

PROGRAM BUDGET

Award Number: _____ Date Submitted: _____
 Contract Period: _____ Fiscal Year: _____
 Organization: _____ Phone #: _____
 Street Address: _____
 City, State, County: _____ Zip: _____
 Program Title: _____
 Chargeable Services (Y/N) _____ DHMH provides 50% or more of funding (Y/N) _____

Line Items May Not Be Changed	Other Direct Funding					Program Budget
	CCHSP Funding Request	Suppl Funding or (Reduction)	Fed/State Local & Gov't	All Other Agency	Total Other Funding	
Salaries/Spec pmts						
Fringe						
Consultants						
Equipment						
Purchase of Service						
Renovation						
Construction						
Real Property Purchase						
Utilities						
Rent						
Food						
Medicines & Drugs						
Medical Supplies						
Office Supplies						
Transportation/Travel						
Housekeeping/Maint Rep						
Postage						
Printing/Duplication						
Staff Dev./Training						
Client Activities						
Advertising						
Insurance						
Legal/Accounting/Audit						
Professional Dues						
Other (Attach itemization)						
Total Direct Costs						
Indirect Cost						
Total Costs						
Less Client Fees						
CCHSP Funding						

