

BUDGET SUMMARY

Provider Name: _____

Budget Start Date: 07/01/22 **Budget End Date:** 06/30/24

Budget Categories _____

A. DIRECT PROGRAM COST:

SALARIES: _____

FRINGE BENEFITS: _____

SALARY SUBTOTAL: _____

ITEMIZED DIRECT EXPENSES:

EQUIPMENT: _____

SUPPLIES: _____

TRAVEL: _____

CONTRACTS: _____

OTHER: _____

Enter Item _____

Enter Item _____

Enter Item _____

DIRECT EXPENSE SUBTOTAL: _____

B. ADMINSTRATIVE/INDIRECT COST:

(Administrative/Indirect costs, combined, are capped at **10%** of contract amount.)

ADMINSTRATIVE: _____

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 #: _____