Diversion Grant Budget Form

Program Name _____

County _____

Fiscal Year _____

DESCRIPTION	ANNUAL BUDGET	Administrative	Programmatic
SALARIES & FRINGES:			
Personnel Salaries*	0.00		
Fringe Benefits	0.00		
Total Salaries & Fringes	0.00		
PERSONNEL TRAVEL:			
Transportation	0.00		
Conferences (no out of state travel allowed)	0.00		
Training	0.00		
Total Personnel Travel	0.00		
OPERATING SERVICES:			
Printing	0.00		
Insurance	0.00		
Maintenance - Auto	0.00		
Maintenance - Building	0.00		
Maintenance - Other*	0.00		
Rental - Building	0.00		
Rental - Other*	0.00		
Dues & Subscriptions	0.00		
Postage	0.00		
Telephone	0.00		
Utilities	0.00		
Auditing/Accounting	0.00		
Total Operating Services	0.00		
OPERATING SUPPLIES:			
Office Supplies	0.00		
Medical Supplies	0.00		
Food	0.00		
Automotive Supplies	0.00		
Maintenance Supplies	0.00		
Janitorial Supplies	0.00		
Laundry Supplies	0.00		
Dietary Supplies	0.00		
Juvenile/Offender Personal	0.00		
Total Operating Supplies	0.00		
PROFESSIONAL SERVICES:			
Accounting & Auditing	0.00		
Medical	0.00		
Consulting*	0.00		
Legal*	0.00		
Other*	0.00		
Total Professional	0.00		

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ACQUISITIONS:			
Buildings*	0.00		
Auto*	0.00		
Equipment*	0.00		
Other*	0.00		
Total Acquisitions	0.00		
OTHER:			
Interest Expense*	0.00		
Miscellaneous Expenses*	0.00		
Total Other	0.00		
TOTAL BUDGET	0.00		

*Explanation of these line items must be attached to the Budget Form.
Positions and salaries for each position must be attached.
Indirect costs must be documented.

If a program is to be funded by sources outside this contract, the proposer should provide an addendum to this attachment listing sources of funding, the amount of funding provided by each source, and the budget item(s) to which the funding is dedicated.