

**Mifflin Juniata Human Services Department
HSDF Program Grant Application, Year 2010-11
Budget Summary for Program**

Program Name:

Agency:

Fiscal Year Ending in:

2010-11

Budget

Program Revenue: (note this is not agency budget - ONLY list revenue for program for which you are seeking funding)

1	Federal funding	
2	State govt funding (please list source)	
2a	HSDF funding requested	
3	Local Funding	
4	Earned Income (fee for service, etc)	
5	Fundraising	
6	Other Income	

TOTAL PROGRAM REVENUE \$-

HSDF Program Budget only:

7	Salaries	
8	Employee Benefits	
9	Payroll Taxes, etc	
10	Professional Fees	
12	Supplies, Printing, Duplicating	
13	Travel Conference Staff Development	
14	Communications (telephone,postage,etc)	
15	Occupancy	
16	Payment to Affiliates	
17	Other Expenses	

TOTAL HSDF PROGRAM BUDGET \$-

EXCESS(DEFICIT) Income less Expenses \$0.00

Cost per Unit:

20	Unit of Service Definition	

21 **Number of Units Provided by Program**

22 (enter on the RFP) **TOTAL COST PER UNIT:** #DIV/0!

23 **Number of Units agency is requesting HSDF to fund**

24 (enter on the RFP) **HSDF DOLLAR REQUEST** #DIV/0!

25 **% of Total Program Budget Funded by HSDF**

All Financial Information Rounded to the Nearest Dollar