

Noncustodial Parent (NCP) Employment Program
Budget Form

Social Services District _____
 Provider Agency _____

Budget Categories			
	TANF FUNDS	SSD MATCHING FUNDS	TOTAL PROGRAM COSTS
SALARY 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	\$ -	\$ -	\$ -
CLIENT RELATED COSTS			
11. Assistance Direct to NCP		\$ -	\$ -
12. Transportation	\$ -	\$ -	\$ -
13. Other			\$ -
14. Total Client Related Costs	\$ -	\$ -	\$ -
15. 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 5 to provide a brief narrative for categories 1, 2, 4, 5, 6, 7, 8, 10, 11, 12 and 13.