|  |  |  |
| --- | --- | --- |
| **EXHBIT C****BUDGET CATEGORIES12-Month Budget- Include detailed narrative**  |  | **START-UPFUNDINGREQUEST- 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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