

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

Agency: \_\_\_\_\_  
Date: \_\_\_\_\_  
Service: \_\_\_\_\_  
# Meals: \_\_\_\_\_

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)		
<b>Service Information</b>									
Personnel	0								
Travel	0								
Staff/Volunteer Training	0								
Equipment	0								
Consultants	0								
Other costs	0								
Indirect (Not to exceed 8% Total costs)	0								
<b>Total Category Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Access Services</b>									
Personnel	0								
Travel	0								
Staff/Volunteer Training	0								
Equipment	0								
Consultants	0								
Other costs	0								
Indirect (Not to exceed 8% Total costs)	0								
<b>Total Category Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Caregiver Support</b>									
Personnel	0								
Travel	0								
Staff/Volunteer Training	0								
Equipment	0								
Consultants	0								
Other costs	0								
Indirect (Not to exceed 8% Total costs)	0								
<b>Total Category Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Supplemental Services</b>									
Personnel	0								
Travel	0								
Staff/Volunteer Training	0								
Equipment	0								
Consultants	0								
Other costs	0								
Indirect (Not to exceed 8% Total costs)	0								
<b>Total Category Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Personnel	0								
Travel	0								
Staff/Volunteer Training	0								
Equipment	0								
Consultants	0								
Other costs	0								
Indirect (Not to exceed 8% Total costs)	0								
<b>Total Category Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Total Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Cost Per Unit</b>		<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	

\*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 \$300 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.