**F1RSTJOBS APPLICATION –FORM 1- BUDGET 2025**

**Budget Narrative:**  Provide a narrative for the costs proposed. Include explanation for any proposed rate higher than $15.00. Please note that with limited funds, higher wages will all be reviewed and are not guaranteed.

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1. **Wages:** Number of hours per week and number of weeks proposed should correspond with the length of program operation. Please note that although youth may work more than 20 hours per week (provided they meet the MA minimum age requirements) the WB reserves the right to limit the total number of hours per youth. This will be outlined in your award letter.
2. **Related payroll costs –** Fully explain each component of your fringe costs. (FICA, Workers Comp. etc.) Youth employees do not pay in to Unemployment and the agency should not incur this cost. F1rstjobs does not reimburse for membership costs, payroll fees, or other elective costs.

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| **A.** | Position/Title(s) for employees  (complete a separate line for each different position) | Hourly Rate | Total Hrs. Per Week | # Weeks | # of youth requester for position | Total Cost | |
|  |  |  |  |  |  |  | |
| 1 |  |  |  |  |  |  |  | |
| 2 |  |  |  |  |  |  |  | |
| 3 |  |  |  |  |  |  |  | |
| 4 |  |  |  |  |  |  |  | |
| 5 |  |  |  |  |  |  |  | |
| 6 |  |  |  |  |  |  |  | |

|  |  |
| --- | --- |
| **Total Wages Request:** | **$** |

**Please include backup information to document fringe calculation. This will remove the need for fringe documentation at invoicing time,**

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| --- | --- | --- | --- |
| **B.** | Payroll costs | % Benefit is of Salaries | Total Cost |
| FICA | |  |  |
| Worker’s Compensation | |  |  |
| **Total Additional Costs Request:** | | | $ |

|  |  |
| --- | --- |
| **GRAND TOTAL REQUESTED (A+B)** |  |

**Include backup documentation here or in additional attachment.**