

Estimated Expenditures			
Object of Expenditures:	Column 1	Column 2	Column 3
	*Cash/In-Kind/County Funded	Grant Funds Requested	Total Program Costs
Staff Costs, if applicable			
A. Salaries			0
B. Fringe Benefits			0
C. Overhead for Staff			0
D. Transportation costs for Staff			0
Other itemized costs:			
E. Equipment Purchases*-Tangible Property			0
F. Transportation-Recipient (Client)			0
G. Service Payments			0
H. Other (Specify)			0
I. Totals	0	0	0
J. Total Budget Request SFY 07-08		0	0
Approval Signature			
Signed: _____		Date: _____	
Director of County DSS			

**All equipment should be listed separately.*

**Add lines if necessary.*

***In-Kind or County Funds are not required to receive grant funds**