

BUDGET

(Period _____ to _____)

Applicant/Provider: _____

RFP No.: _____

Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	Service Costs (b)	Administrative Costs (c)	(d)
A. PERSONNEL COST				
1. Salaries	70,000	65,100	4,900	
2. Payroll Taxes & Assessments	8,644	8,039	605	
3. Fringe Benefits	7,000	6,510	490	
TOTAL PERSONNEL COST	85,644	79,649	5,995	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	3,640	3,640	0	
2. Airfare, Out-of-State	0	0	0	
3. Audit Services	0	0	0	
4. Contractual Services - Administrative	350	0	350	
5. Contractual Services - Subcontracts	0	0	0	
6. Insurance	500	0	500	
7. Lease/Rental of Equipment	1,200	0	1,200	
8. Lease/Rental of Motor Vehicle	0	0	0	
9. Lease/Rental of Space	5,000	0	5,000	
10. Mileage	1,000	1,000	0	
11. Postage, Freight & Delivery	100	0	100	
12. Publication & Printing	0	0	0	
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies	1,233	980	253	
17. Telecommunication	700	0	700	
18. Transportation	358	358	0	
19. Utilities	275	0	275	
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES	14,356	5,978	8,378	
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)	100,000	85,627	14,373	
SOURCES OF FUNDING		Budget Prepared By: _____		
(a) Budget Request	100,000	Name (Please type or print) _____ Phone _____		
(b)		Signature of Authorized Official _____ Date _____		
(c)		Name and Title (Please type or print) _____		
(d)				
TOTAL REVENUE	100,000	For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

SAMPLE