheus	62					
End Date:									
	Dires	Dusia							
Name*	Direc	t Proje	ст Ехр	enses					
Subsidized Spay and Neuter Clinic									
Year*	Admi	nistrati	ive Exi	oenses					
Start Date*	7.0111	notiati		0011000			_		
07/01/2021									
End Date*						's serve	ed.		
						requir			
Budget Details									
Item	Budaete	4		,	Actual		(+)		
		_	_	_	Save				
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Please select an answer for each dropdown below.									
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I acknowledge that I v									
outcomes and required reporting									
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Repeat for the "end date" section and input your end date. When you are finished, both the "start date" and "end date" should be displayed.

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8	In addition to completing the budget form below, what are the proposed use of funds, including other sources of funds or resources, allocated to this program and your sustainability plan? *
Add Gran	ntee Budgets ×
0	Grant Summary Information
Organiza	zation Name: Zoe's Pet Palace
Amount	
Request	t D: R-202109-00122
Start Da	ate:
End Dat	
Name*	
Subsid	dized Spay and Neuter Clinic
Year*	
1	▼
Start Da	ate*
07/01/2	/2021 🔨 📃 📃
End Dat	ate*
06/30/	s served.
Budget	t Details
Item	Budgeted Actual (+)
	▼ Acknowledgment
	Please select an answer for each dropdown below.
	I acknowledge that I v can track and report outcomes and required reporting
	Cancel Save and Continue Save and Close
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Under budget details, you will begin breaking down your budget. Enter the amount of your Verdant Request allocated to Personnel Expenses in the text box under "Budgeted" that is adjacent to "Personnel Expenses".

io		
In addition to completing the b	udget form below, what are the proposed use of funds, including other sources oblitiv plan? *	of funds or resources, allocated to
Add Grantee Budgets		×
Budget Details		
Item	Budgeted	Actual
Personnel Expenses	75, 400	
Direct Project Expenses		
Administrative Expenses		\oplus
Subcontractual Expenses		
Other		
 Optional Comments 		s served.
Please include any comments below, including Personnel Expenses	line item breakdowns for the budget entered.	required,
<i>T</i> ≵ B <i>i</i> <u>⊔</u> S S' S,	= =	5 2
		Save
▼ Acknowledgment		
Please select an answer for each d	opdown below.	
I acknowledge that I can track and report outcomes and required reporting	~	
		Save and Continue Save and Close

Repeat step 8 for the other four categories (Direct Project Expenses, Administrative Expenses, Subcontractual expenses and Other).

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In addition to completing the	budget form below, what are the proposed (use of funds, including other sources o	funds or resources, allocated to	
this program and your susta	inahility nlan? *			
Add Grantee Budgets			×	
End Date*				
06/30/2022				
Budget Details				
Item		Budgeted	Actual	
Personnel Expenses	75, 400			
Direct Project Expenses			+	
Briot Hojot Exponed	4,600			
Administrative Expenses	9,600			
	0,000			
Subcontractual Expenses	25,000			
Other	0		s served. required,	
▼ Optional Comments				
Please include any comments below, includ Personnel Expenses	ing line item breakdowns for the budget entered.			
Personnel Expenses			Save	
▼ Acknowledgment				
Please select an answer for each	dropdown below.			
I acknowledge that I can track and report	~			
outcomes and required reporting				
				lose

Note:

The "Optional Comments" section is not required and should only be completed if it is necessary to understand the number entered.



