

Program Budget And Narrative

CTK Test Agency - Do Not Remove

Agency Legal Name: CTK Test Agency - Do Not Remove

(Agency Intake)

Budget Information

| | |
|--|--|
| *Program Name | <input type="text"/> |
| *Contract Start Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| *Contract End Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Instructions: Provide whole dollar amounts for each applicable line item below. | |

Program Budget

| Requested CITY of AUSTIN [A] Amount (or GRANT Amount) | | Amount Funded by ALL OTHER [O] Sources | | TOTAL Budget [T] (ALL funding sources) | |
|--|---|---|---|---|---|
| A. PERSONNEL | | A. PERSONNEL | | A. PERSONNEL | |
| 1. [A] Salaries plus Benefits | <input type="text"/> | 1. [O] Salaries plus Benefits | <input type="text"/> | 1. [T] Salaries plus Benefits | <input type="text"/> |
| B. OPERATING EXP | | B. OPERATING EXP | | B. OPERATING EXP | |
| 2. [A] General Operating Exp | <input type="text"/> | 2. [O] General Operating Exp | <input type="text"/> | 2. [T] General Operating Exp | <input type="text"/> |
| 3. [A] Consultants / Contractual | <input type="text"/> | 3. [O] Consultants / Contractual | <input type="text"/> | 3. [T] Consultants / Contractual | <input type="text"/> |
| 4. [A] Staff Travel - out of T Cnty | <input type="text"/> | 4. [O] Staff Travel - out of T Cnty | <input type="text"/> | 4. [T] Staff Travel - out of T Cnty | <input type="text"/> |
| 5. [A] Conf / Smnr / Tng - out of T Cnty | <input type="text"/> | 5. [O] Conf / Smnr / Tng - out of T Cnty | <input type="text"/> | 5. [T] Conf / Smnr / Tng - out of T Cnty | <input type="text"/> |
| [A] B. Subtotal: Operating Exp | <input type="text"/> | [O] B. Subtotal: Operating Exp | <input type="text"/> | [T] B. Subtotal: Operating Exp | <input type="text"/> |
| C. DIRECT ASSISTANCE AND/OR OTHER | | C. DIRECT ASSISTANCE AND/OR OTHER | | C. DIRECT ASSISTANCE AND/OR OTHER | |
| 6. [A] Food / Beverage for Clients | <input type="text"/> | 6. [O] Food / Beverage for Clients | <input type="text"/> | 6. [T] Food / Beverage for Clients | <input type="text"/> |
| 7. [A] Fin. Assist to clients | <input type="text"/> | 7. [O] Fin. Assist to clients | <input type="text"/> | 7. [T] Fin. Assist to clients | <input type="text"/> |
| 8. [A] Other - Specify | <input type="text" value="Please Specify"/> | 8. [O] Other - Specify | <input type="text" value="Please Specify"/> | 8. [T] Other - Specify | <input type="text" value="Please Specify"/> |
| 9. [A] Other - amount | <input type="text"/> | 9. [O] Other - amount | <input type="text"/> | 9. [T] Other - amount | <input type="text"/> |
| [A] C. Subtotal: Direct Assistance | <input type="text"/> | [O] C. Subtotal: Direct Assistance | <input type="text"/> | [T] C. Subtotal: Direct Assistance | <input type="text"/> |
| D. CAPITAL OUTLAY (over \$1000 / unit) | | D. CAPITAL OUTLAY (over \$1000 / unit) | | D. CAPITAL OUTLAY (over \$1000 / unit) | |
| 10. [A] Capital Outlay Desc | <input type="text" value="Please Specify"/> | 10. [O] Capital Outlay Desc | <input type="text" value="Please Specify"/> | 10. [T] Capital Outlay Desc | <input type="text" value="Please Specify"/> |
| 11. [A] Capital Outlay Amount | <input type="text"/> | 11. [O] Capital Outlay Amount | <input type="text"/> | 11. [T] Capital Outlay Amount | <input type="text"/> |
| [A] D. Subtotal: Capital Outlay | <input type="text"/> | [O] D. Subtotal: Capital Outlay | <input type="text"/> | [T] D. Subtotal: Capital Outlay | <input type="text"/> |
| 12. [A] Total (A+B+C+D) | <input type="text"/> | 12. [O] Total (A+B+C+D) | <input type="text"/> | 12. [T] Total (A+B+C+D) | <input type="text"/> |
| 13.[A]Percent of Total | <input type="text"/> | [O]Percent of Total | <input type="text"/> | | |

Program Budget Narrative

Instructions: Add details below (not to exceed 20 words (150 characters) per line item) to justify proposed expenses from Program Budget, above.

DO NOT INCLUDE ANY DOLLAR AMOUNTS OR PERCENTAGES IN THIS SECTION.

Personnel

| | | |
|-----------------------|--|--|
| Salaries and Benefits | | |
|-----------------------|--|--|

OPERATING EXPENSES

| | | |
|----------------------------|--|--|
| General Operating Expenses | | |
|----------------------------|--|--|

| | | |
|----------------------------|--|--|
| Consultants / Contractuals | | |
|----------------------------|--|--|

| | | |
|--|--|--|
| ** Staff Travel - out of Travis County | | |
|--|--|--|

| | | |
|--|--|--|
| **Conferences/Seminars/Trng - out of Travis County | | |
|--|--|--|

DIRECT ASSISTANCE

| | | |
|-----------------------------|--|--|
| Food / Beverage for Clients | | |
|-----------------------------|--|--|

| | | |
|----------------------------------|--|--|
| Financial Assistance for Clients | | |
|----------------------------------|--|--|

| | | |
|-------------------------|--|--|
| Other Direct Assistance | | |
|-------------------------|--|--|

| | | |
|----------------|--|--|
| Capital Outlay | | |
|----------------|--|--|

City Staff Use Only