# PROJECT BUDGET - SUMMARY

### Please be clear how entire project will be funded and if funds other than Drug Free Marion County are used.

|  |  |  |
| --- | --- | --- |
| DRUG FREE GRANT | OTHER SUPPORTING | TOTAL PROJECT |
| REQUEST | FUNDS / SOURCE | FUNDING |
|  + |  =  |  |

PERSONNEL

CONTRACTUAL SERVICES + =

|  |  |
| --- | --- |
| TRAVEL & PER DIEM |  + =  |
| EQUIPMENT |  + =  |
| FACILITY |  + =  |
| OPERATING EXPENSES |  + =  |
| OTHER EXPENSES |  + =  |
| **PROJECT GRAND TOTAL** | + =  |

# PROJECT BUDGET - DETAIL

#### PERSONNEL SALARIES (list only those persons working directly on the project)

|  |
| --- |
| DRUG FREE GRANT |
| POSITION | FTE | REQUEST |
|  | (full time equivalent) |
|  |  .  |  |

|  |
| --- |
| OTHER SUPPORTING |
| FUNDS / SOURCE |

|  |
| --- |
| TOTAL PROJECT |
| FUNDING |

+ =

 . + =

 . + =

#### PERSONNEL BENEFITS

SOCIAL SECURITY + = WORKER'S COMP. + = UNEMPLOYMENT + = HEALTH INSURANCE + = LIFE INSURANCE + =

RETIREMENT + = OTHER + = EXPLAINED: PERSONNEL TOTAL + =

PERSONNEL NARRATIVE:

#### CONTRACTUAL SERVICES

SERVICE

|  |
| --- |
| DRUGFREE GRANT |
| REQUEST |

|  |
| --- |
| OTHER SUPPORTING |
| FUNDS / SOURCE |

|  |
| --- |
| TOTAL PROJECT |
| FUNDING |

 . + =

 . + =

|  |
| --- |
| CONTRACTUAL |
| SERVICES TOTAL |

 + =

CONTRACTUAL SERVICES NARRATIVE:

#### TRAVEL & PER DIEM

NUMBER OF MILES RATE

|  |
| --- |
| DRUG FREE GRANT |
| REQUEST |

|  |
| --- |
| OTHER SUPPORTING |
| FUNDS / SOURCE |

|  |
| --- |
| TOTAL PROJECT |
| FUNDING |

 . + =

NUMBER OF DAYS RATE

 . + =

NUMBER OF NIGHTS RATE

 . + =

TRAVEL & PER DIEM TOTAL + =

TRAVEL & PER DIEM NARRATIVE:

**EQUIPMENT**

|  |
| --- |
| DRUG FREE GRANT |
| REQUEST |

|  |
| --- |
| OTHER SUPPORTING |
| FUNDS / SOURCE |

|  |
| --- |
| TOTAL PROJECT |
| FUNDING |

PURCHASES

TYPE & QUANITY PRICE

 . + =

 . + =

 . + =

RENTAL/LEASE

TYPE & QUANITY PRICE

 . + =

 . + =

 . + =

EQUIPMENT TOTAL + =

EQUIPMENT NARRATIVE:

## FACILITY

|  |  |  |
| --- | --- | --- |
| DRUG FREE GRANT | OTHER SUPPORTING | TOTAL PROJECT |
| REQUEST | FUNDS / SOURCE | FUNDING |
|  + |  =  |  |

### RENTAL/LEASE

CONSTRUCTION + =

INSURANCE + =

MAINTENANCE + = OTHER + = EXPLAINED: FACILITY TOTAL + =

FACILITY NARRATIVE:

## OPERATING EXPENSES

|  |
| --- |
| DRUG FREE GRANT |
| REQUEST |

|  |
| --- |
| OTHER SUPPORTING |
| FUNDS / SOURCE |

|  |
| --- |
| TOTAL PROJECT |
| FUNDING |

SUPPLIES + = POSTAGE + = COMMUNICATIONS + = PRINTING + =

CURRICULUM MATERIALS + = OTHER + = EXPLAIN:

|  |
| --- |
| OPERATING EXPENSES |
| TOTAL |

 + = OPERATING EXPENSES NARRATIVE:

#### OTHER EXPENSES (include any expenses NOT previously listed)

|  |  |  |
| --- | --- | --- |
| ITEM DESCRIPTION DRUG FREE GRANT | OTHER SUPPORTING | TOTAL PROJECT |
| REQUEST | FUNDS / SOURCE | FUNDING |
|  + |  =  |  |

 + =

 + =

 + =

 + =

 + =

 + =

|  |
| --- |
| OTHER EXPENSES |
| TOTAL |

 + = OTHER EXPENSES NARRATIVE: