

Transportation Initiative Budget Form

Social Services District \_\_\_\_\_  
 Provider Agency \_\_\_\_\_

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

**\* If the Social Services 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.**