|  |
| --- |
| **Multnomah County, Department of County Human Services****Service Contract No. 440000XXXX****EXHIBIT 6C – Contractor Annual Budget Form** |
| **For Contract Period fill in start date through fill in end date**Contractor: fill in name Address: fill in address  |
|  | **Fill in Program Name**  | **Fill in Program Name**  | **Fill in Program Name**  |  |
|  | **7/1/14 – 6/30/15**  | **Dates** | **Dates** |  |
| **Budgeted Amounts**  |  |  |  |  |
| PERSONNEL |  |  |  |  |
|  Salaries & Wages |   |  |  |  |
|  Fringe |  |  |  |  |
|  Other Personnel (please describe) |  |  |  |  |
|  **Subtotal Personnel** |  |  |  |  |
|  |  |  |  |  |
| MATERIALS & SERVICES |  |  |  |  |
|  Rent |  |  |  |  |
|  Utilities |  |  |  |  |
|  Phone / Communication |  |  |  |  |
|  Office Supplies  |  |  |  |  |
|  Printing  |  |  |  |  |
|  Postage |  |  |  |  |
|  Other (please describe) |  |  |  |  |
|  Other (please describe) |  |  |  |  |
|  Other (please describe) |  |  |  |  |
|  Other (please describe) |  |  |  |  |
|  **Subtotal Materials & Services** |  |  |  |  |
|  |  |  |  |  |
| **Indirect Administration (show percentage)** |  |  |  |  |
|  |  |  |  |  |
|  Indirect Administration |  |  |  |  |
|  |  |  |  |  |
| **Total Expenditure Budget for dates:** |  |  |  |  |
| **Agency Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name, Please Print:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |