

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Fort Bend County

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$207,362	\$171,416			\$35,946	
B. Fringe Benefits	\$65,190	\$65,190			\$0	
C. Travel	\$19,362	\$19,362			\$0	
D. Equipment	\$36,540	\$36,540			\$0	
E. Supplies	\$34,503	\$34,503			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$27,989	\$27,989			\$0	
H. Total Direct Costs	\$390,946	\$355,000	\$0	\$0	\$35,946	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$390,946	\$355,000	\$0	\$0	\$35,946	\$0
				Match Percentage	10.13%	

If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.