**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 delivery of the service(s) 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 |