Form B - ACAC Budget Narrative

County ACAC:			
County ACAC Contact Person:Phone Number:Email:			
Date of Application:			
Project Title:			
Person(s) Responsible for Overseeing Project:			

Project Budget			
Personnel:	\$		
Facilities:	\$		
Travel:	\$		
Reasonable Accommodations:	\$		
Contractual:	\$		
Supplies and Materials:	\$		
Other Costs:	\$		
Total:	\$		

Personnel: Provide a description of personnel costs that would be directly associated with implementing and managing the project. _____

Facilities: Provide a description of facility costs related to any events, such as information fairs, job fairs, conferences, or training sessions. Include a description of efforts to secure free facilities.

Travel: Provide a description for travel expenses necessary for the project. Explain who will be doing the traveling and how it relates to the project. _____

Reasonable Accommodations: Provide a description, i.e., number of hours and rates, to project costs of sign language interpreting, CART, alternate format production, assistive technology, and other accommodations necessary to ensure equal and full participation by people with disabilities.

Contractual: Provide a description and explanation for any contractual purchases necessary for the project. For each proposed contract, describe and explain the nature of the goods or services purchased, its role in the project and the rate and amount. If the contractor has already been identified, attach documentation of the contractor's qualifications to the budget narrative.

Supplies and Materials: Describe and explain the costs associated with any supplies or materials purchased or developed for the project. Please itemize the supplies/materials requested. How does this purchase impact people with disabilities?

Other Costs: Describe and explain any other costs associated with the project.

In-Kind: Describe and provide values for planned in-kind contributions in support of this project.