GRCOC FY25 VHSP Project Budget

Project Type:

Agency Name: Program Name:				
	*% of time & salary covered by VHSP Funding Request	VHSP Funding Request	Other Sources	Total Cost
PERSONNEL COSTS (List by Position)				
				$0
				$0
				$0
				$0
				$0
				$0
Total Personnel	n/a	$0	$0	$0
SUPPLIES AND MATERIALS				
	n/a			$0
	n/a			$0
	n/a			$0
Total Supplies & Materials	n/a	$0	$0	$0
OTHER SERVICES & CHARGES				
Communications and advertising	n/a			$0
Conferences and travel	n/a			$0
Insurance	n/a			$0
Publications/public information	n/a			$0
Rent, Maintenance & utilities	n/a			$0
Car & equipment rentals	n/a			$0
Maintenance/repair	n/a			$0
Training and education	n/a			$0
Contractual services	n/a			$0
Transportation	n/a			$0
Client Financial Assistance	n/a			$0
Indirect overhead costs	n/a			$0
HMIS	n/a			$0
Planning	n/a			$0
Administration	n/a			$0
Security	n/a			$0
Other	n/a			$0
Total Other Services & Charges	n/a	$0	$0	$0
TOTAL PROJECT COST		$0	$0	$0

***If position is included in more than one program component, please indicate the percentage of position (time and salary) to be allocated to this program component.**