

Health Care Jobs 2 Program Budget Form

Local Department of Social Services _____

Budget Categories			
SALARY COSTS	TANF PROGRAM/NON-ADMINISTRATION COSTS	TANF ADMINISTRATION COSTS	TOTAL TANF COSTS
1. Salary Costs			\$ -
2. Fringe Benefits		\$ -	\$ -
3. Total Salary & Fringe Benefits	\$ -	\$ -	\$ -
NON-SALARY COSTS			
4. Contractual Costs *	\$ -		\$ -
5. Travel Costs			\$ -
6. Equipment Costs			\$ -
7. Supplies			\$ -
8. Other Direct Expenses			\$ -
9. Total Non-Salary Expenses	\$ -	\$ -	\$ -
10. Overhead Costs Allocated			\$ -
11. A-87 Costs Allocated			\$ -
CLIENT RELATED COSTS			
12. Assistance Direct to Client			\$ -
13.			
14. Transportation			\$ -
15. Other			\$ -
16. Total Client Related Costs	\$ -		\$ -
17. Total Project Costs	\$ -	\$ -	\$ -

* If the District plans to subcontract with a local provider agency for program services, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

Budget Narrative - Please use Attachment F to provide a brief narrative for categories 4, 5, 6, 7, 8, 12, 14 and 15.