

**NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)
BUDGET SUMMARY**

PROGRAM TITLE:				
AGENCY NAME:				
<p>ANNUAL BUDGET: Please fill in dollar amounts in the budget categories below. TOTAL PROGRAM COST must equal the sum of the MATCHING SHARE (cash and/or in-kind) plus the NCCDD FUNDS REQUIRED. All costs to be reimbursed by federal funds must be used for the conduct of the initiative. The following budget categories are a summary of costs considered "allowable," but is <u>not</u> all inclusive. Exclusion of an item from this list does not necessarily mean it is unallowable.</p>				
BUDGET CATEGORY	BUDGET			
	NCCDD FUNDS REQUIRED	MATCH		TOTAL PROGRAM COST
		CASH	IN-KIND	
STAFF SALARIES				\$0.00
STAFF FRINGE BENEFITS				\$0.00
STAFF TRAVEL				\$0.00
SUPPLIES				\$0.00
COST OF SPACE				\$0.00
EQUIPMENT				\$0.00
CONTRACTED SERVICES				\$0.00
OTHER				\$0.00
INDIRECT COST				\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00
REMARKS:				

CERTIFICATION BY OFFICIAL AUTHORIZED TO MAKE COMMITMENT

It is understood that Non-Federal Resources identified in this budget will be used to match only NC Council on Developmental Disabilities' Federal Funds, and will not be used to match any other Federal Funds during the period of the NCCDD funded initiative.

NAME & TITLE

DATE

SIGNATURE