





		<b>Health Insurance</b>	..... ..... .....	..... ..... .....	\$
		<b>Other (specify)</b>	..... ..... .....	..... ..... .....	\$
					\$
					\$
				<b>Subtotal Fringe Benefits:</b>	\$
				<b>TOTAL PERSONNEL:</b>	\$
<b>2. SUBCONTRACTS</b>	<b>All subcontracts require the Department's prior written approval.</b>				<b>TOTAL DHR SHARE</b>
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				<b>TOTAL SUBCONTRACTS:</b>	\$
<b>3. TRAVEL</b>	<b>Out-of-state travel is not allowable. Out-of-region travel requires the Department's prior written approval.</b>				<b>TOTAL DHR SHARE</b>
				<b>Within project coverage area</b>	\$
				<b>In-state (out-of-coverage area)</b>	\$
					\$
				<b>Board Members - Within project coverage area</b>	\$
				<b>Board Members - In-state (out-of-coverage area)</b>	\$
					\$
				<b>TOTAL TRAVEL:</b>	\$
<b>4. SPACE</b>	<b>All repairs to facilities, regardless of the cost, require the Department's prior written approval.</b>				<b>TOTAL DHR SHARE</b>

				<b>Basic Local Phone Service</b>	\$
				<b>Long Distance</b>	\$
				<b>Rent/Lease</b>	\$
				<b>Use Allowance</b>	\$
				<b>Utilities</b>	\$
				<b>Upkeep (buildings/grounds)</b>	\$
				<b>Minor Repairs</b>	\$
				<b>Other (specify)</b>	\$
				<b>TOTAL SPACE:</b>	\$
<b>5. SUPPLIES</b>					<b>TOTAL DHR SHARE</b>
				<b>Office Supplies</b>	\$
				<b>Computer-related Supplies</b>	\$
				<b>Custodial Supplies</b>	\$
				<b>Other (specify)</b>	\$
				<b>TOTAL SUPPLIES:</b>	\$
<b>6. EQUIPMENT</b>	The Department's prior written approval is required for all property items having a total unit or individual cost of \$100 or greater.				<b>TOTAL DHR SHARE</b>
				<b>Purchase</b>	\$
				<b>Rental/Lease</b>	\$
				<b>Repairs</b>	\$
				<b>Maintenance Agreements</b>	\$
				<b>Use Allowance</b>	\$
				<b>Office Furniture</b>	\$
				<b>Office Furnishings</b>	\$
				<b>Other (specify)</b>	\$

				<b>TOTAL EQUIPMENT:</b>	\$
<b>7. OTHER</b>					<b>TOTAL DHR SHARE</b>
				<b>Membership Dues (itemize and attach a separate listing)</b>	\$
				<b>Subscriptions (itemize and attach a separate listing)</b>	\$
				<b>A-133 Audit</b>	\$
				<b>Liability Insurance</b>	\$
				<b>Attorney (Legal) Fees</b>	\$
				<b>Other (specify)</b>	\$
				<b>TOTAL OTHER:</b>	\$