

**BUDGET DETAIL COST ALLOCATION**  
Fiscal Year 18/19

Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Service: \_\_\_\_\_  
 # of Units: \_\_\_\_\_

Contract Amount: \_\_\_\_\_  
 ✓ if Original Budget: \_\_\_\_\_  
 ✓ if Revised Budget: \_\_\_\_\_  
 Revision # : \_\_\_\_\_

BUDGET CATEGORIES	TOTAL BUDGETED COSTS (a)	FUNDING SOURCES						Project Income (k)	Justification (l)
		AAA Funding (e)	County/HHS Funds* (f)	Match Cash (g)	Match In-Kind (h)	Non Matching Cash (i)	Non-Matching In-Kind (j)		
Personnel:									
	0							0	
	0								
	0								
	0								
Total salaries:	0	0	0	0	0	0	0	0	
Benefits	0								
Total salaries and benefits	0	0	0	0	0	0	0	0	
Travel									
	0								
	0								
Total travel	0	0	0	0	0	0	0	0	
Staff/Volunteer Training									
	0								
	0								
	0								
	0								
	0								
	0								
Total Staff/Volunteer Training	0	0	0	0	0	0	0	0	
Equipment (see note below)									
	0								
	0								
Total Equipment	0	0	0	0	0	0	0	0	
Consultants									
	0								
	0								
Consultants	0	0	0	0	0	0	0	0	
Other costs									
Indirect Costs (Not to exceed 10%)	0								
	0								
	0								
Total Other Costs	0	0	0	0	0	0	0	0	
Total Costs	0	0	0	0	0	0	0	0	
Cost Per Unit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

\*These funds are both County Additional Funding and Sequester HHS Backfill Funding.

**Equipment-** If you are purchasing equipment with AAA funds or County Funds at cost of \$500 or more you must contact your county fiscal person to obtain approval and the proper forms. If this budget is part of an RFP you will not need to get approval for the equipment purchase until the RFP has been awarded.