## APPENDIX B-2 BUDGET JUSTIFICATION

| PROPOSER'S NAME:                       |                           |                               |   |                  |  |  |  |
|--|---------------------------|-------------------------------|---|------------------|--|--|--|
|  |                           | 12 Months                     |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
| A. FULL-TIME AND PART-TIME SALARIES    |                           |                               |   |                  |  |  |  |
| Full-Time Position and Job Title Job   |                           |                               | Job Duties Related to Specific Program Objectives |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
| Part-Ti                                | me Position and Job Title | Job Du                        | Job Duties Related to Specific Program Objectives |                  |  |  |  |
| i ait ii                               | 000 54                    | September 1 Togram expectives |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
| B.                                     | EMPLOYEE BENEFITS         |                               |   |                  |  |  |  |
| Full-Time Employee Benefit             |                           |                               |   | Percentage Rate  |  |  |  |
| i un-ii                                | me Employee Bellent       |                               |   | 1 ercentage Nate |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
| Total Full-Time Employee Benefits Rate |                           |                               | ts Rate   |                  |  |  |  |
| Part-Time Employee Benefit             |                           |                               |   | Percentage Rate  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
| Total Part-Time Employee Benefits Rate |                           |                               | ts Rate   |                  |  |  |  |
| •                                      |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
| C. OPERATING EXPENSES                  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   | Justification    |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |
|  |                           |                               |   |                  |  |  |  |

## APPENDIX B-2 BUDGET JUSTIFICATION

| D.   | MILEAGE AND TRAVEL                            |                    |  |
|------|---|--------------------|--|
| Item |   | Item Justification |  |
|      |   |                    |  |
|      |   |                    |  |
|      |   |                    |  |
|      |   |                    |  |
|      |   |                    |  |
| E.   | OTHER COSTS (Including Consultant/Contractor) |                    |  |
| Item |   | Item Justification |  |
|      |   |                    |  |
|      |   |                    |  |
| ·    |   |                    |  |
|      |   |                    |  |