

**San Joaquin County Children and Families Commission
Annual Budget Request Form**

Applicant: _____

Period: _____

Program: _____

A	B	C	D	E	F	G	H	I
I.	PERSONNEL		12 month salary	% of salary attributed to program	Total salary attributed to program	Amount of Col F requested from Commission	%	Amount of Col F provided by other sources
	Position Title							
	A.							
	B.							
	C.							
	D.							
	E.							
	F.							
	G.							
	H.							
	I.							
	J.							

Total Personnel Excluding Benefits
Benefits Percentage
Total Personnel Including Benefits

II. OPERATING EXPENSES

**Amount
requested from
Commission**

- A. Rent and Utilities
- B. Communications/Phones
- C. Office Expenses
- D. Equipment Lease
- E. Equipment Purchase
- F. Travel
- G. Training/Conferences
- H. Consultants/Subcontractors (if any)
- I. Program Costs
- J. Other

Total Operating Expenses

III. INDIRECT EXPENSES

Indicate % of Personnel, Excluding Benefits
(Cannot Exceed 15%)

IV. TOTAL REQUEST

**San Joaquin County Children and Families Commission
Annual Budget Request Summary**

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Classroom Name	# of Spaces Budgeted	Quality Level	Maximum Allowable Budget	Actual Approved Budget
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