



**El Dorado County**

**Community Corrections Partnership**

**Public Safety Realignment Strategic Plan**

**November 21, 2024**

**Presentation:**

*Recommendation on the Public Safety Realignment Strategic Plan*

**List of Exhibits:**

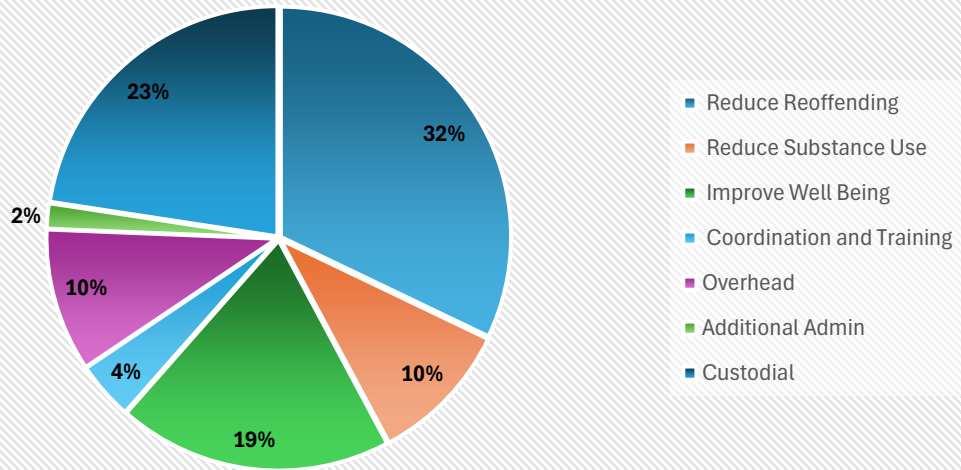
1. Current (Fiscal Year 24/25) Budget as planned and approved
2. Results of the Prioritization Exercise on 3/22/2024
3. Recommended Allocation Strategy
4. Recommended Approach for the Use of Public Safety Realignment Funds  
*(Logic Model of the Funding Strategy)*
5. Recommendations on the Allowable Use of Funds
6. Recommended Application Forms:
  - a. Application for Funding Consideration (Parts A – F)
  - b. Supplemental Questionnaires for each funding request
    - Involuntary / Mandatory Justice Program
    - Voluntary Health / Behavioral Health Services
    - Voluntary Education & Employment Programming
  - c. Project Budget and Narrative

AB 109 Realignment Project Investments			
Strategy	Activity / Existing vs. Proposed	FY 24/25 Budget (Planned)	Partner
Programming & Linkages to: Reduce Re-Offending	AB 109 Probation Services (13 FTEs)	\$ 1,814,411	Probation
	Corrections- Inmate Services 3 FTE	507,317.70	Sheriff's Office
Programming to Reduce Substance Use	Behavioral Health Staffing	\$ 559,108	HHSA
	Treatment Contracts	\$ 170,000	HHSA
Programming to Improve Employment, Housing, Education, Health, Income. (Improve Client Wellbeing)	Housing, Transp. Food, Apprenticeship	\$ 460,239	Probation
	Improve Access to Services	\$ 365,897	HHSA
	Education and Training Program	\$ 225,000	ED C0
	MRT in Jails Contract	\$ 68,333	Sheriff's Office
	Health Care in Custody Contract	\$ 277,138	Sheriff's Office
Coordination and Capacity Building	CCP Coordinator, Grants Analyst	\$ 275,051	Probation
	Training	\$ 20,000	Local Law Enforcement
Overhead	13% overhead for County Agency	\$ 363,655	Probation
	13% overhead for County Agency	\$ 143,817	HHSA
	13% overhead for County Agency	\$ 219,838	Sheriff's Office
Other Admin / Operations	Lease, Communications, Minor Equip, Supplies	\$ 122,712	Probation
	Travel / Mileage	\$ 5,000	HHSA
Custodial	Electronic Monitoring Programming	\$ 450,000	Probation
	Corrections - General Custody 7 FTE	\$ 1,183,741	Sheriff's Office
<b>TOTALS</b>		<b>\$ 7,231,258</b>	

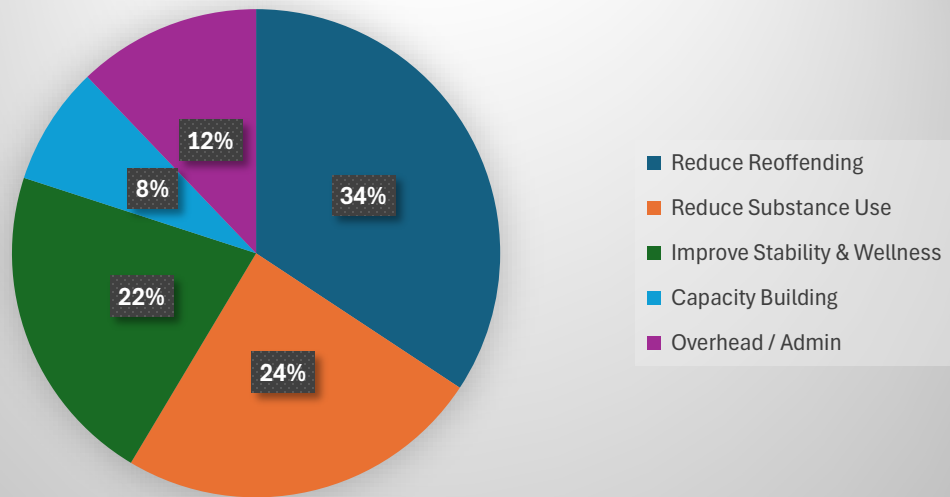
Strategy Area	Total Score	CATEGORY
Bridge Funds to Expand Treatment	42	Reduce Substance Use
Probation Officers	35	Reduce Reoffending
HHSA	31	Reduce Substance Use
Correctional Officers	27	Reduce Reoffending
Other: Well Path, Other Treatment, Transport, etc.	22	Improve Stability & Wellness
Bridge/Capacity Building to Improve Re-Entry	21	Improve Stability & Wellness
Employment Training	20	Improve Stability & Wellness
Educational Programming	16	Improve Stability & Wellness
Re-Entry Housing	15	Improve Stability & Wellness
Increase Use of Community Care Management	13	Reduce Substance Use
MAT - In Custody Start Up	7	Reduce Substance Use

Strategy Area	Total Score	CATEGORY	
Other: Well Path, Other Treatment, Transport, etc.	22	Improve Stability & Wellness	
Bridge/Capacity Building to Improve Re-Entry	21	Improve Stability & Wellness	94
Employment Training	20	Improve Stability & Wellness	
Educational Programming	16	Improve Stability & Wellness	
Re-Entry Housing	15	Improve Stability & Wellness	
Bridge Funds to Expand Treatment	42	Reduce Substance Use	
HHSA	31	Reduce Substance Use	93
Increase Use of Community Care Management	13	Reduce Substance Use	
MAT - In Custody Start Up	7	Reduce Substance Use	
Probation Officers	35	Reduce Reoffending	62
Correctional Officers	27	Reduce Reoffending	

### Current Allocations by Strategy



### Proposed Allocations by Strategy



**El Dorado County Community Corrections Partners – Approach to the Use of Public Safety Realignment Funding**

Essential Funding Purpose	Statewide Objectives	Local Funding Strategy	Allowable Activities	Program Activity Measures	Client Impact Measures	El Dorado Desired Results	Community-Wide Measures
<b>Reduce Inmate Population &amp; Improve Public Safety</b>	<b>Increase Use of Community Sanctions &amp; Programs</b>  <b>Decrease Use of Incarceration</b>  <b>Reduce Recidivism</b>  <b>Reduce Costs</b>	<b>Involuntary (Mandatory) Justice Programs</b>	Case Planning: <ul style="list-style-type: none"> <li>• Screening</li> <li>• Assessments</li> <li>• Re-Evaluations</li> </ul>	<b>Who did we serve (target population)?</b> <ul style="list-style-type: none"> <li>• Client Count</li> <li>• Demographics</li> </ul> <b>How much was done (dosage)?</b> <ul style="list-style-type: none"> <li>• # of screening, assessments, referrals</li> <li>• # of sessions, classes, treatments</li> <li>• # of days housed</li> </ul> <b>Was work done well (high-quality)?</b> <ul style="list-style-type: none"> <li>• Participation rates</li> <li>• Completion rates</li> <li>• Engagement rates</li> <li>• Fidelity rates</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the # &amp; % of successful referrals from justice partners to treatment &amp; program. partners</li> <li>• Improve the score (lower) on the ONA/Risk Assessment</li> </ul>	<b>Reduce Reoffending</b>	<ul style="list-style-type: none"> <li>• Decrease in the number &amp; rate of individuals re-arrested</li> <li>• Decrease the average number of days in custody</li> </ul>
			Interventions: <ul style="list-style-type: none"> <li>• Groups</li> <li>• Classes</li> <li>• One-on-ones</li> </ul>				
			Linkages: <ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Referrals</li> <li>• Cross-Partner Coordination</li> </ul>				
		<b>Voluntary Health/Behavioral Health Services</b>	Individual, Group, Residential Tx, with: <ul style="list-style-type: none"> <li>• Diag. &amp; Case Plans (ASAM)</li> <li>• Best Practices</li> <li>• Trained Staff</li> </ul>		<ul style="list-style-type: none"> <li>• Insured and engaged by a Care Team</li> <li>• Harm Reduced (UA results)</li> </ul>	<b>Reduce Substance Use</b>	<ul style="list-style-type: none"> <li>• Decrease hospitalizations for substances</li> <li>• Decrease re-arrests for use or possession</li> </ul>
		<b>Voluntary Education &amp; Employment Programming</b>	Employment: <ul style="list-style-type: none"> <li>• Preparation</li> <li>• Job Training</li> <li>• Fees, Licensing*</li> </ul> Education: <ul style="list-style-type: none"> <li>• Instructional</li> <li>• Guidance/Counsel</li> </ul>				
<b>Local Capacity Building &amp; Systems Strengthening</b>	Capacity Building: <ul style="list-style-type: none"> <li>• Coordination &amp; Strategic Planning</li> <li>• Data Management &amp; Evaluation</li> <li>• Workforce Development</li> </ul>	<ul style="list-style-type: none"> <li>• Participation (in meetings)</li> <li>• Timeliness (of reports)</li> <li>• Accuracy (of data)</li> <li>• Training (of staff)</li> </ul>	<ul style="list-style-type: none"> <li>• Partner MOUs &amp; other contracts are in place</li> <li>• Data sharing, management, &amp; reporting occurs</li> </ul>	<b>Strengthen the Community Corrections Partnership</b>	<ul style="list-style-type: none"> <li>• Engaged Partners</li> <li>• Better Data</li> <li>• Successful Programs</li> <li>• More revenue</li> </ul>		

**El Dorado County**  
**Public Safety Realignment**  
**Allowable Expenditures (Costs)**

**1. Personnel: Salaries, Benefits, and Payroll Taxes**

Salaries	Must include the base salaries and proportion of time spend on the project for all staff members paid for through this grant. Names, titles, and role on the project must be specified in the budget justification. For full time employees provideing direct services, at least 60% of time must be demonstrated to be spent doing direct client work. Payroll statements must be accompanied by demonstration of activities. (Clients served, groups
Benefits	Personnel benefit costs incurred by the organization including medical, retirement, dental, unemployment, workers compensation or disability. Must be directly proportional to the % FTE allocated to the grant.
Payroll Taxes	FICA
Not Allowable	Employee "perks" such as bonuses, uniform allowances, or gym memberships

**2. Supplies and Materials**

Office Supplies / Printing / Postage	Office supplies, reproduction, and postal costs.
Program Supplies and Materials	Items intended for use by clients of the program while receiving services. May include programming supplies, and items to meet clients basic needs including hygiene supplies, water, snacks, first aid supplies, bus passes, and other basic items to build rapport and safety. (These are for bulk client benefit supplies, not items intended for a specific client
Not Allowed	valuable gifts (such as bicycles, accessories, or clothing), rental assistance, any direct financial compensation of clients

**3. Durable Equipment**

Durable Medical Equipment Supplies for the Grantee use and distribuion; as payor of last resort. Not intended for a specific client.	Mobility assistance devices (crutches, walkers, etc.); Medical storage equipment including refridgeration and items necessary to maintain the security of prescription medications.
Electronic Monitoring Equipement and Contracts.	Electronic Monitoring Devices (e.g. ankle monitors, remote breathmonitoring, etc.) as required under court order and as needed to prevent/reduce custody stays. (Purpose
Equipment Leases / contracts	Proportionate to the extent equipment is used by the project.
Not Allowed: General use items not attributed to personnel of the program.	<i>Vehicles, motorized equipment, Computer hardware (without pre-approval) Officer / Law Enforcement specific safety and enforcement equipment (for non-AB109 assigned staff). Items with a per unit acquisition cost greater than \$5,000 must be pre-approved through the budget process.</i>

**El Dorado County**  
**Public Safety Realignment**  
**Allowable Expenditures (Costs)**

**4. Direct Client Benefit Items**

Emergency basic needs	Direct emergency assistance to address household basic needs for health, and safety, including: Food assistance; hygiene assistance (including menstrual products and diapers); bus passes / fuel gift cards for urgent transit needs.
Emergency client stabilization assistance	Emergency client stabilization assistance may be provided for up to 90 days as payor of last resort for: housing assistance, transportation assistance, child care assistance, and medication assistance. Clients must be (1) in good standing with the program and (2) applications for eligible benefits are completed within 30 calendar days of fund expenditure and reimbursable benefits are not otherwise anticipated or expected during the intervening times. Eligible benefits include but are not limited to housing assistance
Client training fees, program enrollments, certification and licensing fees, etc.	Pre-approval is required for all planned expenditures in this category. A client application form, with justification must be submitted at time of request by the case manager, probation officer, or provider and approved by the appropriate program manager within the Department. Clients must be in good standing. In general, this client benefit category is intended as a reward or incentive for program compliance, participation, and successful completion of target goals. (DV program fees may be approved for new clients, or clients
Not allowed	Per client costs may not exceed \$ 500 per month and 90 days within a calendar year, for a total per client allowable cost of \$1,500. Departments are advised that reimbursements will only be approved as a payment of last resort and invoices must be accompanied by

**5. Professional Fees and Services**

Contractors	Professional fees including hourly rate, maximum hours to the project, and justification and cost breakdown for contracted services. Contracted services must be pre-approved as part of the budgeting process. Pre-approval will require contractor qualifications, rate summary, and scope of work. Selection justification is required for contracts over
Professional Trainings	Costs associated with professional trainings, including but not limited to conference registration fees, CEU fees, curricula, fidelity monitoring, etc.
Partner Agencies	A subrecipient agreement is required, with a clearly defined scope of work, justification of costs, and demonstration of capacity to monitor program services and activities are
Other	A salary or rate table is needed for contract staff, temporary staff, or other project members engaged to only work on the grant.
Not Allowed	Security, janitorial, or other contracts for the maintenance of the program/facility space as a whole.

**El Dorado County**  
**Public Safety Realignment**  
**Allowable Expenditures (Costs)**

**6. Other Costs**

Professional Travel	Costs associated with case management travel (travel to transport a client / retrieve a client from an out of area rehabilitative program or facility). Costs associated with travel for professional trainings and conferences must be pre-approved. All professional travel costs must meet County travel guidance for reimbursable
Mileage	Local travel / mileage costs. Mileage reimbursements rates must align to EDC Board Policy and IRS guidance for the calendar year.
Other	Out of area travel to conferences or trainings must be pre-approved.
Not Allowed	Donations, cash reserves, entertainment, fundraising costs, lobbying, meals, grant writing, honoraria. Capital improvements, rent, utilities, renovations, furniture, or other facility upgrades.

**7. Indirect Costs**

Allowable	Up to 13%
Not Allowable	Costs associated with program evaluation, monitoring, or audits must be requested under the system performance and capacity building category.
Not Allowable	Fundraising, galas, holiday parties, lobbying or charitable costs.



**El Dorado County Community Corrections Partners  
Application for Funding Consideration**

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**A. Eligibility for Funding (Please affirm this project is eligible for consideration)**

1. Is a local funding strategy identified, and will funds be used for allowable activities?  
 Yes
2. Is there an essential nexus between the project and the funding purpose to improve public safety and/or reduce inmate populations?  
 Yes
3. Will funds be used to supplant (free up) other funds intended for the same purpose?  
 No
4. Will funds be used for primary prevention, early intervention, or interdiction.  
 No

**B. Funding Strategy (Must select one Essential Purpose. For each essential purpose a separate supplemental application must be complete)**

5. Essential Funding Purpose
  - Involuntary (Mandatory) Justice Program
  - Voluntary Health / Behavioral Health Services
  - Voluntary Education & Employment Programming
6. Are you concurrently applying for Capacity Building funding?
  - Yes, in meeting the essential funding purpose the program will also require capacity building funds to accomplish goals. (Program budget may include costs associated with allowable capacity building activities.)
  - No. (Program budgets may not include costs associated with capacity building.)
7. How does the proposed activity fill a critical need?
  - Enhances, improves, or expands direct client services (a change is proposed)
  - Sustains an existing, allowable activity (no changes are proposed)
  - Fills a missing service, system, or capacity gap (new service is proposed)
8. Do you also intend to apply for stand-alone Capacity Building funds (for capacity building activities unrelated to the implementation and delivery of direct services)?
  - Yes
  - No

**C. Proposed Clients to be Served (Client Profile)**

9. This program will serve adults:

- In Custody
- Out of Custody
- Both In Custody and Out of Custody

10. Please describe intervention / inflection point of the proposed service for each of the above referenced populations to be served, and whether you intend to serve a population that has been identified as being a high-need or priority (*check all that apply to your program*).

Adults in Custody (Jail)	Adults out of Custody	Priority Need Population
<input type="checkbox"/> Waiting for trial & screened as high need <input type="checkbox"/> Sentenced to greater than 90 days in local custody	<input type="checkbox"/> Pre-trial <input type="checkbox"/> Diversion <input type="checkbox"/> Probation Supervision <input type="checkbox"/> Prior Arrest	<input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Fentanyl / Opioid Use <input type="checkbox"/> Transitional Age Youth (ages 18-24)

11. How many individuals will receive program intervention services? (This will be your target goal for the number of unique clients served in one year.)

**D. Proposed Program Intervention / Service**

12. Which of the allowable activities or intervention will you be providing for the clients? (*see list of Allowable Activities*)

13. What is the target amount of service or intervention that each client will receive. (Please be specific for each type of intervention, class, session, treatment modality, etc. This will be your target dosage amount per client and must be reflective of a quantifiable unit of service.)

14. How will you ensure that the project is being delivered at the level and quality anticipated by your programming team? (Check all that apply.)

- Percent of target population (e.g. eligible individuals) successfully enrolled.
- Percent of enrolled individuals who complete program activities.
- Percent of enrolled individuals that demonstrate high engagement in program.
- Percent of individuals that received services consistent with the program design.

## E. Implementation Plan

15. Where will services be provided (geographic region or location)?
16. Are there any agencies or organizations that you will be working closely with to deliver services, including coordinated case planning, referrals to services, etc.?
- No:
  - Yes: If yes, please name your partners.
17. Following contract approvals, how quickly will you be able to start services?
- Immediately. Staffing, service location, and program policies are in place.
  - Within 3 months. Short-term activities like training or data systems are needed.
  - Within 6 months. Project will require hiring new positions / finding a location.

## F. Project Narrative.

*Please answer each question in sufficient detail to justify the use of AB 109 funding. Use the attached logic model for definitions and guidance on the underlined terms. Responses to each question should be between 300 – 600 words.*

18. What is the problem that will be addressed by this project. Provide any baseline data to describe the current situation and how it has changed over time.
19. What is your solution? Your response should address one or more of the essential funding purposes and statewide objectives for AB 109. Be specific about the local funding strategy selected and (allowable) activities to be conducted.
20. How will your efforts make a difference to the problem? Estimate the extent/degree to which change will happen. Your response should address one or more El Dorado County desired results.
21. How will you demonstrate program success and impact to clients? Describe both the client impact and program activity measures you will track and the method you will use to determine outcomes. Discuss activities to supervise and manage data collection and entry into your database or case management system on a timely basis.

**Involuntary (Mandatory) Justice Program - Supplemental**

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Check here if this supplemental is not relevant to your funding request.

**J-1. Individual Client / Program Objective (Check all that apply. Must Check One)**

- Reduce (lower clients' scores) on the ONA / Risk Assessment.
- Increase number and rate of successful referrals from justice partner to treatment partner.

**J-2. Are there any other measures of success that you will be tracking to determine whether the project is having a positive impact?**

**J-3. Identify the project activities that will be funded under AB109. Include information about any leveraged resources that will support program implementation. (All activities must be addressed)**

Allowable Activity	AB 109 Funds Requested (\$ Amount)	Other Funds Leveraged (\$ Amount)
Case Planning		
Services / Interventions		
Linkages		
Capacity Building		

**J-4. Will AB 109 funds be used to support any direct services or interventions?**

- No: Funds are intended for case planning, assessments, and linkages only.
- Yes: If yes, name the service or intervention(s) to be used:
  - o If yes, describe the service delivery method (in-person sessions/classes, virtual/ phone/remote, or residential-type program):

**J-5. Will AB 109 funds be used to support any workforce development or trainings?**

- No: Anticipated program staff are sufficiently trained in model/activities proposed.
- Yes: If yes, describe the training and staff eligible for training:

**J-6. Will the organization be able to collect and report-out on a quarterly basis all (100%) of the required Program Activity and Client Impact measures?**

- Yes, data can be reported immediately, including fidelity monitoring.
- No, Technical / Data Assistance is required for compliance within one year.

**Voluntary Health/Behavioral Health Services - Supplemental**

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Check here if this supplemental is not relevant to your funding request.

**H-1. Individual Client / Program Objective (Check all that apply. Must Check One)**

- Clients are insured and engaged by a care team
- Clients are lowering, or ceasing, their use of drugs and/or alcohol

**H-2. Are there any other measures of success that you will be tracking to determine whether the project is having a positive impact?**

**H-3. Identify the project activities that will be funded under AB109. Include information about any leveraged resources that will support program implementation. (one or more activities must be addressed)**

<b>Allowable Activity</b>	<b>AB 109 Funds Requested (\$ Amount)</b>	<b>Other Funds Leveraged (\$ Amount)</b>
Individual, Group, or residential Substance use.		
Individual / Group wellness or health related		
Capacity Building		

**H-4. Will AB 109 funds be used to support any direct services or interventions?**

- No: Funds are intended for case planning, assessments, and linkages only.
- Yes: If yes, name the service or intervention(s) to be used:
  - o If yes, describe the service delivery method (in-person sessions/classes, virtual/ phone/remote, or residential-type program):

**H-5. Will AB 109 funds be used to support any workforce development or trainings?**

- No: Anticipated program staff are sufficiently trained in model/activities proposed.
- Yes: If yes, describe the training and staff eligible for training:

**H-6. Will the organization be able to collect and report-out on a quarterly basis all (100%) of the required Program Activity and Client Impact measures?**

- Yes, data can be reported immediately, including fidelity monitoring.
- No, Technical / Data Assistance is required for compliance within one year.

**Voluntary Education & Employment - Supplemental**

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Check here if this supplemental is not relevant to your funding request.

**E-1. Individual Client / Program Objective (Check all that apply. Must Check One)**

- Clients are in school with a stable income
- Clients are working or in a job training program with a stable income

**E-2. Are there any other measures of success that you will be tracking to determine whether the project is having a positive impact?**

**E-3. Identify the project activities that will be funded under AB109. Include information about any leveraged resources that will support program implementation. (one or more activities must be addressed)**

<b>Allowable Activity</b>	<b>AB 109 Funds Requested (\$ Amount)</b>	<b>Other Funds Leveraged (\$ Amount)</b>
Educational Programming		
Employment / Job Training		
Capacity Building		

**E-4. Will AB 109 funds be used to support any direct services or interventions?**

- No: Funds are intended for case planning, assessments, and linkages only.
- Yes: If yes, name the service or intervention(s) to be used:
  - o If yes, describe the service delivery method (in-person sessions/classes, virtual/ phone/remote, or residential-type program):

**E-5. Will AB 109 funds be used to support any workforce development or trainings?**

- No: Anticipated program staff are sufficiently trained in model/activities proposed.
- Yes: If yes, describe the training and staff eligible for training:

**E-6. Will the organization be able to collect and report-out on a quarterly basis all (100%) of the required Program Activity and Client Impact measures?**

- Yes, data can be reported immediately, including fidelity monitoring.
- No, Technical / Data Assistance is required for compliance within one year.

**GRANT PROGRAM FUNDS - PROJECT BUDGET AND NARRATIVE**

*Shaded cells are locked for editing. Contact the Grant Administrator for questions about completing this form.*

*Budget Tables are formatted for 8.5" x 14" paper (legal)*

<b>Name of Lead Agency:</b>			<b>Total Grant Funds Requested:</b>	<b>\$0.00</b>
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**Contract Term: 2 years / 24 months**

<b>Budget Line Item</b> <i>(Amounts will autopopulate from budget tables below)</i>				<b>Total</b>	<b>Total</b>	<b>Total</b>
				<b>Grant Funds</b>	<b>Leveraged</b>	<b>Project Budget</b>
1. Personnel: Salaries, Benefits, and Payroll Taxes				\$0.00	\$0.00	\$0.00
2. Supplies and Materials				\$0.00	\$0.00	\$0.00
3. Durable Equipment				\$0.00	\$0.00	\$0.00
4. Direct Client Benefit Items				\$0.00	\$0.00	\$0.00
5. Professional Fees and Services				\$0.00	\$0.00	\$0.00
6. Other Costs				\$0.00	\$0.00	\$0.00
<b>Total Direct Costs</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
7. Indirect Costs (13%)				\$0.00	\$0.00	\$0.00
<b>TOTAL PROJECT COSTS</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>





**Project Budget and Narrative Page 3.**

**2. Supplies and Materials**  
*(Add rows as needed to account for all major supply categories)*

Acct. Code	Supply Category	Description	Annual Supply Cost	Time Period	Year 1 Amount	Year 2 Amount	Total	Year 1 Amount	Year 2 Amount	Total
					(\$ Requested)	(\$ Requested)	Grant Funds	(\$ Leveraged)	(\$ Leveraged)	Project Budget
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
<b>Total Supply and Material Costs for the Project</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Budget Instructions:**  
 \* List the Accounting Code, Supply Category, and itemized description of the supplies needed for each category.

**Narrative:**

**3. Durable Equipment**  
*(Review Allowable Costs to confirm applicable expenses under these grant funds).*

Acct. Code	Equipment Category	Description	Annual Cost	Time Period	Year 1 Amount	Year 2 Amount	Total	Year 1 Amount	Year 2 Amount	Total
					(\$ Requested)	(\$ Requested)	Grant Funds	(\$ Leveraged)	(\$ Leveraged)	Project Budget
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
<b>Total Durable Equipment Costs for the Project</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Budget Instructions:**  
 \* List the Accounting Code, Equipment Category, and itemized description of the items needed for each category.

**Narrative:**

**Project Budget and Narrative Page 4.**

**4. Direct Client Benefit Items**

*(Review Allowable Costs to confirm applicable expenses under these grant funds).*

Acct. Code	Service Category	Description	Annual Cost	Time Period	Year 1 Amount	Year 2 Amount	Total	Year 1 Amount	Year 2 Amount	Total
					(\$ Requested)	(\$ Requested)	Grant Funds	(\$ Leveraged)	(\$ Leveraged)	Project Budget
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
<b>Total Professional / Service Costs for the Project</b>							<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Budget Instructions:**

\* List the Accounting Code, Expense Category, and itemized description of the items needed for each category. \* ONLY include services purchased for THIS PROJECT.

**Narrative:**

**5. Professional Fees and Services**

*(Review Allowable Costs to confirm applicable expenses under these grant funds).*

Acct. Code	Equipment Category	Description	Annual Cost	Time Period	Year 1 Amount	Year 2 Amount	Total	Year 1 Amount	Year 2 Amount	Total
					(\$ Requested)	(\$ Requested)	Grant Funds	(\$ Leveraged)	(\$ Leveraged)	Project Budget
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
<b>Total Rent / Utilities Costs for the Project</b>							<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Budget Instructions:**

\* List the Accounting Code, Expense Category, and itemized description of the items needed for each category. \* ONLY include items for THIS PROJECT that will be used for operation of approved facilities.

**Narrative:**

**Project Budget and Narrative Page 5.**

**6. Other Costs**

*(Review Allowable Costs to confirm applicable expenses under these grant funds).*

Acct. Code	Category	Description / Vendor	Annual Cost	Time Period	Year 1 Amount	Year 2 Amount	Total	Year 1 Amount	Year 2 Amount	Total
					(\$)	(\$)	Grant Funds	(\$)	(\$)	Project Budget
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
			\$0.00				\$0.00			\$0.00
<b>Total Other Costs for the Project</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Budget Instructions:**

\* List the Accounting Code, Expense Category, and itemized description of the items needed for each category.

**Narrative:**

**Please include any other information needed to justify this cost proposal:**