**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Family Foundations Home Visiting Program**

**Budget Summary**

For the Period of       -

**Use of form:** When filled out online, this form calculates the totals of the grant and matching amounts. Match amount total must be at least 25% of overall grant total.

|  |  |  |
| --- | --- | --- |
| Program Name      | Agency Name      | Agency Address      |
| Contact Name      | Contact Telephone Number      | Contact Email Address      |

**Budget Categories**

|  |  |  |  |
| --- | --- | --- | --- |
| **Categories** | **Grant Amount** | **Matching Amount** | **Total** |
| Salaries |       |       |       |
| Fringe Benefits |       |       |       |
| Travel |       |       |       |
| Equipment |       |       |       |
| Supplies |       |       |       |
| Contractual |       |       |       |
| Other |       |       |       |
| Indirect Charges |       |       |       |
| **Total** |       |       |       |