

Applicant Name: _____

Form 2

PROPOSED BUDGET SUMMARY

(form revised February 2021)

A.

FUNDING SOURCES	Division of Welfare & Supportive Services (Division)	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										

EXPENSE CATEGORY

Personnel										
Travel										
Operating										
Equipment										
Contractual/Consultant										
Training										
Other Expenses										
Indirect										

TOTAL EXPENSE										
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These boxes should equal 0										
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Total Indirect Cost	
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Total Agency Budget	
Percent of Subrecipient Budget	

B. Explain any items noted as pending:

C. Program Income Calculation: