## **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