

**BUDGET SUMMARY FORM**

BUDGET CATEGORY	FUNDING FOR THIS REQUEST:	AG USE ONLY:
<b>PERSONNEL:</b> (LIST EACH POSITION TO BE FUNDED)		
A. _____ N or E	_____	
B. _____ N or E	_____	
C. _____ N or E	_____	
D. _____ N or E	_____	
<b>SUBTOTAL</b>	_____	
<b>FRINGE BENEFITS:</b>		
A. FICA	_____	
B. Unemployment Insurance	_____	
C. Health Insurance	_____	
D. Other (Specify)	_____	
<b>SUBTOTAL</b>	_____	
<b>TRAVEL:</b>		
A. Local Transportation	_____	
B. Conferences/Workshops	_____	
C. Other (Specify)	_____	
<b>SUBTOTAL</b>	_____	
<b>SUPPLIES AND COMMUNICATIONS:</b>		
A. Supplies (Specify in budget narrative)	_____	
B. Telephone Expense	_____	
C. Postage	_____	
D. Printing	_____	
<b>SUBTOTAL</b>	_____	
<b>FACILITY COSTS:</b>		
A. Rent	_____	
B. Utilities	_____	
C. Other (Specify)	_____	
<b>SUBTOTAL</b>	_____	
<b>EQUIPMENT:</b>		
A. Equipment/Other Fixed Assets	_____	
B. Equipment Repair & Maintenance	_____	
C. Furniture	_____	
<b>SUBTOTAL</b>	_____	
<b>CONTRACTUAL SERVICES:</b>		
A. _____	_____	
B. _____	_____	
C. _____	_____	
<b>SUBTOTAL</b>	_____	
<b>OTHER:</b>		
A. _____	_____	
B. _____	_____	
C. _____	_____	
<b>SUBTOTAL</b>	_____	
<b>TOTAL REQUEST:</b>		

\_\_\_\_\_  
Signature of Authorized Agency Representative