**Check One:**

|  | Anti-Human Trafficking Fund (HB 2862) |
| --- | --- |
|  | Prosecution and Imprisonment (HB 2862) |
|  | Border Fencing and Technology (HB 2317) |

**Primary Contact:**

|  |  |  |
| --- | --- | --- |
| Name |  | Title |
|  |  |  |
| Phone Number |  | Email |

**Secondary Contact:**

|  |  |  |
| --- | --- | --- |
| Name |  | Title |
|  |  |  |
| Phone Number |  | Email |

**Provide a Scope of Work/Plan of Action specific to the Fund checked above:** *(Reference Budget Instructions for narrative description)*

1. **Personnel:**

| **Position****(1)** | **Name****(2)** | **Key Staff (3)****Not Applicable** | **Annual Salary/Rate (4)** | **Level of Effort****(5)** | **Total Salary****(6)** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| **TOTAL REQUEST** | **$0** |
| --- | --- |

***JUSTIFICATION:***

1. **Fringe Benefits:**

| **Position****(1)** | **Name****(2)** | **Rate****(3)** | **Total Salary****(4)** | **Total Fringe****(5)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL REQUEST**  | **$0** |

***JUSTIFICATION:***

| Fringe Category | Rate |
| --- | --- |
| Retirement  |  |
| FICA  |  |
| Insurance |  |
| Social Security |  |
| Total | % |

1. **Travel:**

**Please note: All travel expenditures require itemized receipts and will not exceed the State allowable rates which can be found in the State of Arizona Accounting Manual (SAAM)** [**https://gao.az.gov.publications/saam**](https://gao.az.gov.publications/saam)**.**

| **Purpose****(1)** | **Destination****(2)** | **Item****(3)** | **Calculation****(4)** | **Travel Cost** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **TOTAL REQUEST**  | **$0** |
| --- | --- |

***JUSTIFICATION:***

1. **Equipment (Over $5,000 per item):**

| **Item(s)****(1)** | **Quantity****(2)** | **Amount****(3)** | **% Charged****(4)** | **Total Cost (5)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

| **TOTAL REQUEST**  | **$0** |
| --- | --- |

***JUSTIFICATION:***

1. **Supplies (Items costing less than $5,000 per unit):**

| **Item(s)** | **Rate** | **Cost** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

| **TOTAL REQUEST**  | **$0** |
| --- | --- |

***JUSTIFICATION:***

1. **Contractual:**

**COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED.**

| **Name (1)** | **Service (2)** | **Rate (3)** | **Other** | **Cost (4)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

| **TOTAL REQUEST**  | **$0** |
| --- | --- |

***JUSTIFICATION:***

1. **Construction: NOT ALLOWED**

***JUSTIFICATION:***

1. **Other:**

**(Include Other Consultants):**

| **Item** | **Rate** | **Cost** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **TOTAL REQUEST**  | **$0** |
| --- | --- |

***JUSTIFICATION:***

1. **Total Direct Charges:**

| **TOTAL DIRECT CHARGES -**  | **$0** |
| --- | --- |

1. **Administration (See Footnote below):**

| **Calculation****(1)** | **Total Cost** **(2)** |
| --- | --- |
|  | $0 |

| **TOTAL REQUEST**  | **$0** |
| --- | --- |

***JUSTIFICATION:***

***FOOTNOTE: For administrative overhead, please provide a justification of costs included in administration.***

1. **Total Project Costs:**

| **TOTAL REQUEST** – **TOTAL PROJECT COSTS –** **(Sum of Total Direct Costs and Admin Costs)** | **$0** |
| --- | --- |

1. **BUDGET SUMMARY** (should include future years, as applicable:

| **Category** | **Year 1** | **Year 2\*** | **Year 3\*** | **Year 4\*** | **Year 5\*** | **Total Project Costs** |
| --- | --- | --- | --- | --- | --- | --- |
| Personnel |  |  |  |  |  |  |
| Fringe |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Contractual |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Total Direct Charges |  |  |  |  |  |  |
| Administration |  |  |  |  |  |  |
| **Total Project Costs** |  |  |  |  |  |  |

\*FOR REQUESTED FUTURE YEARS: