

ATTACHMENT D

Total Estimated CHDO Operating Budget FY _____

<i>Expense</i>	Funding Sources	Description/Use	Subtotal	Total Amount
Salaries/Wages Name & Title <small>(Indicate hourly rate if applicable)</small>			\$	\$
Salaries/Wages Name & Title <small>(Indicate hourly rate if applicable)</small>				
Salaries/Wages Name & Title <small>(Indicate hourly rate if applicable)</small>				
*Employee Benefits <small>(Type of Benefit/Employee)</small>				
*Employee Benefits <small>(Type of Benefit/Employee)</small>				
*Education/Training <small>(Specify) _____</small>				
*Travel				
Rent				
Utilities				
Telephone				
*Taxes (not for employees)				
*Insurance (not for employees)				
*Equipment (specify type and amount for each item)				
*Materials				
*Office Supplies				
*Other (Specify) _____				
TOTAL EXPENSES				

*Provide description and itemized cost.

NOTE: The Operating Expense Budget is not a request form but an actual budget for the entire operation of your organization.