

<b>Mifflin Juniata Human Services Department</b>	
<b>HSDF Program Grant Application, Year 2021-22</b>	
<b>Budget Summary for Program</b>	
<b>Program Name:</b>	
<b>Agency:</b>	
<b>Fiscal Year Ending in:</b>	<b>2021-22</b>
	<b>Budget</b>
<b>Program Revenue: (note this is not agency budget - ONLY list revenue for program for which you are seeking funding)</b>	
1 Federal funding	
2 State govt funding (please list source)	
2a HSDF funding requested	
3 Local Funding	
4 Earned Income (fee for service, etc)	
5 Fundraising	
6 Other Income	
<b>TOTAL PROGRAM REVENUE</b>	<b>\$ -</b>
<b>HSDF Program Budget only:</b>	
7 Salaries	
8 Employee Benefits	
9 Payroll Taxes, etc	
10 Professional Fees	
12 Supplies, Printing, Duplicating	
13 Travel Conference Staff Development	
14 Communications (telephone,postage,etc)	
15 Occupancy	
16 Payment to Affiliates	
17 Other Expenses (list )	
<b>TOTAL HSDF PROGRAM BUDGET</b>	<b>\$ -</b>
<b>EXCESS(DEFICIT) Income less Expenses)</b>	<b>\$0.00</b>
<b><i>FILL IN ALL BLANKS!!!!!!</i></b>	
<b>Cost per Unit:</b>	
20 Unit of Service Definition (example: 1 unit = 1 hour of contact or 1 unit =15 minutes of case management, etc.	
21 <b>Number of Units Provided by Program</b>	
22 (enter on the RFP) <b>TOTAL COST PER UNIT:</b>	
23 <b>Number of Units agency is requesting HSDF to fund</b>	
24 (enter on the RFP) <b>HSDF DOLLAR REQUEST</b>	
25 <b>% of Total Program Budget Funded by HSDF</b>	
<i>All Financial Information Rounded to the Nearest Dollar</i>	

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