BUDGET SUMMARY FORM

Agency/Provider			
Program/Facility		**Fiscal Year**	
Term of Contract		**Date**	
Agency Representative		**Title**	
Agency Telephone		**Agency E-mail**	
Federal EIN		**Vendor ID #**	

		ORIGINAL BUDGET	FTE'S
I	**PERSONNEL SERVICES (PS)**		
	Administration		0.00
	Social Work		0.00
	Child Care (Tier IIs only)		0.00
	Recreation		0.00
	Case Management		0.00
	Security		0.00
	Maintenance		0.00
	MVO		0.00
	Kitchen		0.00
	TOTAL PERSONNEL SERVICES		**0.0**
II	**FRINGE BENEFITS**		
III	**TOTAL PS**		
IV	**OTHER THAN PERSONNEL SERVICE**		
	Office Equipment		
	Client Supplies/Furniture		
	Client Transportation		
	Utilities		
	Office Expenses		
	Professional Costs		
	Maintenance/Repair		
	Mechanical System Contracts		
	Food		

	Contracted Security Vehicle Expenses		
	TOTAL OTPS		
V	**TOTAL PS & OTPS (III + IV)**		
		FY	
VI	**INDIRECT COST RATE**		
VII	**RENT**		
VIII	**TOTAL (without Debt Service) (V + VI + VII)**		
IX	**START UP**		
X	**DEBT SERVICE AMORTIZATION**		**$0**
XI	**AMENDMENTS (I.E., DEPRECIATION, NEW NEED, ETC.)**		**$0**
XII	**GROSS AMOUNT (VIII + IX + X + XI)**		
XIII	**REVENUE**		**$0**
XIV	**FUNDING (XII - XIII)**		

Program Representative **Date**

Budget Representative **Date**

Provider **Date**

LINE ITEM BUDGET FORM - A
Page 1 - PERSONNEL SERVICE (PS)

Facility _____
Address _____
Provider _____
Facility Type _____
Capacity _____
Effective Dates _____
Fiscal Year _____

Position Title	FY 20__ Annual Budget		
	FTE'S	Salary	Total
			$0
			$0
			$0
			$0
			$0
Subtotal Administration	**0.0**		**$0**
			$0
Subtotal Social Work	**0.0**		**$0**
			$0
Subtotal Child Care (Tier IIs only)	**0.0**		**$0**
			$0
			$0
			$0
			$0
			$0
Subtotal Recreation	**0.0**		**$0**
			$0
			$0
			$0
			$0
			$0
Subtotal Case Management	**0.0**		**$0**
			$0

			$0
Subtotal Security	**0.0**		**$0**
			$0
Subtotal Maintenance	**0.0**		**$0**
			$0
Subtotal Motor Vehicle Operator	**0.0**		**$0**
			$0
			$0
			$0
Subtotal Kitchen	**0.0**		**$0**
Subtotal PS	**0.0**		**$0**
Fringe Benefits	0.0%		
TOTAL PS			**$0**

LINE ITEM BUDGET FORM - A

Page 2 - OTHER THAN PERSONNEL SERVICE (OTPS)

Facility _____

Effective Dates _____

	FY 20__ Annual Budget
Office Furniture Replacement and Purchase	
Computer	
Office Equipment Purchase/Replacement/Lease	
Copier	
Subtotal Office Equipment	**$0**
Laundry and Replacement Linen	
Program Supplies	
Client Furniture (Purchase and Replacement)	
Client Supplies	
Subtotal Client Supplies/Furniture	**$0**
Client Transportation	**$0**

Oil/Gas			
Electricity			
Water/Sewer			
Telephone			
Subtotal Utilities			**$0**
Insurance			
Recruitment and Advertising			
Postage			
Staff Training			
Staff Transportation			
Office Supplies			
Subtotal Office Expenses			**$0**
Subtotal Professional Services			**$0**
Subtotal Maintenance/Repair			**$0**
Elevator Maintenance			
Extermination Contract			
HVAC/Boiler System Maintenance			
Emergency Generator Maintenance			
Fire Detection/Suppression/Central Station			
Subtotal Mechanical System Contracts			**$0**
Food			**$0**
Contracted Security			**$0**
Vehicle Rental/Lease			
Gasoline			

Vehicle Insurance		
Vehicle Maintenance and Repair		
Subtotal Vehicle Expenses		**$0**
TOTAL OTPS		**$0**
TOTAL PS & OTPS		**$0**
	FY	
Administrative Overhead (Attachment #8A)	0.00%	
Rent		
TOTAL (without Debt Service) OPERATING BUDGET		**$0**
Start Up		
Debt Service Amortization		
Depreciation		
New Need		
GROSS AMOUNT		**$0**
REVENUE		
TOTAL FUNDING		