

(CJCC). The letter should outline the reasons why your agency will have trouble meeting the full match requirement and should indicate the amount of match you are able to provide for

G. Match Waiver Amount:

Budget Summary--When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category		Amount	
A. Personnel and Fringe		\$0	
B. Travel		\$0	
C. Equipment		\$0	
D. Supplies		\$0	
E. Printing		\$0	
F. Other		\$50,000	
TOTAL PROJECT COSTS		\$50,000	
Award		FALSE	
Match Amount		FALSE	
Match Breakdown	Cash	\$0	#DIV/0!
	In-Kind	\$0	#DIV/0!

Budget Narrative

Based on the proposed budget, Lowndes County will require the provider to adhere to the 70/30 rule requiring at least 70% of funding be applied towards direct services. Since SFP is a 12 week program, the cost per session will be the overall budget for a single group divided by 12. Since Lowndes County will require a minimum of 2 groups during this grant cycle, the total number of group sessions budgeted is 24.