

Form P BUDGET SUMMARY

Legal Name of Respondent:

Texana Center

	A	B	C	D	E	F	G
Budget Categories	Total Budget	HHSC Requested Funds	Direct Federal Funds	Other State Agency Funds Check if Cash Match <input type="checkbox"/>	Other Funds Check if Cash Match <input type="checkbox"/>	Local Funding Sources Check if Cash Match <input checked="" type="checkbox"/>	In-Kind Match
A. Personnel	\$206,521	\$103,261				\$103,261	\$0
B. Fringe Benefits	\$51,630	\$25,815				\$25,815	\$0
C. Travel	\$0	\$0				\$0	\$0
D. Equipment	\$56,300	\$28,150				\$28,150	\$0
E. Supplies	\$144,000	\$72,000				\$72,000	\$0
F. Contractual	\$310,978	\$155,489				\$22,226	\$133,263
G. Other	\$68,000	\$34,000				\$34,000	\$0
H. Total Direct Costs	\$837,429	\$418,715	\$0	\$0	\$0	\$285,452	\$133,263
I. Indirect Costs	\$83,743	\$41,872				\$41,872	\$0
J. Total (Sum of H and I)	\$921,172	\$460,587	\$0	\$0	\$0	\$327,324	\$133,263
K. Program Income - Projected Earnings		\$0	\$0	\$0	\$0	\$0	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total		Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$206,521	\$206,521		Fringe Benefits	\$51,630	\$51,630
	Travel	\$0	\$0		Equipment	\$56,300	\$56,300
	Supplies	\$144,000	\$144,000		Contractual	\$310,978	\$310,978
	Other	\$68,000	\$68,000		Indirect Costs	\$83,743	\$83,743

TOTAL FOR:	Distribution Totals	\$460,587		Budget Total	\$921,172
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than HHSC related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this HHSC project.