**DCF Budget Form -Year 1 from 7/1/22 to 6/30/23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET CATEGORIES12-Month Budget** | **TOTAL COSTS** | **DCF Funding request** | **Other Cash or In-Kind Funding Sources\*** |  | **START-UPFUNDINGREQUEST** |
| A. Personnel - Salary (FTEs/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) Cost Allocation |   |   |   |   |
|  |  |  |  |  |
| 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 |   |

 **DCF Budget Form - Year 2 from 7/1/23 to 6/30/24**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET CATEGORIES12-Month Budget** | **TOTAL COSTS** | **DCF Funding request** | **Other Cash or In-Kind Funding Sources\*** |  | **START-UPFUNDINGREQUEST** |
| A. Personnel - Salary (FTEs/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) Cost Allocation |   |   |   |   |
|  |  |  |  |  |
| 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 |   |

 **DCF Budget Form - Year 3 from 7/1/24 to 6/30/25**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET CATEGORIES12-Month Budget** | **TOTAL COSTS** | **DCF Funding request** | **Other Cash or In-Kind Funding Sources\*** |  | **START-UPFUNDINGREQUEST** |
| A. Personnel - Salary (FTEs/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) Cost Allocation |   |   |   |   |
|  |  |  |  |  |
| 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 |   |