ATTACHMENT B: Budget Template

Organization Name	
Program/Facility	
Total Amount Requested	
Project Period	From: To:

Category	Amount Requested	Other Committed/Pending Funding	Other Funding Source Name	TOTAL PROGRAM BUDGET
Personnel (position/FTE)				
	$	$		$
	$	$		$
	$	$		$
	$	$		$
	$	$		$
	$	$		$
TOTAL PERSONNEL	$	$		$
Non Personnel Budget Categories				
	$	$		$
	$	$		$
	$	$		$
	$	$		$
	$	$		$
	$	$		$
	$	$		$
	$	$		$
TOTAL PROGRAM	$	$		$
TOTAL PERSONNEL AND PROGRAM	**$**	**$**		**$**
Total Administrative Direct and Indirect	**$**	**$**		**$**
Budget Totals	**$**	**$**		**$**

Authorized Signature: _____ Date: _____

Title: _____ Printed Name: _____