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| **NC COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)** |
| **BUDGET** |
| ***PROJECT TITLE/AGENCY NAME:*** |  |  |   |
|   | NCCDD FUNDS |   | TOTAL |
| POSITION OR DESCRIPTION | REQUIRED | MATCH | PROGRAM COST |
| **STAFF SALARIES/WAGES**(Description: Salaries/Wages only for staff hired by the applicant organization to work specifically on the initiative. This may include professional staff, interns, paraprofessionals, and/or part-time/hourly employees.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **STAFF FRINGE BENEFITS** (Description: Fringe Benefits only for staff hired working on the initiative may include FICA, Unemployment, Worker's Compensation, Health Insurance and/or Retirement Benefits.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **SUPPLIES & MATERIALS**(Description: Supplies and materials may include consumable items that are essential to the program. Examples of allowable supplies include office supplies, computer supplies, medical supplies, furniture, directories and/or journals.) |
| ***Justification - Description is needed for anything over $3,000.00 For example, Office supplies - pens/penicals, folders, note books, case of papers, etcs. Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **STAFF TRAVEL** (Description: Travel costs for staff hired as identified in the budget that is deemed reasonable and necessary.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **CONTRACTED SERVICES/SUBCONTRACTING**(Description: Contracted Services may include essential services which cannot be met by other program staff which specifically relate to the work of the program. The Contracted Services line item must be itemized based on the subcontract agreement. A copy of the contract must be included.) |
| ***Justification - Description is needed for anything over $3,000.00 Attach pages as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **OTHER** (Description: The Other category may include audit services, service payment such as stipends, costs incurred for conferences, postage/mail, internet, printing/copies, training/meetings, cleaning/janitorial, license fees, incentives, participants insurance and bonding and any other services or expenses that will not fit into another category.) |
| ***Justification - Description is needed for anything over $3,000.00 Add pages or lines as necessary.*** |
|   | $0.00  | $0.00  | $0.00  |
|   | $0.00  | $0.00  | $0.00  |
| SUBTOTAL | $0.00  | $0.00  | $0.00  |
| **TOTAL** | **$0.00**  | **$0.00**  | **$0.00**  |