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| | | I | et & Narrative | e Template | | | | | | | | |
| Instructions: In the shaded colu | mns, pleas | se enter | - just as they | appear in the b | oudget section | of your Grant | Award | | | | | |
| Agreement (found on Attachment B of the Agreement.) In the other columns, please enter the amounts you've received/spent to date per category (rounded | | | | | | | | | | | | |
| the nearest dollar.) NOTE - on Final Report Budgets, it is normal to show a remaining balance in both the Revenue and the Expenses columns because you have | | | | | | | | | | | | |
| not het received your final grant | payment | • | | | | | | | | | | |
| Net Revenue | | | | | | | | | | | | |
| Total funding from HCFand other sources are as follows: | | | Grant Total Award | Amt Rec'd to Date | Other Sources Total Amt | Other Sources Amt Rec'd to Date | In-Kind Total Contributions | In-Kind Contributions- to-Date | Project Budget Total | Actual Total-to- Date | | |
| My Agency | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Insert In-Kind | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Insert Other Source(s) of Funding | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Total Revenue | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Net Expenses | | | | | | | - | | - | | | |
| Salary: | | | | | | | _ | | - | | | |
| The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.) | % FTE Sal | Total lary Amt | Grant Total Budgeted | Spent-to-Date | Other Sources Total Budgeted | Other Sources Spent-to-Date | In-Kind Total Contributions | In-Kind Contributions- to-Date | Project Budget Total | Actual Total-to- Date | | |
| Insert Staff Position(s) | 0.0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
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| | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Total Salary | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Benefits & Payroll Taxes: The project will pay the following benefits | | | | | | | - | | - | | | |
| and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.): | | | Grant Total Budgeted | Grant Spent-to-Date | Other Sources Total Budgeted | Other Sources Spent-to-Date | In-Kind Total Contributions | In-Kind Contributions- to-Date | Project Budget Total | Actual Total-to- Date | | |
| Insert Type(s) of Benefit(s) | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| | | | | | | | | | | ¢ο | | |
| | | | \$0 \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 \$0 | | |

| Total Benefits & Payroll Taxes | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
|--|----------------------------|----------------------------|---------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|-------------------------|-----------------------------|
| Other Direct Expense: | | | | | | | | |
| (e.g. Training Expenses, Consulting Fees, etc.) | Grant Total Budgeted | Grant Spent-to-Date | Other Sources Total Budgeted | Other Sources Spent-to-Date | In-Kind Total Contributions | In-Kind Contributions- to-Date | Project Budget Total | Actual Total-to- Date |
| Insert Other Direct Expense | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Other Direct | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Equipment & Supplies: | Grant Total Budge | Grant ted Spent-to-Date | Other Sources Total Budgeted | Other Sources Spent-to-Date | In-Kind Total Contributions | In-Kind Contributions- to-Date | Project Budget Total | Actual Total-to- Date |
| Insert Type(s) of Equipment/Supplies | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| moore ypo(c) or =quipment approximation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Equipment/Supplies | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| SUBTOTAL | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Indirect Expense | | | | | | | | |
| Indirect expense represents the project's share of Overhead Expenses (rent, phone, utilities, etc.) & Admin Costs. Applicants must limit the local portion of Indirect Expense to 10% of the Direct Expenses of the project represented by the sub-total above. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total All Expenses | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | T - | | T - | 7 - | | 7 - | |
| Net Project Costs (Total Revenue less Total Expenses) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
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| <u>Benefits</u> | & Payroll | Taxes - Inse | rt any addit | tional/clarif | ying comm | ents re: you | ur Benefits/Payroll Taxe | es entries h | ere | | |
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| | Other Direct Expenses - Insert any additional/clarifying comments re: your Other Direct Expense entries here | | | | | | | | | | | | | | |
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