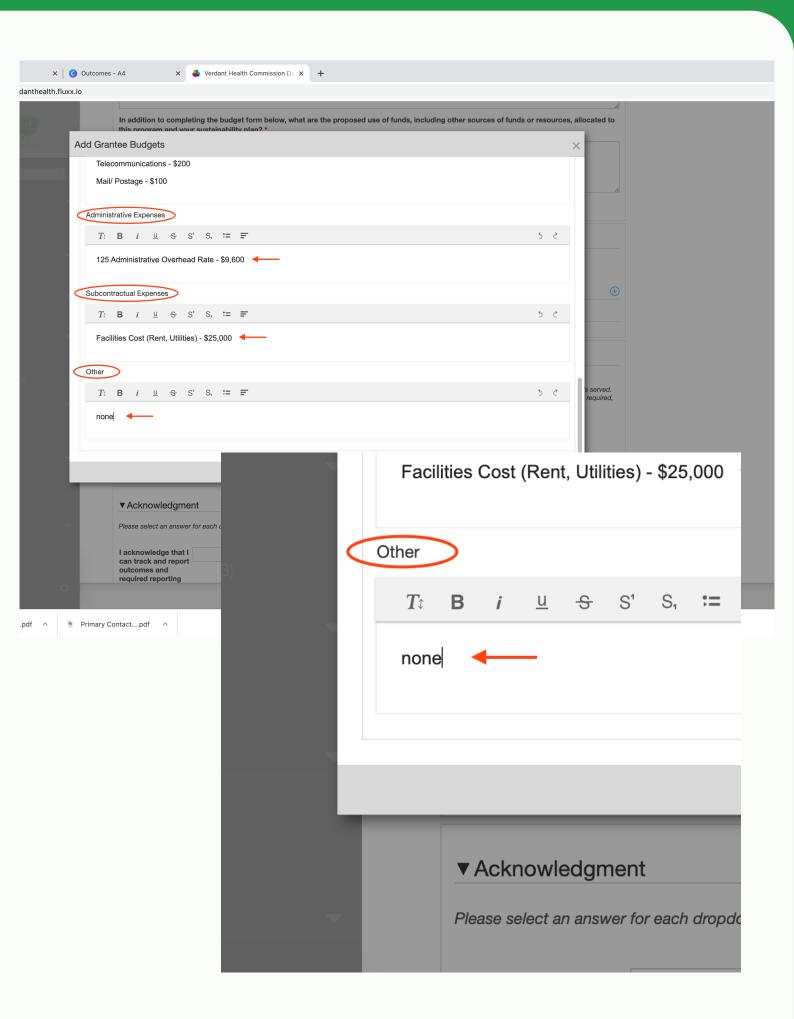
Optional Comments:

Once the table is completely filled in, scroll down to the "Optional Comments" section. If applicable, Under "Personnel Expenses", create an itemized list of each expense in th text box.

io		
In addition to completing the budget form below, what are the proposed use of funds, including other this program and your sustainability plan? *	er sources of funds or resources, allocated to	
Add Grantee Budgets	×	
U		
▼ Optional Comments	Â	
Please include any comments below, including line item breakdowns for the budget entered.		
Personnel Expenses		
<i>T</i> : B <i>i</i> <u>⊔</u> S S' S, ≔ ≡	5 č	
1.0 Veterinarian Salary - \$15,000		
2.0 Veterinary Technician Salary - \$45,000	(+)	
1.0 Receptionist Salary - \$9,000		
5 Clinic Manager Salary - \$6,400		
Direct Project Expenses Please include the breakdown of budget spent on:		
Travel / Mileage Equipment	s served. required,	
Supplies Telecommunications Mail / Postage		
$T: \mathbf{B} i \underline{\sqcup} \mathbf{S} \mathbf{S}, \mathbf{i} = \mathbf{F}$	5 2	
	Save	
▼ Acknowledgment		
Please select an answer for each dropdown below.		
I acknowledge that I		
outcomes and required reporting		
	Cancel Save and Continue Save and Close	

If applicable, Repeat step 10 for Direct Project Expenses, Administrative Expenses, Subcontractual Expenses, and Other. If you have allocated zero dollars to one of the five categories, you may leave that secion blank or write "none" (see page 16).

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	In addition to completing the budget form below, what are the proposed use of funds, including other sources of funds or resources, allocated to this program and your sustainability plan? *
	Add Grantee Budgets ×
	Direct Project Expenses Please include the breakdown of budget spent on: Travel / Mileage Equipment Supplies Telecommunications Mail / Postage T: B i ≚ ↔ S' S, ≔ = 5 ¢
	Travel/ Mileage - \$300 Equipment - \$2,000
	Supplies - \$2,000 Telecommunications - \$200
	Mail/ Postage - \$100
	Administrative Expenses s served.
	$T: \mathbf{B} i \underline{\mathbf{U}} \mathbf{S} \mathbf{S}^{t} \mathbf{S}_{t} \mathbf{\Xi} \mathbf{\Xi} \mathbf{S} \mathbf{C}$
	Save
	▼ Acknowledgment
	Please select an answer for each dropdown below.
	I acknowledge that I
	Cancel Save and Continue Save and Close



Saving:

Hit the "Save" button to input your budget into Fluxx.

