**Attachment B – Adult and Dislocated Worker Budget Form**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Administration****(or Indirect)** | **Program** | **Total Costs** |
| ***PERSONNEL EXPENSES - TOTAL*** | **$** |  |  |
| Salaries & Wages | **$** |  |  |
| Fringe Benefits | **$** |  |  |
| Payroll Taxes |  |  |  |
| ***PROGRAM OPERATING EXPENSES - TOTAL*** | **$** |  |  |
| Supplies (office, house-keeping, printing, copying, etc.) | **$** |  |  |
| Staff Travel | **$** |  |  |
| Communications (phones, internet, postage, etc.) |  |  |  |
| Equipment/Furniture (Rental & Maintenance) | **$** |  |  |
| Staff Training (meetings, conferences, etc.) | **$** |  |  |
| Other | **$** |  |  |
| Other | **$** |  |  |
| Other | **$** |  |  |
| ***CUSTOMER EXPENSES TOTAL*** | **$** |  |  |
| Individual Training Accounts (ITA) | **$** |  |  |
| On the Job Training (OJT) | **$** |  |  |
| Short-term Training |  |  |  |
| Temporary Jobs – Wages/Fringe |  |  |  |
| Support Services | **$** |  |  |
| **TOTAL** | **$** |  |  |