Line Item Budget
Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2				0
Equipment (itemize)				
1				0
2				0
3				0
4				0
Supplies (itemize)				
1				0
2				0
3				0
4				0
Printing/Duplication				0
Mailing/Postage				0
Travel/Mileage				0
Education/Training				0
Office/Rent/Mortgage				0
Telephone/Fax/Internet				0
Utilities				0
Insurance				0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4				0
Other program costs not described above (itemize)				
1	Client Trainee Wages Recycling	54,063	50,730	3,333
2	Client Trainee Wages Landscaping	57,540	54,207	3,333
3	Client Trainee Wages Janitorial	22,596	19,226	3,334
4				0
Total Program Budget		**134199**	**124163**	**10,000**

Line Item Budget
Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1					
2					
3					
4					
5					
6					
7					
8					
Total Employee Benefits					
Enter this amount in Section 1;Staffing Costs				Total ›	0
Budget Narrative	Please describe in detail the scope of work and duties for each employee on this grant.				
Budget Narrative	Please describe in detail the employee benefits including the percentage and salary used for calculation.				

Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1;Staffing Costs				Total ›	0
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant.				

Line Item Budget
Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations			
Grants (List Organizations)			
	1		
	2		
	3		
	4		
Fundraising (describe nature of fundraiser)			
	1		
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1		
	2		
	3		
	4		
Total funding in addition to DHCD request			0
Budget Narrative	Describe program/project income listed above. Note whether income is "projected" or actual.		