## **ATTACHMENT D: PROGRAM BUDGET**

Note: Include a Program Budget for each program proposed.

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Title/Name:**

|  |  |  |
| --- | --- | --- |
| **Proposed Program Expenses** | **FY 2016-17** | **FY 2017-18** |
| Personnel Expenses |  |  |
| Salaries |  |  |
| Benefits |  |  |
| Payroll Taxes |  |  |
| TOTAL PERSONNEL EXPENSES |  |  |
| Operating Expenses |  |  |
| Insurance |  |  |
| Rent |  |  |
| Utilities |  |  |
| Phone |  |  |
| Postage |  |  |
| Office Supplies |  |  |
| Travel |  |  |
| Staff Development/Training |  |  |
| Maintenance/Repair |  |  |
| Books/Publications |  |  |
| Printing/Publishing |  |  |
| Sub-contractors (specify) |  |  |
| Other (Specify) |  |  |
| TOTAL OPERATING EXPENSE |  |  |
| Assets (please specify): |  |  |
| Computer Hardware/Software |  |  |
| Automobiles |  |  |
| Furniture |  |  |
| Rentals |  |  |
| Other (Specify) |  |  |
| TOTAL EXPENSES |  |  |

Summary Budget

|  |  |  |
| --- | --- | --- |
| Program Title | FY 16/17 | FY 17/18 |
| Program 1 |  |  |
| Program 2 |  |  |
| Program 3 |  |  |
| Program 4 |  |  |
| Proposal Totals |  |  |

Please provide signature and contact information for the person responsible for budget information.

Print Name & Title Signature

Phone number E-mail address