**PROGRAM BUDGET JUSTIFICATION**

**MOA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personnel Costs Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Description****Or Position Title:** | **Estimated****Salary/Wage****Cost Per Position:** | **Amount of****Hrs. or Mos.****Per Position:** | **CSBG** **Funds****Budgeted:** | **Other Funds****Budgeted:****(If Applicable)** | **Total Funds****Budgeted****Per Position:** |
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| --- | --- | --- | --- |
| **Fringe Benefit Breakdown by****% Of Wage or Fixed Amount:** | **CSBG Funds****Budgeted:** | **Other Funds****Budgeted:** | **Total Funds****Budgeted For****Fringe Benefits:** |
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**Non-Personnel Costs Information**

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| --- | --- | --- | --- |
| **Description of Non-Personnel Line Items****& Basis for Valuation:** | **CSBG Funds Budgeted:** | **Other Funds Budgeted:** | **Total Funds Budgeted Per Line Item:** |
| Travel: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Space Costs (Rent/Lease): |  |  |  |
|  |  |  |  |
| Consumable Supplies: |  |  |  |
|  |  |  |  |
| Equipment Lease/Purchase: |  |  |  |
|  |  |  |  |
| Consultant Services: |  |  |  |
|  |  |  |  |
| Contract Services: |  |  |  |
|  |  |  |  |
| Subcontractors: |  |  |  |
|  |  |  |  |
| Other Costs *(Not included above)*: |  |  |  |
|  |  |  |  |
|  |  |  |  |