**DCF Budget Form** (12-month operational budget)

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET CATEGORIES12-Month Budget** | **TOTAL****COSTS** | **DCFFunding request** | **Cash or In-Kind Funds**note sources below\* |
| A. Personnel - Salary (hours/week) |   |   |   |
|  Fringe (% rate) |   |   |   |
|  |  |  |  |
| B. Consultants & Professional Fees |   |   |   |
|   |   |   |   |
| C. Materials & Supplies |   |   |   |
|   |   |   |   |
| D. Facility Costs |   |   |   |
|   |   |   |   |
| E. Specific Assistance to Clients |   |   |   |
|   |   |   |   |
| F. Other |   |   |   |
|   |   |   |   |
| G. Gen. & Adm. (G&A) Costs |   |   |   |
|   |   |   |   |
| H. Total Operating Costs |   |   |   |
|   |   |   |   |
| I. Equipment |   |   |   |
|   |   |   |   |
| J. Total Cost |   |   |   |
|   |   |   |   |
| K. Revenue (deduct)\* | ( ) | n/a | n/a |
|   |   |   |   |
| **L. Funding Request** |   | n/a | n/a |
| The budget request shall indicate the Agency’s total proposed budget for the **IHRP Program** reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below: |
|
| Other Sources of Funding for this Program:(Specify These) |   |   |   |
| Other Funding Amounts: | 0 | 0 | 0 |