

Orange County ABC Board Grant Request Budget Detail

Organization:

Projected Annual Budget (please put down date range) _____ to _____

Personnel Expenses (by position)	<i>Hourly Rate</i>	<i>Hours monthly</i>	<i>Total months</i>	<i>Contract amount (annual)</i>	<i>Total</i>
Salaries & Wages					
			12		\$0
			12		\$0
			12		\$0
			12		\$0
			12		\$0
Contractual & Consultant					
					\$0
					\$0
Total personnel expenses					\$0

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