

MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL

PROPOSED BUDGET

A. Organizational Information			
Name: Click here to enter text.			
Address: Click here to enter text.			
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.	
Contact Person: Click here to enter text.			
Telephone: Click here to enter text.		Extension: Click here to enter text.	
E-Mail Address: Click here to enter text.			
Federal Employer I.D. Number: Click here to enter text.			
Minority Business Enterprise:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Period for which funds are requested: Click here to enter text.			
Title of Project to be Funded: Click here to enter text.			
Area/Jurisdiction to be Served: Click here to enter text.			
Budget Summary		Column A	Column B
	Council Share (Column A)	Click here to enter text.	Click here to enter text.
	Match (Column B)	Click here to enter text.	Click here to enter text.
	Total Project Cost (Col. A+B)	\$ 0.00	0%
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 match will be contributed as proposed.			
Signature:		Date: Click here to enter text.	
Name: Click here to enter text.			
Title: Click here to enter text.			

MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL

PROPOSED BUDGET

	Column A	Column B	Column C
	DD Council Funding Request	Match	Total Project Costs (Column A + B)
Salaries	Click here to enter text.	Click here to enter text.	\$ 0.00
Fringe	Click here to enter text.	Click here to enter text.	\$ 0.00
Operational Costs			
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Other			
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$ 0.00
Total Direct Costs	\$ 0.00	\$ 0.00	\$ 0.00
Indirect Costs (may not exceed 8% of Total Direct Costs)	Click here to enter text.	Click here to enter text.	\$ 0.00
Total Costs (Direct + Indirect)	\$ 0.00	\$ 0.00	\$ 0.00

MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL

PROPOSED BUDGET

BUDGET JUSTIFICATION

For each line item for which funds are requested and/or a match is provided, give a written explanation that: a) identifies the calculations used to reach the total line item, b) establishes the need and relationship of the line item to achieving the project goals and c) identifies the source of the match, if applicable, and whether it is cash or in-kind. An in-kind match is a non-cash contribution to the project.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

Line Item Name: Click here to enter text.
Council Funding: Click here to enter text.
Match: Click here to enter text.

MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL

PROPOSED BUDGET

SALARY COSTS

Job Title	Name of person filling position; if unknown, please put TBD (to be determined)	Key Responsibilities	Hours per week	Hourly Wage	Salary applied to grant
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	0
Total Salary Costs: (for Council Funding)					\$ 0.00