**ATTACHMENT F – BUDGET NARRATIVE**

**Personnel (Salary & Wages)**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Fringes**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Travel**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Equipment**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Supplies**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Contractual Services**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Consultant**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Occupancy**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Telecommunications**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Training & Education**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Direct Administrative Costs**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Miscellaneous**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.

**Indirect Costs**

Total Line Amount Requested from DHS:

Total Line Amount from Other Funding Sources:

|  |  |  |
| --- | --- | --- |
| Line Detail: | DHS Amount | Other Source & Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe in detail how budget supports proposed Program Activities, Deliverables and Outcomes on DHS funding:

Describe in detail what services and/or activities are supported through non-DHS funds.