

# Proposed Annual Program Budget

Proposer Name:

Proposed Program:

# Served/# of Beds:

Budget Year:

July 1 - June 30

FY2023

## Salary Detail:

Direct Client Services Staff:	Number FTE's	Average Annual Salary	Annual Line Total
Program Director		\$ -	\$ -
Counselors		\$ -	\$ -
Staff Supervisor		\$ -	\$ -
Client Supervisor/Monitor		\$ -	\$ -
Job Developer		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
<b>Subtotal Direct Client Salaries:</b>			<b>\$ -</b>

## Direct Support Staff

Cook		\$ -	\$ -
Dirver		\$ -	\$ -
Security		\$ -	\$ -
Maintenance/Custodian		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
<b>Subtotal Direct Service Support Salaries:</b>			<b>\$ -</b>
<b>Total Direct Salaries:</b>			<b>\$ -</b>

Account Number and Description	Cost
Hyperlink to State Account Definitions	<a href="#">Account Definitions</a>
<b>5000 DIRECT EXPENSES</b>	
<b>5100 SALARIES</b> (As detailed above)	<b>\$ -</b>
5101 Staff Salaries & Wages	\$ -
5102 Overtime	\$ -
5200 FRINGE BENEFITS	\$ -
<b>5400 CONTRACTUAL SERVICES</b>	<b>\$ -</b>

5401 Medical Professional	\$	-
5402 Behavioral Health Professional	\$	-
5403 Contracted Workers - Non-Payroll	\$	-
5404 Contracted Direct Client Care	\$	-
5405 Pass-through Program Funding	\$	-
5406 Audit	\$	-
5407 Legal	\$	-
5408 Accounting	\$	-
5409 Payroll Processing	\$	-
5410 Webinar Tech/Computer Support	\$	-
5411 Translation & Interpretation	\$	-
5412 Drug Testing	\$	-
5440 Other Contractual (narrative)	\$	-
<b>5500 TRANSPORTATION</b>	<b>\$</b>	<b>-</b>
5501 Staff Travel Reimbursement	\$	-
5502 Vehicle Leases	\$	-
5503 Vehicle Maintenance	\$	-
5504 Mileage Reimbursement	\$	-
5550 Other Transport (narrative)	\$	-
<b>5600 MATERIALS AND SUPPLIES</b>	<b>\$</b>	<b>-</b>
5601 Food	\$	-
5602 Lab & Medical Supplies	\$	-
5603 Equipment (Less than \$5,000)	\$	-
5604 Leased Office Equipment	\$	-
5605 Printing, Publication and Reproduction	\$	-
5606 Postage	\$	-
5607 Outreach/Program Supplies	\$	-
5660 Other Materials (specify in narrative)	\$	-
<b>5700 FACILITIES</b>	<b>\$</b>	<b>-</b>
5701 Rent & Real Estate Taxes	\$	-
5702 Security	\$	-
5703 Maint & Repair - Facility/Plan	\$	-
5704 Utilities	\$	-
5705 Janitorial	\$	-
5770 Other Facilities (narrative)	\$	-
	\$	-
<b>5800 CAPITAL EXPENSES (&gt; \$5,000)</b>	<b>\$</b>	<b>-</b>
5801 Capital Equipment	\$	-
5802 Depreciation	\$	-
5803 Office Equipment	\$	-

5880 Other Capital (specify in narrative)	\$	-
<b>5900 OTHER EXPENSES</b>	<b>\$</b>	<b>-</b>
5901 Communications	\$	-
5902 Insurance	\$	-
5903 Housekeeping	\$	-
5904 Conferences	\$	-
5905 Staff Training	\$	-
5906 Provider Employee Drug Testing/Bkgd	\$	-
5907 Lease Office Equipment	\$	-
5908 Office Supplies	\$	-
5909 Telephone-Cellphone	\$	-
5910 Training Materials	\$	-
5911 Printing and Advertising	\$	-
5912 Membership Dues & Subscription	\$	-
5916 Interest Cost-Building and Land	\$	-
5917 Working Capital Interest	\$	-
5990 Other (specify in narrative)	\$	-
<b>6100 CLIENT SUBSIDIES</b>	<b>\$</b>	<b>-</b>
6101 Transportation	\$	-
6102 Nutrition/Food Vouchers	\$	-
6104 Housing	\$	-
6105 Personal Items	\$	-
6107 Client Activities	\$	-
6150 Other Client Subsidies (specify in	\$	-
<b>TOTAL DIRECT EXPENSES</b>	<b>\$</b>	<b>-</b>
<b>7000 INDIRECT EXPENSES</b>		
<b>7100 ADMINISTRATIVE &amp; GENERAL</b>	<b>\$</b>	<b>-</b>
7110 Staff Salaries & Wages	\$	-
7120 Fringe Benefits	\$	-
7150 All Other A&G	\$	-
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>-</b>
<b>4000 INCOME</b>		
<b>4100 CONTRACT FUNDING</b>		
<b>4102 Federal/Other Funds</b>	\$	-
<b>4200 Other State Agency Funding</b> (Id in	\$	-
<b>4300 OTHER INCOME</b>	<b>\$</b>	<b>-</b>
4301 Direct Federal Funds	\$	-
4302 Direct Private Foundation Grants	\$	-

4304 Investment/Interest Income	\$	-
4305 Client/Participant Fees	\$	-
4307 United Way	\$	-
4313 Fundraising	\$	-
4315 Insurance	\$	-
4316 Other (specify in narrative)	\$	-
4317 Other (specify in narrative)	\$	-
4318 Other (specify in narrative)	\$	-
	\$	-
<b>TOTAL ALL NON-DOC REVENUE</b>	<b>\$</b>	<b>-</b>
<b>ANNUAL REQUESTED DOC FUNDING</b>	<b>\$</b>	<b>-</b>

<b>START UP COSTS FY2023 ONLY - Itemize on the following lines:</b>		
	\$	-
	\$	-
	\$	-
	\$	-
<b>TOTAL START UP COSTS:</b>	<b>\$</b>	<b>-</b>

<b>NON DOC START UP FUNDING</b>	\$	-
<b>DOC START UP FUNDING REQUESTED</b>	\$	-

<b>TOTAL DOC FUNDING REQUESTED (FY23 is the only year start-up costs will be allowed)</b>	<b>\$</b>	<b>-</b>
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FY 2024

FY2025

Annual Line Total	
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Annual Line Total	
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