



# Nassau County Human Services Universal Budget Form

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Contract # \_\_\_\_\_ 0  
 Contract Name: \_\_\_\_\_ 0  
 Program Name: \_\_\_\_\_ 0

## Budget Summary

	Line #	Expense type	Total \$
			\$0
<b>Select Line To Work On Here</b> ↓	1a	Salary	\$0
	1b	Fringe	\$0
	1 Total	Personnel (Salary plus Fringe)	\$0
<u>Work on Salary and Fringe</u>			
	2	Consultant(s)	\$0
<u>Work on Line 2</u>			
	3	Travel / Per Diem / Transportation	\$0
<u>Work on Line 3</u>			
	4	Equipment	\$0
<u>Work on Line 4</u>			
	5	Supplies	\$0
<u>Work on Line 5</u>			
	6	Contractual Services	\$0
<u>Work on Line 6</u>			
	7	Rent/Utilities	\$0
<u>Work on Line 7</u>			
	8	Department Specific Costs	\$0
<u>Work on Line 8</u>			
	9	Other Costs	\$0
<u>Work on Line 9</u>			
	10	Administrative Overhead	\$0
<u>Work on Line 10</u>			
		Gross Expenditures (Lines 1 – 10)	\$0
	11	Revenue, Income, Agency Contribution, Matches	\$0
<u>Work on Line 11</u>			
		Net Budget Total (Lines 1 – 10 minus line 11)	\$0
		Agency Contribution	\$0
<u>Agency Contribution</u>			
		Net Contract Total (Net Budget Total minus Agency Contribution)	\$0

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Administrative Approval of Universal Budget Form:

Department Head Approval \_\_\_\_\_

Fiscal Approval \_\_\_\_\_

Program Head Approval \_\_\_\_\_

