

Kittitas County
Developmental Disabilities Information and Education Funds
 Budget Template

Please fill in only gray shaded areas.

Applicant Name:

BIENNIAL (2 YEAR) PROJECT BUDGET

Amount from *Amount from*
County Request *other Sources* *Details/Description/Justification*

Non-Administrative Staff Costs

<i>Salaries and Wages</i>			
<i>Benefits</i>			
Non-Administrative Staff Cost Totals	\$ -	\$ -	

Good & Services

<i>Supplies</i>			
<i>Equipment</i>			
<i>Training</i>			
<i>Travel</i>			
<i>Other (please detail)</i>			
Goods & Services Cost Totals	\$ -	\$ -	

TOTAL NON-ADMINISTRATIVE COSTS	\$ -	\$ -	
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Administrative Costs (not to exceed 15% of the total non-administrative budget)

<i>Administrative Staff Salaries and Wages</i>			
<i>Administrative Staff Benefits</i>			
<i>Other Administrative Costs (please detail)</i>			
TOTAL ADMINISTRATIVE COSTS	\$ -	\$ -	

TOTAL REQUEST \$ -