

MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL

PROPOSED PROJECT BUDGET PACKAGE

A. Organizational Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone: _____ Extension _____

Fax : _____

Email address: _____

Federal Employer I.D. Number _____ Minority Enterprise: _____

Period for which funds are requested: _____

RFP Number of Project to be Funded: _____

Title of Project to be Funded: _____

Area/Jurisdiction to be Served: _____

Type of Proposal: New _____ Renewal _____

Budget Summary: Council Share (Col. A) \$ _____ %

Local Match (Col. B + C) \$ _____ %

Total Project Cost (Col. D) \$ _____ %

B. Affirmation and Signature of Certifying Official

On behalf of the governing board or other executive authority of the above named organization, I affirm that the information and estimates conveyed in this proposed project budget are true and accurate to the best of my knowledge and that the local match will be contributed as proposed.

Signature: _____ Date: _____

Name: _____

Title: _____