

ATTACHMENT B Program Budget

PROVIDER NAME: _____

ADDRESS: _____

HEAP FUNDS REQUESTED: _____

SERVICE MONTHS & YEAR: _____

BUDGET PROPOSAL FOR (check only one; submit separate budget for each program proposed):

Day Center

Safe Parking Program

PROGRAM BUDGET

| | | Budget: | Budget Explanation: |
|---|--|---------|----------------------|
| Personnel Expenses: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Employee Benefits | | | @ X% of salary |
| | Total Personnel Expenses: | | |
| Travel Expenses: | | | |
| | | | |
| | | | |
| | Total Travel Expenses: | | |
| Direct Program Expenses: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Direct Program Expenses: | | |
| Equipment & Supplies Expenses: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Equipment & Supplies Expenses | | |
| Subcontractors/Consultants: | | | |
| | | | |
| | | | |
| | Total Subcontractor Expenses: | | |
| Indirect: | | | |
| | | | @X percent of budget |
| | Total Indirect Expenses: | | |
| | TOTAL PROPOSED BUDGET: | | |