**BUDGET INFORMATION**

**2023-2024 Total Program Budget**

**Amount Requested**

*(Should be a two-year request)*

In the event full funding is not possible, please identify your program’s ability to operate with a reduced budget. Please include specifics about how services would be scaled for reduced amounts. Please also indicate if there is an amount below which you are unable to accept funding.

**Projected Budget *(Amount Requested)***

Please fill out the budget table below to show your projected budget based on the amount requested above. The table below provides example budget categories; please revise as necessary to match your projected budget.

|  |  |  |
| --- | --- | --- |
| **Projected Budget** | **2023** | **2024** |
| **Personnel** *(specify Position(s) and Full Time Employee (FTE) count)\** |  |  |
|  |  |  |
| **Non-personnel**  |  |  |
| Space |  |  |
| Consumable Supplies |  |  |
| Travel |  |  |
| Equipment (Leases) |  |  |
| Client Support |  |  |
| General Operating |  |  |
| Other – Specify |  |  |
| Other – Specify  |  |  |
| **Total** |  |  |

*\*Personnel should include proposed funded positions and include combined total of all wages and benefits.*