

BUDGET SUMMARY

AGENCY NAME: _____

SERVICE CATEGORY: _____

BUDGET PERIOD (mm/dd/yy) _____ TO _____

ORIGINAL

AMENDMENT

DATE: _____

Complete Supporting Budget Schedules BEFORE completing Budget Summary.

DESCRIPTION BUDGET CATEGORY	SOURCE OF FUNDS			(D) TOTAL (A+B+C)
	(A) DAAA FUNDING	(B) LOCAL MATCH	(C) OTHER RESOURCES	
1. SALARY	\$ -	\$ -	\$ -	\$ -
2. FRINGE	\$ -	\$ -	\$ -	\$ -
3. EQUIPMENT				\$ -
4. UTILITIES/RENT				\$ -
5. SUPPLIES				\$ -
6. TRAVEL				\$ -
7. COMMUNICATIONS				\$ -
8. CONSULTANTS	\$ -	\$ -	\$ -	\$ -
9. OTHER COSTS	\$ -	\$ -	\$ -	\$ -
10. SUBTOTAL	\$ -	\$ -	\$ -	\$ -
11. PROGRAM INCOME (5% required)			\$ -	\$ -
12. TOTAL	\$ -	\$ -	\$ -	\$ -
13. PERCENTAGE LOCAL MATCH (15% required)		#DIV/0!		
14. NUMBER OF CLIENTS		17. DAAA COST PER CLIENT		#DIV/0!
15. NUMBER OF UNITS		18. DAAA COST PER UNIT		#DIV/0!
16. Percentage of DAAA Admin. Salaries plus Fringes to Total DAAA Funding plus Local Match		19. TOTAL COST PER CLIENT		#DIV/0!
	#DIV/0!	20. TOTAL COST PER UNIT		#DIV/0!

CERTIFICATION: I CERTIFY THAT I AM AUTHORIZED TO SIGN ON BEHALF OF THIS AGENCY. THE BUDGET AMOUNTS REPRESENT NECESSARY AND PROPER COSTS FOR IMPLEMENTING THIS PROGRAM. ADEQUATE DOCUMENTATION AND RECORDS WILL BE MAINTAINED TO SUPPORT ALL PROGRAM EXPENDITURES.

 AUTHORIZED SIGNATURE TITLE DATE

DAAA USE ONLY:
 Reviewed by: _____ Date: _____
 Reviewed by: _____ Date: _____

Fillable areas

Fillable areas
Add more rows, if needed

Fillable areas
Add more rows, if needed

SUPPORTING BUDGET SCHEDULE

BUDGET CATEGORY #8: CONSULTANTS

NAME / ACTIVITY	COST/MONTH	(A) DAAA FUNDING	(B) NON-FEDERAL LOCAL MATCH	(C) OTHER RESOURCES	(D) TOTAL (A+B+C)
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTALS		\$ -	\$ -	\$ -	\$ -

BUDGET CATEGORY #9: OTHER COSTS

DESCRIPTION	(A) DAAA FUNDING	(B) NON-FEDERAL LOCAL MATCH	(C) OTHER RESOURCES	(D) TOTAL (A+B+C)
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -

*Totals for Consultants must agree to PAGE 1, Line 8, Columns A-D.
Totals for Other Costs must agree to PAGE 1, Line 9, Columns A-D.*

Fillable areas
Add more rows, if needed

Fillable areas
Add more rows, if needed