

PROGRAM BUDGET SUMMARY

View at 100% or Larger

Use **WHOLE DOLLARS** Only

GRANTEE NAME			PROGRAM	
MAILING ADDRESS (Number and Street)				
CITY	STATE	ZIP CODE		
EXPENDITURE CATEGORY		Proposed Budget		TOTAL BUDGET (use whole dollars)
1. SALARY & WAGES (Drug Court Case Management, Non-Contractual Employees)				\$0
2. FRINGE BENEFITS				\$0
3. TRAVEL				\$0
4. SUPPLIES & MATERIALS (Drug Testing Supplies, Program Materials, Books, Curriculums, and Supply Related Expenses)				\$0
5. CONTRACTUAL (Contractual Employees for SUD Treatment Services; SUD Assessments, Drug Testing)				\$0
6. EQUIPMENT (Scrams & Soberlinks, and other items)				\$0
7. OTHER EXPENSES (Staff Trainings and other expenses)				\$0
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		\$0		\$0
Must choose one indirect cost rate. <i>Budgets with both indirect costs will be returned.</i>				
9. INDIRECT COSTS: (Total Expenses; total in line 8)		Rate #1 %		\$0
INDIRECT COSTS: (Salary & Fringes ONLY)		Rate #2 %		\$0
10. TOTAL EXPENDITURES		\$0		\$0
SOURCE OF FUNDS:				
11. FEES & COLLECTIONS				\$0
12. STATE AGREEMENT				\$0
13. LOCAL				\$0
14. FEDERAL				\$0
15. OTHER(S)				

16. TOTAL FUNDING	Local Funding	\$0	NorthCare Funding
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\$0