Organization Name:
Proposed Budget: **Out of School Youth**
Funding Period:

Please complete all sections in blue. More detailed budgets may be requested during review process and/or when contracts are awarded.

Proposed Staffing Plan		
Proposed # of FTE's (also # Part-time employees)		
Budget category		**Proposed Budget**
Salaries		
Fringe Benefits (Describe in budget narrative)		
Staff Operating Expenses (Describe in budget narrative)		
Program Operating Expenses		
Sub-contracts (if applicable)		
Client Expenses -- wages (at least 20%)		
Client Expenses -- other		
Total Expenses	**A**	0.00
Proposed # of youth served -- total	**B**	
Cost per participant calculation (Total Expenses divided by Proposed # of youth)		
For current contractors only:		
Carry-In		
New		
Total (Must equal B above)		0