

## Attachment B2

### PROVIDER TITLE III VII BUDGET INSTRUCTIONS

#### PAGE 1

Fill contractor's name and list the program on the top.

Budget Period: July 01 20XX – June 30 20XX.

Check Mark on Original Budget or Revision Number - Write the number if it's a revision.

Fill the date.

List costs among the line items, making sure to list costs in appropriate fund sources. Formula will total all the rows and columns.

There are 11 cost categories and 8 fund categories. Cost Categories are type of expenses and fund categories are type of funding.

Indirect costs are limited to 10% of all direct costs.

Costs categories are self-explanatory.

Description of fund categories:

- Contracted Fund : Amount awarded to contractor
- Match Cash: Local Contributions, Grants, Revenue from fund raisers and non-federal dollars.
- Match In-kind: Volunteer Hours and non-monetary donations
- Non-Match Cash: Other Federal grants or federal pass through dollars.
- Non-Match In-kind: Volunteer Hours and non-monetary donations paid by other federal grants or by federal pass through dollars.
- Program Income: Contributions received from program participants.

#### PAGE 2

List all fund sources and fill across the fund categories.

**Very Important:** Totals of all the columns 1 through 9 must match with the Total of all the columns on **page 2**.

#### PAGE 3 -9

Provide details for each cost categories on the **pages 3-9**.

Totals on page 3-9 must match with each line item categories on **Page 1**.

#### SIGNATURE PAGE:

Fill provider's name.

Budget Period : July 01 20XX – June 30 20XX.

Check Mark on Original Budget or Revision Number - Write the number if it's revision.

Fill the date.

Director's signature and date is required

Print the name of the signatory.