STATE BUDGET - SUMMARY OF FUNDS

CONTRACT NUMBER

FROM / / TO / / CONTRACTOR NAME:

BUDGET CATEGORY	PROJECT COMPONENT	PROJECT COMPONENT	TOTAL REQUEST
SALARIES			
EMP. BENEFITS			
POSTAGE			
RENT & UTILITIES			
EQUIPMENT			
PRINTING			
CONSUMABLE SUPPLIES			
TRAVEL			
OTHER			
TOTAL REQUESTED			

STATE BUDGET JUSTIFICATION - PROJECT EXPENSES

FROM / / TO / / CONTRACTOR NAME:

Explain or justify each line-item. **Demonstrate your method for determining each line-item.**

PERSONNEL SALARY (Describe)	Amount. Requested
Agency/Position/ # hours per week /Type Service	
Benefits	
Subtotal Personnel	

PROJECT EXPENSES (Describe)	Amt. Requested
Postage	
Rent & Utilities	
Equipment	

PROJECT EXPENSES (Describe)	Amount Requested
Printing	
Consumable Supplies	
Travel	
Other	
Subtotal Project Expenses	
TOTAL AMOUNT REQUESTED	

BUDGET - SALARIES AND EMPLOYEE BENEFITS

FROM / / TO / / CONTRACTOR NAME:

SALARIES AGENCY NAME / STAFF POSITION	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED	----------	----------	----------	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED				