



**PROGRAM BUDGET - COST DETAIL SCHEDULE**

Page

Of

*Use WHOLE DOLLARS Only*

<b>PROGRAM</b>		<b>BUDGET PERIOD</b>		<b>DATE PREPARED</b>
		<b>From:</b>	<b>To:</b>	
<b>CONTRACTOR NAME</b>		<b>BUDGET AGREEMENT</b> <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		<b>AMENDMENT #</b>
<b>1. SALARY &amp; WAGES:</b>				
<b>POSITION DESCRIPTION</b>	<b>COMMENTS</b>	<b>POSITIONS REQUIRED</b>	<b>TOTAL SALARY</b>	
<b>1. TOTAL SALARY &amp; WAGES:</b>				<b>\$ -</b>
<b>2. FRINGE BENEFITS: (Specify)</b>		Composite Rate %		
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS		
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
<b>2. TOTAL FRINGE BENEFITS:</b>			<b>\$</b>	<b>-</b>
<b>3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)</b>				
<b>3. TOTAL TRAVEL:</b>			<b>\$</b>	<b>-</b>
<b>4. SUPPLIES &amp; MATERIALS: (Specify if category exceeds 10% of Total Expenditures)</b>				
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>			<b>\$</b>	<b>-</b>
<b>5. CONTRACTUAL: (Subcontracts/Subrecipients)</b>				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
<b>5. TOTAL CONTRACTUAL:</b>			<b>\$</b>	<b>-</b>
<b>6. EQUIPMENT: (Specify)</b>				
<b>6. TOTAL EQUIPMENT:</b>			<b>\$</b>	<b>-</b>
<b>7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)</b>				
Communication:				
Space Cost:				
Others (explain):				
<b>7. TOTAL OTHER EXPENSES:</b>			<b>\$</b>	<b>-</b>
<b>8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES</b>		<b>\$ -</b>
<b>9. INDIRECT COST CALCULATIONS:</b>				
Rate #1	Base \$	x Rate	=	\$ -
Rate #2	Base \$	- x Rate	=	\$ -
<b>9. TOTAL INDIRECT EXPENDITURES:</b>			<b>\$</b>	<b>-</b>
<b>10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)</b>				<b>\$ -</b>

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<b>PROGRAM</b>		<b>BUDGET PERIOD</b>		<b>DATE PREPARED</b>
		From:	To:	
<b>CONTRACTOR NAME</b>		<b>BUDGET AGREEMENT</b>		<b>AMENDMENT #</b>
		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
<b>1. SALARY &amp; WAGES:</b>				
<b>POSITION DESCRIPTION</b>	<b>COMMENTS</b>	<b>POSITIONS REQUIRED</b>	<b>TOTAL SALARY</b>	
<b>1. TOTAL SALARY &amp; WAGES:</b>			<b>0.000</b>	<b>\$ -</b>
<b>2. FRINGE BENEFITS: (Specify)</b>		Composite Rate %		
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS		
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input type="checkbox"/> WORKS COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
<b>2. TOTAL FRINGE BENEFITS:</b>			<b>\$</b>	<b>-</b>
<b>3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)</b>				
<b>3. TOTAL TRAVEL:</b>			<b>\$</b>	<b>-</b>
<b>4. SUPPLIES &amp; MATERIALS: (Specify if category exceeds 10% of Total Expenditures)</b>				
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>			<b>\$</b>	<b>-</b>
<b>5. CONTRACTUAL: (Subcontracts/Subrecipients)</b>				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
<b>5. TOTAL CONTRACTUAL:</b>			<b>\$</b>	<b>-</b>
<b>6. EQUIPMENT: (Specify)</b>				
<b>6. TOTAL EQUIPMENT:</b>			<b>\$</b>	<b>-</b>
<b>7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)</b>				
Communication:		Amount		
Space Cost:				
Others (explain):				
<b>7. TOTAL OTHER EXPENSES:</b>			<b>\$</b>	<b>-</b>
<b>8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES</b>		<b>\$ -</b>
<b>9. INDIRECT COST CALCULATIONS:</b>				
Rate #1 Base \$		x Rate	0.00%	= \$ -
Rate #2 Base \$	-	x Rate	0.00%	= \$ -
<b>9. TOTAL INDIRECT EXPENDITURES:</b>			<b>\$</b>	<b>-</b>
<b>10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)</b>				<b>\$ -</b>