

PAGE ___ OF ___

BUDGET SUMMARY FORM

PROJECT OPERATOR _____

FUNDING YEAR _____

DATE SUBMITTED _____

CATEGORY NUMBER	CATEGORY BREAKDOWN	CDBG FUNDS	OTHER FUNDS	OTHER SOURCES	TOTAL FUNDS
1	SALARIES & BENEFITS				
2	CONSULTANTS AND CONTRACT SERVICES				
3	SPACE RENTAL				
4	EQUIPMENT LEASE				
5	TRAVEL				
6	OTHER OPERATING EXPENSES				
7	MATERIALS				
8	REHABILITATION				
9	REAL PROPERTY ACQUISITION				
	TOTAL CD FUNDS				
	OTHER FUNDS				
	GRAND TOTAL				