

APPENDIX B
ANNUAL BUDGET SUMMARY

Number of Staff Hours _____ X Per Hour \$ _____ =
\$ _____

Administration and Overhead Cost _____ =
\$ _____ (i.e.: office rent, supplies etc)

Program Incidentals Cost _____ =
\$ _____ (i.e.: travel, coffee, cell phones etc)

TOTAL COST = \$65,000.00