PROGRAM BUDGET SUMMARY

Use WHOLE DOLLARS Only

USE WIIOL	L DOLLARO OTILY						
PROGRAM			DATE PREPARED		Page	Of	
CONTRACTOR NAME			BUDGET PERIOD	BUDGET PERIOD			
		From: To:					
MAILING ADDRESS (Number and Street)			BUDGET AGREEME	AMENDMEN	T #		
			ORIGINAL	ORIGINAL AMENDMENT			
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER				
	XPENDITURE CATEGORY				TOTAL	BUDGET	
						ole Dollars)	
	RY & WAGES						
	GE BENEFITS						
3. TRAV					<u> </u>		
	PLIES & MATERIALS						
	FRACTUAL (Subcontracts/Subrecipients)						
6. EQUIF							
7. OTHE	R EXPENSES						
							
							
				<u> </u>	 		
					 		
							
0 TOTA	L DIRECT EXPENDITURES			 	+		
	Lines 1-7)						
	RECT COSTS: Rate #1 %				+		
	RECT COSTS: Rate #2 %						
10. TOTA	AL EXPENDITURES			1			
SOURCE	OF FUNDS:	•	•				
	& COLLECTIONS				T		
	E AGREEMENT				+		
13. LOCA							
14. FEDE				1	1		
15. OTHE							
					1		
16. TOTA	AL FUNDING						

PROGRAM BUDGET - COST DETAIL SCHEDULE

Use WHOLE DOLLARS Only				Page	Of
PROGRAM			BUDGET PERIOD		DATE PREPARED
			From:	То:	
CONTRACTOR NAME			BUDGET AGREEI	MENT MENT AMENDMENT	AMENDMENT #
1. SALARY & WAGES:				POSITIONS	
POSITION DESCRIPTION		СОМ	IMENTS	REQUIRED	TOTAL SALARY
		1 TOTAL	SALADY 9 WAS	;e.	\$
2. FRINGE BENEFITS: (Spec	ifω	1. IUIAL	L SALARY & WAGE	Composite Rate %	Ψ
FICA	LIFE INS	DENTAL INS		Composite Rate %	
UNEMPLOY INS	VISION	WORK COMP			
RETIREMENT	HEARING INS				
HOSPITAL INS	OTHER:specify-		2.	TOTAL FRINGE BENEFITS	: \$ -
4. SUPPLIES & MATERIALS:	(Specify if category	exceeds 10% of 1			\$ -
		_	4. TOTA	L SUPPLIES & MATERIALS	: \$ -
5. CONTRACTUAL: (Subcontracts/Subrecipients)					
<u>Name</u>	<u>Address</u>			<u>Amount</u>	
5. TOTAL CONTRA					: \$ -
6. EQUIPMENT: (Specify)				Amount	,
				6. TOTAL EQUIPMENT	: \$ -
7. OTHER EXPENSES: (Spec					
Communication:					
Space Cost:					
Others (explain):					
			_		•
8. TOTAL DIRECT EXPENDIT	IIDES: (Sum of Tota	alc 1 7\		TOTAL OTHER EXPENSES	
O. IUIAL DIKEUI EXPENDII	∪r∟o: (oum of 10ta	115 1-/ <i>)</i>	8. 101	AL DIRECT EXPENDITURE	기 교 -

9. INDIRECT COST CALCULATIONS:

10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)

Rate #1 Base \$ x Rate
Rate #2 Base \$ - x Rate

\$

\$

\$

\$

=

9. TOTAL INDIRECT EXPENDITURES:

PROGRAM BUDGET - COST DETAIL SCHEDULE

Page Of Use WHOLE DOLLARS Only

PROGRAM	BUDGET PERIOD		DATE PREPARED	
		From:	То:	
CONTRACTOR NAME	BUDGET AGREEMENT ORIGINAL AMENDMENT		AMENDMENT #	
1. SALARY & WAGES:			POSITIONS	
POSITION DESCRIPTION	COM	MENTS	REQUIRED	TOTAL SALARY
	1. TOTA	L SALARY & WAGES:	0.000	\$ -
2. FRINGE BENEFITS: (Specify)			Composite Rate %	
FICA LIFE INS	DENTAL INS			
UNEMPLOY INS VISION INS	WORKS COMP			
RETIREMENT HEARING INS				
HOSPITAL INS OTHER:specify-		2. TO	OTAL FRINGE BENEFITS:	\$ -
3. TRAVEL: (Specify if category exceeds 10% o	f Total Expenditui	·es)		
			3. TOTAL TRAVEL:	\$ -
4. SUPPLIES & MATERIALS: (Specify if category	exceeds 10% of	Total Expenditures		
(, , , , , , , , , , , , , , , , , , ,		•		
		4. TOTAL S	SUPPLIES & MATERIALS:	\$ -
5. CONTRACTUAL: (Subcontracts/Subrecipient	s)			
Name Address	,		<u>Amount</u>	
		5	. TOTAL CONTRACTUAL:	\$ -
6. EQUIPMENT: (Specify)			Amount	
(
			6. TOTAL EQUIPMENT:	\$ -
7. OTHER EXPENSES: (Specify if category exce	eds 10% of Total	Expenditures)	Amount	•
Communication:				
Space Cost:				
Others (explain):				
Cinoic (corpium).				
		7 TC	TAL OTHER EXPENSES:	\$ -
8. TOTAL DIRECT EXPENDITURES: (Sum of Tot				
9. INDIRECT COST CALCULATIONS:		U. TOTAL	DIRECT EXPENDITURES	· ·
Rate #1 Base \$	x Rate	0.00%	_	\$ -
·	x Rate · x Rate			
Rate #2 Base \$	x Kale	0.00%		\$ - \$ -
AO TOTAL ALL EVERNETURES (O	0.0)	9. IUIAL IN	DIRECT EXPENDITURES:	
10. TOTAL ALL EXPENDITURES: (Sum of lines	४- 9)			\$ -