

Orange County ABC Board Grant Request Budget Detail FY 2023-2024

Organization: _____

Date parameters of project applied for: _____ to _____

Proposed annual budget for project applied for: _____

<i>Personnel Expenses (by position)</i>	<i>Hourly Rate</i>	<i>Hours monthly</i>	<i>Total months</i>	<i>Total</i>
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Salaries & Wages (names/titles)				
			12	\$0
			12	\$0
			12	\$0
			12	\$0
			12	\$0
Contractual, Sub-Contractor & Consultant (name/duties)				Contract amount
				\$0
				\$0
Total personnel expenses				\$0

<i>Operational Expenses (by item)</i>	<i>Projected annual expense</i>
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Printing		
		\$0
		\$0
Supplies		
		\$0
		\$0
		\$0
Postage		
		\$0
		\$0
		\$0
Technology		
		\$0
		\$0
		\$0
Educational Materials		
		\$0
		\$0
		\$0

Conferences/Meetings		
		\$0
		\$0
Travel		
		\$0
		\$0
Client/ Patient per Diem		
		\$0
		\$0
		\$0
Other expenses		
		\$0
		\$0
Total operational expenses		\$0

Total Grant Request/Budget

\$0

Notes: