|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |