

Community Support Agency Grant Program - **Adopted Budget**

Due date: July 30 (first mo. of budget yr)

Agency Name: _____

For Fiscal Year: _____

Telephone Number: _____

Prepared By: _____

	Column 1	Column 2	Column 3	Column 4
Expense Categories	Use of Requested CSAG Funds	Funding from Other Sources	Total Program Funding	Comments or Remarks
Personnel Costs:				
Board Compensation				
Executives				
Staff				
Other Personnel Costs				
Total Compensation Costs:				
Taxes/Benefits:				
Payroll Taxes				
Health Insurance				
Other				
Total Taxes/Benefits:				
Non-Compensation Expenses:				
Supplies				
Telephone				
Travel				
Conferences/Meetings				
Entertainment, etc.				
Property Mortgage/Rental/Lease				
Equipment Rental/Lease				
Organization Dues				
Insurance				
Printing/Publications				
Awards and Grants				
Cash Assistance to Clients				
Other				
Total Non-Compensation Costs:				
Totals:				

Typed Name of Authorized Official

Signature of Authorized Official

Date Signed

Adopted Budget Form Instructions

DUE BY JULY 30 (If the due date falls on a weekend, the following work day will be the due date).

* In Column 1, illustrate how the requested CSAG funds will be spent.

* In Column 2, illustrate how all other funds will be spent.

* Column 3 totals Column 1 plus Column 2

* Send this form (original), signed by the agency director or designee, along with a signed Conditions of Grant Award form, your agency's proposed level of service for the year, and the Request for First Payment form to your agency's CSAG contact (refer to your grant award letter to determine your agency's CSAG contact).

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or

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