

**2010 UNIFORM BUDGET**

**Full Name of Funder**  
**Palm Beach County, Department of Community Services**

**Funding Period:**  
From: October 1, 2009 To: September 30, 2010

<b>Full Legal Name of Agency</b>	<b>Local Address of Agency</b>
<b>Telephone Number</b>	<b>Fax Number</b>

<b>Prepared By</b>	
<b>Signature</b>	<b>Typed Name and Title</b>
<b>Date Submitted</b>	<b>Telephone Number</b>

<b>Authorized Signature</b>	
<b>Signature</b>	<b>Title</b>
<b>Typed Name</b>	<b>Date</b>

**FORM A : INDIVIDUAL PROGRAM BUDGET NARRATIVE**

FOR: PALM BEACH COUNTY, DEPARTMENT OF COMMUNITY SERVICES

Agency:           Type Agency Name Here (on page one) Proposed Budget For Year Ending:

September 30, 2010

REVENUES	FAA Requested Amount	Balance Amount
1. Funds from Government Sources		
2. Dept. of Children & Families		
3. Palm Beach County (Specify)		
4. Children's Services Council		
5. Federal (Specify)		
6. School District		
7. Other (Specify)		
8. United Way		
8a. United Way of Palm Bch Cty		
8b. United Way/Community Chest		
8c. Other United Way		
9. Foundation (Specify)		
10. Fund Raising		
11. Contributions, Legacies & Bequests		
12. Membership Dues		
13. Program Service Fees and Sales		
14. Investment Income		
15. In-Kind		
16. Miscellaneous Revenue		
17. Total Revenues	<b>\$0</b>	<b>\$0</b>

**All Financial Information Rounded to Nearest Dollar**

**FORM A : INDIVIDUAL PROGRAM BUDGET NARRATIVE**

Agency:           Type Agency Name Here (on page one) Proposed Budget For Year Ending:

September 30, 2010

<b>EXPENDITURES</b>	<b>FAA Requested Amount</b>	<b>Balance Amount</b>
<b>18. Salaries</b>		
<b>19. Employee Benefits</b>		
a. FICA		
b. FL Unemployment		
c. Workers' Compensation		
d. Health Plan		
e. Retirement		
<b>20. Sub-Total Employee Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>21. Sub-Total Salaries &amp; Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>22. Travel</b>		
a. Travel/Transportation		
b. Conferences/Registration/Travel		
<b>23. Sub-Total Travel</b>	<b>\$0</b>	<b>\$0</b>
<b>24. Building/Occupancy</b>		
a. Rent		
b. Depreciation		
<b>25. Sub-Total Building/Occupancy</b>	<b>\$0</b>	<b>\$0</b>
<b>26. Communications/Utilities</b>		
a. Telephone		
b. Postage & Shipping		
c. Utilities (Power/Water/Gas)		
<b>27. Sub-Total Communications/Utilities</b>	<b>\$0</b>	<b>\$0</b>

**All Financial Information Rounded to Nearest Dollar**

**FORM A : INDIVIDUAL PROGRAM BUDGET NARRATIVE**

Agency:           Type Agency Name Here (on page one) Proposed Budget For Year Ending:

September 30, 2010

<b>EXPENDITURES</b>	<b>FAA Requested Amount</b>	<b>Balance Amount</b>
<b>28. Printing &amp; Supplies</b>		
a. Office Supplies		
b. Program Supplies		
c. Printing & Publications		
<b>29. Sub-Total Printing &amp; Supplies</b>	<b>\$0</b>	<b>\$0</b>
<b>30. Food Service</b>		
<b>31. Other</b>		
a. Professional Fees/Contractual/Legal		
b. Insurance		
c. Building Maintenance		
d. Equipment Rental & Maintenance		
e. Specific Assistance to Individuals		
f. Membership Dues		
g. Training & Development		
h. Awards & Grants		
i. Payments to Affiliated Organizations		
j. Payments to Non Affiliated Organizations		
k. Miscellaneous		
<b>32. Sub-Total Other</b>	<b>\$0</b>	<b>\$0</b>
<b>33. Equipment Purchase (capital items)</b>		
<b>34. Indirect/Administrative Costs</b>		
<b>35. Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>
<b>36. Total administrative cost of program</b>		

All Financial Information Rounded to Nearest Dollar

# FORM A-1 PERSONNEL BUDGET NARRATIVE

**FOR FUNDER: Palm Beach County, Department of Community Services  
Financially Assisted Agencies**

\_\_\_ of \_\_\_

**Agency:** \_\_\_\_\_  
**Program:** \_\_\_\_\_ **Budget for Fiscal Year October 1, 2009 - September 30, 2010**

(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)
<u>Personnel</u> Positions/Salaries	% of Time	Agency Salary	From	To	Number of Pay Periods	Salary Per Pay Period	Percentage of Total Salary	Amount	Total	
<b>Sub-Total Salaries</b>		<b>\$0</b>						<b>\$0</b>	<b>\$0</b>	





**FORM C: TOTAL AGENCY BUDGET BY PROGRAM**

Agency: Type Agency Name Here (on page one)

Proposed Budget For Year Ending:

**September 30, 2010**

<b>EXPENDITURES</b>								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Items								Total Budget
<b>PROGRAM NAME</b>								
c. Utilities (Power/Water/Gas)								\$0
<b>19. Sub-Total Comm/Utilities</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>20. Printing &amp; Supplies</b>								
a. Office Supplies								\$0
b. Program Supplies								\$0
c. Printing & Publications								\$0
<b>21. Sub-Total Printing &amp; Supplies</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>22. Food Service</b>								\$0
<b>23. Other</b>								
a. Professional Fees/Contractual/Legal								\$0
b. Insurance								\$0
c. Building Maintenance								\$0
d. Equipment Rental & Maintenance								\$0



**FORM C-1: TOTAL AGENCY SALARIES BY POSITION  
FOR: PALM BEACH COUNTY, DEPARTMENT OF COMMUNITY SERVICES**

Agency: \_\_\_\_\_

For Year Ending September 30, 2010

	<b>Position Title</b>	<b># of Positions</b>	<b>Total Salaries</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			
<b>11</b>			
<b>12</b>			
<b>13</b>			
<b>14</b>			
<b>15</b>			
<b>16</b>			
<b>17</b>			
<b>18</b>			
<b>19</b>			
<b>20</b>			
	<b>TOTAL</b>	<b>0.00</b>	