

Baseline Budget Form

County: _____

Contact Person for CST: _____

Title: _____ Phone: () -

E-Mail: _____

Budget Categories		Funds
Staff Title	Dedicated Salary	
A1.		
A2.		
A3.		
A4.		
A5.		
A. Total Staff		
B. Staff Fringe Benefits		
C. Contracted Services*		
D. Staff Travel*		
E. Equipment*		
F. Space/Utility*		
G. Other Operating Expenses*		
H. A-87 Costs (costs allocated to A-87 will result in a federal and local share)		
Total (A – H)		

***Narrative:** Please provide a brief narrative for Categories C through G. Use additional pages as needed.