Annual Operating Budget and Budget Narrative

# SECTION 1—BUDGET FOR PROPOSED NEW RECOVERY RESIDENCE

Enter budget amounts below for Commerce funds, other fund sources, and in-kind support

*Double-click on table to activate—enter values only into blue cells*

**Applicant:**

**Project Name:**

****

**NOTE: The amount displayed in the yellow box above will be considered the amount requested under this application. Make any entries in this column accordingly. Contracts arising from this funding opportunity will be capped at $75,000 for Level II recovery residences or $90,000 for Level III recovery residences.**

Describe any costs listed as “other” in the box below:

Enter description of “other” costs as noted above

# SECTION 2—OTHER FUNDING SOURCES

Identify the funding sources (other than Commerce) indicated in the budget table above.

|  |  |  |
| --- | --- | --- |
| **Fund Source** | **Amount** | **Requested OR Confirmed?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# SECTION 3—NARRATIVE RESPONSES

Provide a brief description of the use of funds in the following budget categories for which funding is requested:

|  |  |
| --- | --- |
| **Budget Category** | **Narrative Response** *responses should be brief and concise, but complete* |
| Staff Salaries |  |
| Staff Benefits |  |
| Monthly Mortgage or Rent |  |
| Travel |  |
| Food |  |
| Equipment |  |
| Maintenance |  |
| Landscaping |  |
| Contracted Services |  |
| Other (if applicable) |  |