

FORM A: PROGRAM OPERATING BUDGET

YEAR 46

TERM: From _____ to _____

PERSONNEL	TOTAL COST	FROM COMMUNITY DEVELOPMENT	OTHER FUNDS	SOURCE OF OTHER FUNDS AND INKIND SERVICES
Salaries				
Full-Time/ Rates				
Part-Time/ Rates				
Fringe (no more than 30%)				
Other (i.e. Consultants Rates)				
Subtotal				
OVERHEAD				
Advertising/Marketing				
Program Supplies				
Rent and Utilities				
Other, list below				
a.				
b.				
Subtotal				
ESTIMATED TOTAL COST				

FORM B: Development Budget

YEAR 46

TERM: From _____ to _____

PRECONSTRUCTION	TOTAL COST	FROM COMMUNITY DEVELOPMENT	OTHER FUNDS	SOURCE OF OTHER FUNDS AND INKIND SERVICES
Legal				
Architecture				
Fees and Permits				
Engineering				
Subtotal				
DEVELOPMENT				
Site Preparation				
Relocation				
Construction				
Construction Finance Charges				
Insurance				
Other				
Subtotal				
ESTIMATED TOTAL COST				