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rdant)	In addition to completing the budget form below, what are the proposed use of funds, including other sources of funds or resources, allocated to this program and your sustainability plan? *
COMMISSION AC	dd Grantee Budgets ×
nc 🗘	Telecommunications - \$200 Mail/ Postage - \$100
ng	Administrative Expenses $T_{1} = \mathbf{B} i = \mathbf{G} \mathbf{S}^{\prime} \mathbf{S}, \mathbf{x} = \mathbf{\overline{x}}^{\prime}$
s (1)	125 Administrative Overhead Rate - \$9,600
	Subcontractual Expenses (+
	$T: \mathbf{B} i \underline{\mathbf{u}} \mathfrak{S} \mathbf{S}, \overleftarrow{=} \overleftarrow{=} \mathbf{S} \dot{\mathbf{C}}$
sts	Facilities Cost (Rent, Utilities) - \$25,000
iit uests (3)	Other
	T: B i ⊻ S S' S, ≔ = 5 ¢ served. required,
	none
t Budpdf	▼Act Teqt. tel tel Save and Conse
t Budpdf	Save

When you are finished, your "Budget" section should look something like this (Please note that your itemized expenses breakdown will not be visible in the table format):

io		
		1
▼ Budget		
Please use the + button below to add the Year 1 Request from Verdant		
Grantee Budgets	X	•
Budget Period	Budget	
Subsidized Spay and Neuter Clinic: 7/1/2021 to 6/30/2022	114,600	
Total	114,600	
Budget Snapshot		
	Subsidized Spay and Neuter Clinic 7/1/2021 to 6/30/2022	
		dget
Personnel Expenses		,400
Direct Project Expenses Administrative Expenses		,600
Subcontractual Expenses		,000
Other		0
Total	114,	,600
▼ Outcomes		
▲ Please use the + button below to add outcomes Outcomes will be finalized annually and the outcomes indicated below should reflect Year 1 on Additional outcomes may be added by clicking the + icon. You must hit the + for each outcome we suggest including at least 2 additional outcomes.	ly. All grantees are required to report the number of individuals serve y ou choose to add. While there is no minimum or maximum requir	ed. red,
	Cancel Save and Continue Save	e and Close

Click "Save and Continue" at the bottom of the screen to save your progress and view the "Percent Funded from Verdant".

ome - Canva X C	Outcomes - A4 x 💊 Verdant Health Commission De x	
C verdanthealth.fluxx.ic		
	ancel	Save and Continue Sa
	▼Budget	
	Please use the + button below to add the Year 1 Requ	
	Grantee Budgets	
	Budget Period	
	Subsidized Spay and Neuter Clinic: 7/1/2021 to 6/30/2022	
	Total	
	Budget Snapshot	
		Budget
	Personnel Expenses	75,400
	Direct Project Expenses Administrative Expenses	4,600 9,600
	Subcontractual Expenses	25,000
	Other	0
ts Due	Total	114,600
Subcontractual	Expenses	
Other		ntees are required to report the number of individuals served. Hose to add. While there is no minimum or maximum required,
Total		Cancel Save and Continue Save and Close
	unded by Verdant (Year 1): 18.56%	

▼ Outcomes

Important Reminders:

- This is for Year one only- Year two and three budgets (if applicable) will be finalized annually
- The total amount you enter in the "Verdant Request for Year One" field in Organization Summary and the sum of the budget spreadsheet in the Budget section need to be the same number
- The "Total Program Budget" includes all costs and revenues associated with the program, not just the amount requested from Verdant
- You will utilize this same budget template for your annual and bi-annual financial reporting.