

The five amounts needed are in the following cells of the Budget Summary tab:

Direct Costs ●

A

B

C

D

E

F

1

Annual Budget Detail Summary

2

Agency Name:

3

Project Name:

4

Note: Any errors detected on this page should be fixed on the corresponding page.

5

Annual Budget Detail

6

July 1, 2027 - June 30, 2028

7

Budget Category	County Request	Other Funding Sources	Total
A. Salary	\$ -	\$ -	\$ -
B. Fringe Benefits	\$ -	\$ -	\$ -
C. Travel	\$ -	\$ -	\$ -
D. Equipment	\$ -	\$ -	\$ -
E. Operating	\$ -	\$ -	\$ -
F. Subawards/Contracts	\$ -	\$ -	\$ -
G. Services and Goods	\$ -	\$ -	\$ -
Direct Costs Total	\$ -		
H. Administrative	\$ -	\$ -	\$ -
Total Project Costs	\$ -	\$ -	\$ -

8

A. Salary

\$ -

\$ -

\$ -

9

B. Fringe Benefits

\$ -

\$ -

\$ -

10

C. Travel

\$ -

\$ -

\$ -

11

D. Equipment

\$ -

\$ -

\$ -

12

E. Operating

\$ -

\$ -

\$ -

13

F. Subawards/Contracts

\$ -

\$ -

\$ -

14

G. Services and Goods

\$ -

\$ -

\$ -

15

Direct Costs Total

\$ -

16

H. Administrative

\$ -

\$ -

\$ -

17

Total Project Costs

\$ -

\$ -

\$ -

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Budget Instructions

Annual Budget Detail

Budget Summary

A. Salary Con't

...

7	OUTPUT #1: REQUIRED	PROGRAM NAME will ... <Identify a measureable output of the program.>					
8	Population to be served:		<What is the predominant population served by the program?>				
9	Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?
10							
11							
12							
13	OUTPUT #2: OPTIONAL	PROGRAM NAME will ... <Identify a measureable output of the program.>					
14	Population to be served:		<What is the predominant population served by the program?>				
15	Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?
16							
17							
18							
19	Budget Summary:	Direct Costs: <\$\$>	Total Project Budget: <\$\$>			County Request:	
20		Admin/Other Costs: <\$\$>	Per Person Served Costs: <\$\$>			<\$\$>	
21							

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Total Project Budget ●

	A	B	C	D	E	F
1	Annual Budget Detail Summary					
2	Agency Name:					
3	Project Name:					
4	<i>Note: Any errors detected on this page should be fixed on the corr</i>					
5	Annual Budget Detail					
6	July 1, 2027 - June 30, 2028					
7	Budget Category	County Request	Other Funding Sources	Total		
8	A. Salary	\$ -	\$ -	\$ -		
9	B. Fringe Benefits	\$ -	\$ -	\$ -		
10	C. Travel	\$ -	\$ -	\$ -		
11	D. Equipment	\$ -	\$ -	\$ -		
12	E. Operating	\$ -	\$ -	\$ -		
13	F. Subawards/Contracts	\$ -	\$ -	\$ -		
14	G. Services and Goods	\$ -	\$ -	\$ -		
15	Direct Costs Total	\$ -				
16	H. Administrative	\$ -	\$ -	\$ -		
17	Total Project Costs	\$ -	\$ -	\$ -		

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Budget Instructions

Annual Budget Detail

Budget Summary

A. Salary Con't ...

7	OUTPUT #1: REQUIRED	PROGRAM NAME will ... <Identify a measureable output of the program.>					
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16							
17							
18							
19	Budget Summary:	Direct Costs: <\$\$>	Total Project Budget: <\$\$> ●			County Request:	
20		Admin/ Other Costs: <\$\$>	Per Person Served Costs: <\$\$>			<\$\$>	
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Per Person Served Costs

	A	B	C	D	E	F
1	Annual Budget Detail Summary					
2	Agency Name:					
3	Project Name:					
4	Note: Any errors detected on this page should be fixed on the corr					
5	Annual Budget Detail					
6	July 1, 2027 - June 30, 2028					
7	Budget Category	County Request	Other Funding Sources	Total		
8	A. Salary	\$ -	\$ -	\$ -		
9	B. Fringe Benefits	\$ -	\$ -	\$ -		
10	C. Travel	\$ -	\$ -	\$ -		
11	D. Equipment	\$ -	\$ -	\$ -		
12	E. Operating	\$ -	\$ -	\$ -		
13	F. Subawards/Contracts	\$ -	\$ -	\$ -		
14	G. Services and Goods	\$ -	\$ -	\$ -		
15	Direct Costs Total	\$ -				
16	H. Administrative	\$ -	\$ -	\$ -		
17	Total Project Costs	\$ -	\$ -	\$ -		
< > Budget Instructions Annual Budget Detail Budget Summary A. Salary Con't ...						

OUTPUT #1:
REQUIRED

PROGRAM NAME will ... <Identify a measureable output of the program.>

Population to be served:

<What is the predominant population served by the program?>

Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?

OUTPUT #2:
OPTIONAL

PROGRAM NAME will ... <Identify a measureable output of the program.>

Population to be served:

<What is the predominant population served by the program?>

Activities to be conducted	# of services provided	# of unduplicated clients	What benchmarks will be used to measure success?	Documentation used for measurement	When will activities start?	When will activities end?

Budget Summary:

Direct Costs: <\$\$>

Admin/Other Costs: <\$\$>

Total Project Budget: <\$\$>

Per Person Served Costs: <\$\$>

County Request: <\$\$>

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Divide the County Request Amount by the total number of people you propose to serve during the grant period.

Formula: County Request Amount ÷ Number of People Served = Cost Per Person Served

County Request

	A	B	C	D	E	F
1	Annual Budget Detail Summary					
2	Agency Name:					
3	Project Name:					
4	Note: Any errors detected on this page should be fixed on the corr					
5	Annual Budget Detail					
6	July 1, 2027 - June 30, 2028					
7	Budget Category	County Request	Other Funding Sources	Total		
8	A. Salary	\$ -	\$ -	\$ -		
9	B. Fringe Benefits	\$ -	\$ -	\$ -		
10	C. Travel	\$ -	\$ -	\$ -		
11	D. Equipment	\$ -	\$ -	\$ -		
12	E. Operating	\$ -	\$ -	\$ -		
13	F. Subawards/Contracts	\$ -	\$ -	\$ -		
14	G. Services and Goods	\$ -	\$ -	\$ -		
15	Direct Costs Total	\$ -				
16	H. Administrative	\$ -	\$ -	\$ -		
17	Total Project Costs	\$ -	\$ -	\$ -		

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Budget Instructions

Annual Budget Detail

Budget Summary

A. Salary Con'tl ...

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18							
19	Budget Summary:		Direct Costs: <\$\$>	Total Project Budget: <\$\$>		County Request: <\$\$>	
20			Admin/Other Costs: <\$\$>	Per Person Served Costs: <\$\$>			
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