

ATTACHMENT A

CONTRACTOR DETAILED BUDGET

Program Budget FY 2016-2017

Term

CONTRACT #

Organization Name:						
			Cash Match/ In-kind Budget (if applicable)		Total Proposed Budget	
Personnel Costs		Proposed Budget				Budget Justification
Estimated Salaries					0.0	
Staff 2 (annual salary @ ____ FTE)					0.0	
Staff 3 (annual salary @ ____ FTE)					0.0	
Staff 4 (annual salary @ ____ FTE)					0.0	
Staff 5 (annual salary @ ____ FTE)					0.0	
Total Salaries		0.00		0.00	0.00	
Benefits @ 35_%		0			0	
					0	
Total Salaries and Benefits		0.00		0.00	0.00	
Operating Costs						
Office Space					0.0	
Printing/Photocopies					0.0	
Supplies					0.0	
Postage/Communications					0.0	
Travel (includes mileage)					0.0	
Subcontractor (Consultants/Interns/trainers)					0.0	
Other Costs (rents, facilities, background checks,)					0.0	
Total Operating Costs		0.00		0.00	0.00	
Total Expenses		0.00		0.00	0.00	
Indirect Costs @ __%					0.00	
Total Project Costs		0.00		0.00	0.00	
Projected Medi-Cal Costs		0.00		0.00	0.00	
Total Non-Medi-Cal and Medi-Cal Costs		0.00		0.00	0.00	