WORK PLAN & BUDGET FORM

|  |  |
| --- | --- |
| **Recipient Name:** |  |
| **Address:** |  |
|  |  |
| **Contact Person:** |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |
| **FAX Number:** |  |

**WORK PLAN SECTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. MOA #:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **2. MOA Amount:****$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **3. MOA Term Dates:****From:** **Thru:**  | **5. Service Code Number,****Planned Number of Clients to be Served,****Planned Number of Households to be Served;** |
| **4. IDENTIFIED NEED/PROBLEM, PLANNED GOAL****AND SERVICES:** | **a** | **b** | **c** |
| **Service****Code** | **Planned # of****Clients to****be Served** | **Planned # of****Households to****be Served** |
| **TRIBAL SERVICES**: *(Provide a Brief Description of Project Activities)* | (NCIDC USE ONLY) |  |  |
| **6.** Planned Number of Volunteer Hours(Enter “0” if none.) | B3A1 | # of Volunteer Hours: |  |

#### BUDGET SECTION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | COST CATEGORY | **CSBG FUNDS** | **OTHER FUNDS****(If applicable)** | **TOTAL** |  |
|  | (Non-Personnel Only) |  |  |  |  |
|  | **TOTAL** |  |  |  |  |
|  | Description of Planned Expenditures: |  |
|  |  |  |
|  |  |  |

I hereby certify that this Work Plan and Budget have been reviewed and approved by the Governing Body and they do NOT include employee or travel expenses.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Authorized Signature*** |  | ***Date*** |
|  |  |  |
| Printed Name & Title of Person Signing |  |  |