



ROSTER OF PERSONNEL

Position	Annual Salary	% of Time Allocated to Activity	Amount of Salary Allocated to Activity	Amount of Salary in Column C To Be Funded Through County Applicant
(List all of the positions, including those not funded out of the grant, which will work on the activity.)	(A)	(B) <i>(For example, type .15 for 15%)</i>	(C=A x B)	(D is less than or equal to C)
<b>TOTAL</b>				

## BUDGET NARRATIVE

Describe each line item for which you are requesting funding:

### I. Administration:

Administrative Staff Salaries & Fringe benefits:

Operational expenses (*travel, postage, printing etc.*):

Administrative Functions including Contracted Services:

### II. Program:

**Staff and Operating Costs:**

Staff Salaries and Fringe Benefits:

Travel:

Facilities (Rent) & Facilities (Utilities):

Insurance:

Supplies:

Outreach:

Overhead:

Other – specify:

**Client Services:** Specify:

**Other Costs:** Specify: