|  |  |  |
| --- | --- | --- |
| **EXHBIT C**  **BUDGET CATEGORIES 12-Month Budget- Include detailed narrative** |  | **START-UP FUNDING REQUEST- ONE TIME** |
| A. Personnel - Salary (FTEs/hours/week) |  |
|  |  |
| Fringe (% rate) |  |
| B. Consultants & Professional Fees |  |
|  |  |
| C. Materials & Supplies |  |
|  |  |
| D. Facility Costs |  |
|  |  |
| E. Specific Assistance to Clients |  |
|  |  |
| F. Other |  |
|  |  |
| G. Gen. & Adm. (G&A) Cost Allocation |  |
| H. Total Operating Costs |  |
| I. Equipment |  |
| J. Total Cost |  |
| K. Revenue (deduct)\* |  |
| **L. Funding Request** |  |
|  |  |
| Other Sources of Funding for this Program: (Specify These) |  |
| Other Funding Amounts: |  |
|  |  |  |
|  |  |  |
|  |  |  |
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