

**NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES (NCCDD)
BUDGET SUMMARY**

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| PROJECT TITLE: |
| APPLICANT AGENCY: |
| ANNUAL BUDGET: Please fill in dollar amounts in the budget categories below. TOTAL PROGRAM COST must equal the sum of the MATCHING SHARE (cash and/or in-kind) plus the NCCDD FUNDS REQUIRED. |

| BUDGET CATEGORY | BUDGET | | | TOTAL PROGRAM COST |
|---------------------|-------------------------|---------------|---------------|--------------------|
| | NCCDD FUNDS REQUIRED | MATCH | | |
| | | CASH | IN-KIND | |
| SALARIES | | | | \$0.00 |
| FRINGE BENEFITS | | | | \$0.00 |
| SUPPLIES | | | | \$0.00 |
| STAFF TRAVEL | | | | \$0.00 |
| COST OF SPACE | | | | \$0.00 |
| EQUIPMENT | | | | \$0.00 |
| CONTRACTED SERVICES | | | | \$0.00 |
| OTHER | | | | \$0.00 |
| INDIRECT COST | | | | \$0.00 |
| TOTAL | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| REMARKS: | | | | |

CERTIFICATION BY OFFICIAL AUTHORIZED TO MAKE COMMITMENT

It is understood that Non-Federal Resources identified in this budget will be used to match only NC Council on Developmental Disabilities' Federal Funds, and will not be used to match any other Federal Funds during the period of the NCCDD funded Project.

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|--------------|------|
| NAME & TITLE | DATE |
| SIGNATURE | |