

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

PROJECT TITLE: _____
AGENCY NAME: _____

BUDGET				
POSITION OR DESCRIPTION	NCCDD FUNDS REQUIRED	MATCHING SHARE		TOTAL PROGRAM COST
		CASH	IN-KIND	
SALARIES				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
FRINGE BENEFITS				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
SUPPLIES				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
STAFF TRAVEL				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
COST OF SPACE				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
EQUIPMENT				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
CONTRACTED SERVICES				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
OTHER				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
INDIRECT COST				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

Note:
A brief narrative description on each of the budget categories shown above are located in the Grant Application Form - 2-2 Instructions Section III under Budget Information.