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**American Rescue Plan Act of 2021 (ARP)**

**Emergency Assistance TO Non-Public Schools (EANS)**

**Vendor Budget and Information Form**

**This completed and signed form must be uploaded by the non-public school**

**into ePlan as part of its ARP EANS application.**

**Provide the following vendor information:**

Vendor Legal Entity Name: Enter the vendor’s legal entity name exactly as it appears on its W-9.

Vendor Legal Organization Type: Choose an item from the drop-down menu.

State Where Vendor Was Incorporated or Organized: Enter the state abbreviation.

Date When Vendor Commenced Operations: Click or tap to enter a date.

Vendor’s Fiscal Year End: Enter the month and day of the fiscal year end (e.g., December 31).

Vendor DUNS: Enter the vendor’s DUNS number.

Vendor Federal Indirect Cost Rate (if applicable): Enter the rate.

Vendor Point of Contact (POC): Enter the POC first and last name.

Vendor POC Title: Enter the POC’s title.

Vendor POC Cell Number:Enter the POC’s cell phone number.

Vendor POC Email Address:Enter the POC’s email address.

Vendor’s Mailing Address:Enter the mailing address for any communications.

Description of Services to be Provided:Enter a description of the services to be provided.

Enter the Start Date for the Services (not before 4/1/22):Start Date.

Enter the End Date for the Services (not after 9/30/24):End Date.

*[Proceed to next page to enter budget information]*

**Grant Budget - Directions:** *Complete the grant budget template below. Allocate the total cost of the services amongst the budget line items for each fiscal year in which the services will be provided. The total for all fiscal years should equal the total cost of the services. Guidance related to budget line items is provided at the link below. Line items marked by Footnote 2 require additional detail in the chart on the subsequent page; add lines to the detail as needed.*

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| --- |
| **GRANT BUDGET** |
| Vendor Name: |
| Name of School for Which Services are Being Provided: |
| **The grant budget line-item amounts below shall be applicable only to expenses incurred during the following** **applicable period**:**BEGIN: DATE END: DATE** |
| **POLICY 03 Object Line-item Reference** | **EXPENSE OBJECT LINE-ITEM CATEGORY 1** | **April 1, 2022 – June 30, 2022** | **July 1, 2022 – June 30, 2023** | **July 1, 2023 – June 30, 2024** | **July 1, 2024 – September 30, 2024** | **Totals** |
| 1. 2 | Salaries, Benefits & Taxes | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4, 15 | Professional Fee, Grant & Award **2** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5, 6, 7, 8, 9, 10 | Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. 12 | Travel, Conferences & Meetings | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13 | Interest **2** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14 | Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16 | Specific Assistance To Individuals | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17 | Depreciation **2** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18 | Other Non-Personnel **2** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Capital Purchase **2** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 22 | Indirect Cost  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | In-Kind Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | **GRAND TOTAL** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |
| **1** Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <https://www.tn.gov/finance/looking-for/policies.html>).**2** Applicable detail follows this page if line-item is funded. |  |  |

**GRANT BUDGET LINE-ITEM DETAIL:**

|  |  |
| --- | --- |
| **PROFESSIONAL FEE, GRANT & AWARD**  | **AMOUNT**  |
| Specific, Descriptive, Detail (Repeat Row As Necessary)  | Amount  |
| **TOTAL**  | Amount  |

|  |  |
| --- | --- |
| **INTEREST**  | **AMOUNT**  |
| Specific, Descriptive, Detail (Repeat Row As Necessary)  | Amount  |
| **TOTAL**  | Amount  |

|  |  |
| --- | --- |
| **DEPRECIATION**  | **AMOUNT**  |
| Specific, Descriptive, Detail (Repeat Row As Necessary)  | Amount  |
| **TOTAL**  | Amount  |

|  |  |
| --- | --- |
| **OTHER NON-PERSONNEL**  | **AMOUNT**  |
| Specific, Descriptive, Detail (Repeat Row As Necessary)  | Amount  |
| **TOTAL**  | Amount  |

|  |  |
| --- | --- |
| **CAPITAL PURCHASE**  | **AMOUNT**  |
| Specific, Descriptive, Detail (Repeat Row As Necessary)  | Amount  |
| **TOTAL**  | Amount  |

By our signatures below, the undersigned representatives of the parties agree that the described services will be provided to the school at the cost and during the dates specified herein.

Signed: Signed: Vendor School

Print Name: Print Name:

Print Title: Print Title: