

**WF Demonstration Grant**

Expenditure Budget - Estimated Expenditures  
 SFY 2008-2009  
 Sample Format

| <b>Estimated Expenditures</b>             |                                    |                              |                            |
|---|------------------------------------|------------------------------|----------------------------|
| <b>Object of Expenditures:</b>            | <b>Column 1</b>                    | <b>Column 2</b>              | <b>Column 3</b>            |
|   | <b>*Cash/In-Kind/County Funded</b> | <b>Grant Funds Requested</b> | <b>Total Program Costs</b> |
| <b>Staff Costs, if applicable</b>         |                                    |                              |                            |
| A. Salaries                               |                                    |                              | 0                          |
| B. Fringe Benefits                        |                                    |                              | 0                          |
| C. Overhead for Staff                     |                                    |                              | 0                          |
| D. Transportation costs for Staff         |                                    |                              | 0                          |
| <b>Other itemized costs:</b>              |                                    |                              |                            |
| E. Equipment Purchases*-Tangible Property |                                    |                              | 0                          |
| F. Transportation-Recipient               |                                    |                              | 0                          |
| G. Service Payments* (Specify)            |                                    |                              | 0                          |
| H. Other (Specify)                        |                                    |                              | 0                          |
| I. Totals                                 | 0                                  | 0                            | 0                          |
| J. Total Budget Request SFY 07-08         |                                    | 0                            | 0                          |
| <b>Approval Signature</b>                 |                                    |                              |                            |
| Signed: _____                             |                                    | Date: _____                  |                            |
| Director of County DSS                    |                                    |                              |                            |

*\*All equipment and service payments should be listed separately.*

*\*Add lines if necessary.*

*\*In-Kind or County Funds are not required to receive grant funds*