

**Salary Detail Instructions (Separate line for each person/position)**

In the column marked 1 Name of Person: Indicate the name of each person whose time is directly allocated to this contract. If a person occupies two positions, show both positions with the appropriate time for each. Staff includes full and part-time staff.

In the column marked 2 Position Title: Indicate the position title (and work location, if appropriate). Position Titles should agree with job descriptions.

In the column marked 3 FTE: Indicate the Full Time Equivalent for each position to be charged to this service/facility. Show this number in relationship to the number of hours per week the person works for the agency.

*Example: The standard workweek for your agency is 40 hours per week but the person on the line works only 30 hours per week. Column 3 would show 0.75*

In the column marked 4 Percentage of Time Spent on Contract: Indicate for each staff person the percentage of his/her total weekly work hours (rounded to the nearest whole number) which will be spent on activities related to the contract.

In the column marked 5 Total Annual Salary: Indicate for each staff person the total annual salary (Note that the total annual salary of each staff person should be included here, regardless of the percent of time spent on the contract.)

In the column marked 6 Salary Charged to Service/Facility: This is the amount of funds requested from DSCYF for this position. The amount should not exceed the total annual salary (Column 5) times the percent of time spent on the contract (Column 4)

In the column marked 7 Salary Paid from Other Sources: This is the amount of funds paid from all other sources for this position.

In the column marked 8 Program \$: This is the amount of salary charged to the service/facility that is related to the provision of services under the program. The total amount from this column should be entered on line 1a of the DSCYF budget form.

In the column marked 9 Administrative \$: This is the amount of salary charged to the service/facility that is related to administration. The total amount from this column should be entered on line 7a of the DSCYF budget form.

**Insert the total of each column on the bottom line.**