

**State of New Jersey
Department of Children and Families**

Annex B-3 Budget/Expenditure Report

Provider Name: EMBRELLA **Type of Report:**
Program Name: NJFS DIVISION X ETV FUND X **Budget** **Expense**
Contract/Program Period: 07/01/20 **To:** 06/30/21 **Mod.** **Final**
Contract No: 21CZMC **Semi-Annual** Annual X **Report**
(Check one) (dates)

| Budget Category | <u>CTF Budget Amount</u> | <u>Expended to Date:</u> | | <u>Total</u> |
|---|----------------------------------|--------------------------|------------------|-----------------------------|
| | | <u>1st 6mos.</u> | <u>2nd 6mos.</u> | |
| A. Personnel (including fringe benefits) | \$ <u>25,900.00</u> | \$ _____ | \$ _____ | \$ <u>25,900.00</u> |
| B. Consultants and professional fees | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| C. Materials and supplies | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| D. Facility cost (CTF does not fund on-site rental costs) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| E. Specific assistance to clients (i.e. child care, transportation) | \$ <u>196,840.00</u> | \$ _____ | \$ _____ | \$ <u>196,840.00</u> |
| F. Other (explain below)* | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| G. Equipment (CTF does not fund capital equipment) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| H. Total cost of program | \$ <u>222,740.00</u> | \$ _____ | \$ _____ | \$ <u>222,740.00</u> |
| I. Other sources of funding, if any (deduct)** | | | | \$ _____ |
| J. Total CTF Cost | \$ <u>222,740.00</u> | | | \$ <u>222,740.00</u> |

*Other Categories:

**List sources and amounts of non-CTF funding used for match purposes.

| <u>Source</u> | <u>Cash Match</u> | <u>In-kind</u> | <u>Total</u> |
|---------------|-------------------|----------------|--------------|
| | \$ _____ | \$ _____ | \$ _____ |

