

EXECUTIVE OFFICE OF ELDER AFFAIRS – Council on Aging **Service Incentive Grant** Attachment B Budget for **FY2012**

Lead COA/Applicant:

COST CATEGORY	Incentive Funds Requested FY2012	Other* (Local) Resources FY2012	TOTAL FY2012	Obj. #'s	Notes --	EOEA Use Only
Staff Contract Position/s (include copy of proposed contract, as applicable)					<i>(Include rate of pay/hour, # of hours and fringe benefits, if applicable)</i>	
Mileage (may not exceed local/ IRS allowance)						
Telephone/Postage						
Supplies						
Printing/Copying						
Equipment					<i>(Include at least one quote or estimate with application)</i>	
Other (e.g. contracted services)					<i>(Include copy of proposed contract, if applicable.)</i>	

TOTAL (FY 2012) \$ \$ \$ _____

(*) Volunteers and In-Kind should be identified with an asterisk.