

ATTACHMENT D: PROGRAM BUDGETNote: 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