**Family Advocacy Initiative**

**BUDGET FORM**

Applicant:

Project Period:

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET CATEGORY** | **Year 1** | **Year 2** | **PROJECT TOTAL** |
| 1. Personnel (Salaries & Wages) | **$** | **$** | **$** |
| 1. Consultants & Professional Fees (Subcontracts) | **$** | **$** | **$** |
| 1. Materials & Supplies | **$** | **$** | **$** |
| 1. Facility Costs | **$** | **$** | **$** |
| 1. Specific Assistance to Clients | **$** | **$** | **$** |
| 1. Other (Travel & Transportation) | **$** | **$** | **$** |
| 1. General & Administrative Costs | **$** | **$** | **$** |
| TOTAL | **$** | **$** | **$** |

**Budget Narrative -- Year 1**

1. **Salaries, Wages, & Fringe Benefits**

List each position for which funds are requested, indicate the hourly rate, # of hours, and total salary charged to the project.

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| Name | Title | Hourly Rate | # of hours | Total Salary | Total cost |
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Narrative for salaries and wages:

1. **Consultant & Professional Fees:**

Funds in the amount of $      will pay for

1. **Materials & Supplies:**

Funds in the amount of $      will pay for

1. **Facility Costs:**

Funds in the amount of $      will pay for

1. **Specific Assistance to Clients:**

Funds in the amount of $      will pay for

1. **Other (Travel & Transportation):**

Funds in the amount of $      will pay for

1. **General & Administrative Costs:**

Funds in the amount of $      will pay for

**Budget Narrative -- Year 2**

1. **Salaries, Wages, & Fringe Benefits**

List each position for which funds are requested, indicate the hourly rate, # of hours, and total salary charged to the project.

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| Name | Title | Hourly Rate | # of hours | Total Salary | Total cost |
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Narrative for salaries and wages:

1. **Consultant & Professional Fees:**

Funds in the amount of $      will pay for

1. **Materials & Supplies:**

Funds in the amount of $      will pay for

1. **Facility Costs:**

Funds in the amount of $      will pay for

1. **Specific Assistance to Clients:**

Funds in the amount of $      will pay for

1. **Other (Travel & Transportation):**

Funds in the amount of $      will pay for

1. **General & Administrative Costs:**

Funds in the amount of $      will pay for