

BUDGET SUMMARY FORM

BUDGET CATEGORY:	Domestic Violence	Sexual Assault	AG USE ONLY:
PERSONNEL: (LIST EACH POSITION TO BE FUNDED) A. _____ N or E B. _____ N or E C. _____ N or E D. _____ N or E Subtotal			
FRINGE BENEFITS: A. FICA B. Unemployment Insurance C. Health Insurance D. Workers' Compensation E. Other (Specify) _____ Subtotal			
TRAVEL: A. Local Transportation B. Conferences/Workshops C. Other (Specify) _____ Subtotal			
SUPPLIES AND COMMUNICATIONS: A. Supplies (specify in budget narrative) C. Telephone Expense D. Postage E. Printing Subtotal			
FACILITY COSTS: A. Rent B. Utilities C. Other (Specify) _____ Subtotal			
EQUIPMENT: A. Equipment/Other Fixed Assets B. Equipment Repair & Maintenance C. Furniture Subtotal			
CONTRACTUAL SERVICES: A. Insurance Bond, Liability, etc. B. Audit C. Other (Specify) _____ Subtotal			
OTHER: A. Direct Victim Assist.(specify in budget narr B. Training cost (specify in budget narrative) C. Other (specify) _____ Subtotal			
TOTAL REQUEST:			

Signature of Authorized Agency Representative