FY08 FY09 Detailed Budget
Grants Administration Division

Grantee	**Name**
Grant Contract Number	**XXXXXXX**
Grant Program	
City	
County	
Grant Period	**September 1, 2007 - August 31, 2009**

Budget Summary	***Hrs/wk***	***Total FY 2008***	***FY08 Budget Adjustment***	***Total FY 2009***	***FY09 Budget Adjustment***
Salary					
Victim Assistance Coordinator	40	$ 30,000		$ 30,000	$
Counselor	10	$ 8,000		$ 8,000	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
Salary Total		**$ 38,000**	**$**	**$ 38,000**	**$**
Fringe					
Victim Assistance Coordinator		$ 500		$ 500	$
Counselor		$ 750		$ 750	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
Fringe Total		**$ 1,250**	**$**	**$ 1,250**	**$**
Professional & Consultant					
		$		$	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
Professional & Consultant Total		**$**	**$**	**$**	**$**
Travel					
OAG Conference		$ 500		$ 500	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
Travel Total		**$ 500**	**$**	**$ 500**	**$**
Equipment					
		$		$	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
Equipment Total		**$**	**$**	**$**	**$**
Supplies					
Office Supplies		$ 500		$ 500	$
		$		$	$
		$			
		$		$	$
		$		$	$
		$		$	$
Supplies Total		**$ 500**	**$**	**$ 500**	**$**
Other Direct Operating Expenses					
Conference Registration		$ 200		$ 200	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
Other DOE Total		**$ 200**	**$**	**$ 200**	**$**
Total Budget		**$ 40,450**	**$**	**$ 40,450**	**$**

SAMPLE