

DSCYF BUDGET FORM

A Separate Budget Form Must be Filled Out for Each Service/Facility

Agency: _____
Service/Facility: _____
Prepared by: _____
Contract Term: _____

Contract Budget	Allocation
	% allocated to DSCYF contract

LINE ITEM
Expense Item

1 SALARIES:

a. Salaries \$0

Subtotal (1a): \$0

2 OTHER EMPLOYMENT COSTS:

a. Unemployment Compensation \$0

b. Pensions \$0

c. Health Insurance \$0

d. Workmen's Compensation \$0

e. FICA \$0

f. Other Benefits (specify in narrative) \$0

Subtotal (2a-f): \$0

3 TRAVEL:

a. Mileage	\$0	
b. Common Carrier	\$0	
c. Meals	\$0	
d. Lodging	\$0	
e. Other Travel (specify in narrative)	\$0	
Subtotal (3a-e):	\$0	

4 CONTRACTUAL SERVICES:

a. Other Professional Services	\$0	
b. Postage & Freight	\$0	
c. Telephone	\$0	
d. Utilities	\$0	
e. Insurance	\$0	
f. Rental/Mortgage -Building/Office/Land	\$0	
g. Use Allowance and Depreciation	\$0	
for f. & g. identify the cost per sq. ft. for rental properties in narrative		
h. Rental - Equipment	\$0	
i. Repair/Servicing/Maintenance	\$0	
j. Printing and Binding	\$0	
k. Association Dues and Conference Fees	\$0	
l. Advertising	\$0	
m. Other Contractual Services	\$0	
Subtotal (4a-m):	\$0	

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5 SUPPLIES/MATERIALS:

a. Food	\$0
b. Linens & Blankets	\$0
c. Stationery/Office Supplies	\$0
d. Housekeeping Supplies	\$0
e. Educational, Recreational, Cultural Supplies and Subscriptions	\$0
f. Motor Vehicle - Accessories, Tires, Parts, Motor Oil/Grease	\$0
g. Gasoline	\$0
h. Other Supplies/Materials (specify in narrative)	\$0
Subtotal (5a-h):	\$0

6 CAPITAL OUTLAY/EQUIPMENT:

a. Capital Outlay/Equipment	\$0
Subtotal (6a):	\$0

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Direct Service Budget Subtotal \$0

7 ADMINISTRATION COSTS:

PERSONNEL COSTS:

a. Salaries	\$0
b. Unemployment Compensation	\$0
c. Pensions	\$0
d. Health Insurance	\$0
e. Workmen's Compensation	\$0
f. FICA	\$0
g. Other Benefits (specify in narrative)	\$0
h. Other Support costs (specify in narrative, including cost per sq. ft. for buildings)	\$0
i. Agency local office administrative costs allocated to DSCYF contracted programs	\$0
j. Agency central office administrative costs allocated to DSCYF contracted programs	\$0
Subtotal (7a-j):	\$0

8 BUDGET TOTAL

Total (1-7) \$0

