

APPENDIX #5: Program Budget Detail Form – Operating Expenses – in PDF

1. Applicant Agency:

2. Project Title:

3. Direct and Indirect Costs:

Line Item and Basis (Non-Personnel) List all costs and assumptions in this area	Project Total	Amount Requested	Amount Other Sources	Percent Requested
Contractual Services				
List all costs and assumptions in this area (e.g. 50% of Contractor #1 costs @ \$150 per month for 12 months)				
Total Contractual Services				
Audit Costs				
Consumable Supplies				
Telephone				
Postage and Shipping				
Occupancy				
a. Rent				
b. Utilities				
c. Other				

APPENDIX #5: Program Budget Detail Form – Operating Expenses – in PDF

Equipment Lease/Purchase				
Equipment Maintenance				
Printing & Publications				
Travel				
Conferences, Meetings, Etc.				
Direct Assistance to Beneficiaries (e.g. Rental assistance for 50 clients at \$700 per month)				
Membership Dues				
Equipment, Land, Buildings				
Insurance				
Fuel and Vehicle Maintenance				
Total Operating Costs				

(Add rows and use additional sheets if necessary)

- As applicable, attach cost allocation plan**