

Contract Number:

(Full Legal Name) Contractor:

DSS updated 03182024 by RAM

Complete this form such that amounts for state funds are shown when entering line item detail. Add rows as needed. Enter information in yellow shaded cells only. Do NOT enter or delete anything in blue shaded cells. The amount entered in blue shaded cells will be overridden. Be sure to complete the additional required worksheets by clicking on the word "detail".

Category	Line Item	Amount	Narrative
Human Resources			
	Salary/Wages	\$ -	0
	Fringe Benefits	\$ -	0
	Other (includes temporary employees)		
Total Human Resources		\$ -	

Operational Expenses/Capital Outlays

Supplies and Materials

Furniture		
Other		

Equipment

Communication		
Office		
IT		
Assistive Technology		
Medical		
Vehicles		
Scientific		
Other		

To receive the necessary Excel file email:
Family.Support.RFAs@dhhs.nc.gov

Travel

Contractor Staff		
Board Members Expense		

Utilities

Gas		
Electric		
Telephone		
Water		
Other		

Repair and Maintenance

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Staff Development (contractor staff only)

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Media/Communications

Advertising		
Audiovisual Presentations, Multimedia, TV, Radio Presentations		
Logos		
Promotional Items		
Publications		
PSAs and Ads		
Reprints		
Text Language Translation		
Websites and Web Materials		

Rent

Office Space		
Equipment		
Furniture		
Vehicles		
Other		

Professional Services

Legal		
IT		
Accounting		
Payroll		
Security		

Dues and Subscriptions

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Other

Audit Services		
Service Payments		
Incentives and Participants		
Insurance and Bonding		
Other		
Other		
Other		
Other		

Total Operational Expenses/Capital Outlays

\$ -

Subcontracting and Grants

\$ -

[detail](#)**Indirect Cost**

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Contractor Match

Total Budged Expenditures

\$ -

OR

The cost per service line item is seperate from total budgeted expeditures and is used when creating a detail is required for the line item budget.

Total Cost Per Service