



**BUDGET TEMPLATE**

Agency Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Area: \_\_\_\_\_

**ANTICIPATED INCOME SOURCES DURING PROGRAM PERIOD:**

A. Joe Otte Memorial Fund / ADAMHS Board Funding ..... \$ \_\_\_\_\_

B. Non-Joe Otte Memorial Fund / ADAMHS Board Funding ..... \$ \_\_\_\_\_

**Total Funding** ..... \$ \_\_\_\_\_

**LINE ITEM BUDGET JUSTIFICATION:**

Personnel Position	Annual Salary	Level of Effort	Otte/ADAMHS Funds	Other Funds
	\$ _____	___ FTE	\$ _____	\$ _____
	\$ _____	___ FTE	\$ _____	\$ _____
	\$ _____	___ FTE	\$ _____	\$ _____
<b>A1. Total Personnel</b>			\$ _____	\$ _____

	Otte/ADAMHS Funds	Other Funds
<b>A2. Fringe Benefits</b>	\$ _____	\$ _____
<b>A3. Consultants</b>	\$ _____	\$ _____
<b>A4. Subscriptions and Publications</b>	\$ _____	\$ _____
<b>A5. Supplies</b>	\$ _____	\$ _____
<b>A6. Printing/Copying</b>	\$ _____	\$ _____
<b>A7. Rent/Lease Expenses</b>	\$ _____	\$ _____
<b>A8. Phone/Utilities</b>	\$ _____	\$ _____

<b>A9. Maintenance/Repair</b>	\$ _____	\$ _____
<b>A10. Rentals</b>	\$ _____	\$ _____
<b>A11. Insurance</b>	\$ _____	\$ _____
<b>A12. Motor Vehicle</b>	\$ _____	\$ _____
<b>A13. Travel</b>	\$ _____	\$ _____
<b>A14. Food</b>	\$ _____	\$ _____
<b>A15. Conference/Training/Registration</b>	\$ _____	\$ _____
<b>A16. Equipment/Computer</b>	\$ _____	\$ _____
<b>A17. Furniture</b>	\$ _____	\$ _____
	<b>Otte/ADAMHS Funds</b>	<b>Other Funds</b>
<b>Grand Total</b>	\$ _____	\$ _____

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