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

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET CATEGORIES 12-Month Budget** | **TOTAL**  **COSTS** | **DCF Funding 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 |