|  |  |  |
| --- | --- | --- |
| **EXHIBIT C START UP/ONE TIME COSTS** **BUDGET CATEGORIES** | **TOTAL COSTS** | **START-UP****FUNDING****REQUEST** |
| A. Personnel - Salary (FTEs/hours/week) |  |  |  |
|  |  |  |  |
|  Fringe (% rate) |  |  |  |
| B. Consultants & Professional Fees |  |  |  |
|  |  |  |  |
| C. Materials & Supplies |  |  |  |
|  |  |  |  |
| D. Facility Costs |  |  |  |
|  |  |  |  |
| E. Specific Assistance to Clients |  |  |  |
|  |  |  |  |
| F. Other |  |  |  |
|  |  |  |  |
| G. Gen. & