|  |  |
| --- | --- |
| **Category / Description** | **Amount** |
| Travel / Training |   |
| Include any programs staff are required to attend. Mileage reimbursement shall be no more than the IRS allowable amount. Subscriptions and association dues may be included in this category |   |
|   |   |
|   |   |
|  |  |
|  |  |
|   |   |
| Total: Travel / Training |   |
|  |  |
| Contractual  |   |
| Include the portions of rent, utilities, telephone, internet, Insurance, maintenance, etc that will be paid by the Agency |   |
|   |   |
|   |   |
|  |  |
|  |  |
|  |  |
| Total: Contractual |   |
|  |  |
| Supplies |   |
| Include office supplies, supplies for routine building maintenance (janitorial), medical supplies, program supplies, and other related expenses |   |
|   |   |
|   |   |
|  |  |
|  |  |
|  |  |
|   |   |
| Total: Supplies |   |
|  |  |
| Other Equipment |   |
| Specify Items or lots costing $1000.00 or more and having a useful life of more than one year |   |
|   |   |
|   |   |
|  |  |
|   |   |
| Total: Other Equipment |   |

|  |  |
| --- | --- |
| Indirect Costs |   |
| Identify any line items contributing to total costs not delineated in the above sections |   |
|   |   |
|  |  |
|  |  |
|   |   |
|   |   |
| Total: Indirect Costs |   |

|  |  |
| --- | --- |
| Customer Fees/Stipend Collected |   |
| Identify the type and amount of funds collected from customers (i.e. cost in food stamps, percentage of client income) |   |
|   |   |
|   |   |
|  |  |
|  |  |
|   |   |
| Total: Customer Fees/Stipend Collected |   |