



Metro LA

Collaborative Partner Projects - Funding Round Two



Attachment A

PROJECT BUDGET FORM

Agency Name: [input box]

Project Title: [input box]

| Line Item Budget | | Amount | Item Description |
|--------------------------|--|---------|------------------|
| Program Personnel | | | |
| 1 | | \$ 0.00 | |
| 2 | | \$ 0.00 | |
| | * Sub-total | | |
| | | | |
| | Payroll Taxes | \$ 0.00 | |
| | Fringe Benefits | | |
| | Total Personnel | \$ 0.00 | |
| Program Expenses | | | |
| 3 | Office supplies | \$ 0.00 | |
| 4 | Liability Insurance | \$ 0.00 | |
| 5 | Program supplies | \$ 0.00 | |
| 6 | Printing | \$ 0.00 | |
| 7 | Travel & Mileage | \$ 0.00 | |
| 8 | Child Care | \$ 0.00 | |
| | Total Program Expenses | \$ 0.00 | |
| | | | |
| | Total | \$ 0.00 | |
| | | | |
| | Administrative and accounting fees (__ %) <i>(* No more than 10% of total wages only)</i> | \$ 0.00 | |
| | | | |
| | GRAND TOTAL | \$ 0.00 | |