

BUDGET SUMMARY

Exhibit C

Provider Name: _____

Budget Start Date: _____

Budget End Date: _____

Budget Categories	Current Budget	Budget Adjustment	Revised Budget
A. DIRECT PROGRAM COST:			
SALARIES:	_____	_____	_____
FRINGE BENEFITS:	_____	_____	_____
SALARY SUBTOTAL: \$	-	\$ -	\$ -
ITEMIZED DIRECT EXPENSES:			
RENT:	_____	_____	_____
UTILITIES:	_____	_____	_____
COMMUNICATION:	_____	_____	_____
TRAVEL:	_____	_____	_____
OFFICE EQUIPMENT:	_____	_____	_____
OFFICE SUPPLIES:	_____	_____	_____
INCENTIVES:	_____	_____	_____
Enter Item	_____	_____	_____
Enter Item	_____	_____	_____
Enter Item	_____	_____	_____
DIRECT EXPENSE SUBTOTAL: \$	-	\$ -	\$ -
B. ADMINSTRATIVE/INDIRECT COST:			
(Administrative/Indirect cost are capped at 10% of contract amount.)			
ADMINISTRATIVE:	_____	_____	_____
INDIRECT:	_____	_____	_____
ADMIN. SUBTOTAL: \$	-	\$ -	\$ -
BUDGET TOTAL: \$	-	\$ -	\$ -

BUDGET REVISIONS: This Budget Summary is supported by the Budget Narrative. The Budget Narrative will remain in the contract file as a supporting document. Any change to the Budget Summary must be support by the Budget Narrative. All revisions to the budget must be approved by the contract manager prior to expenditures being charged to the contract.

Provider's Authorized Representative Signature

Date

Contract Manager's Signature of Approval

Date

Contract #: _____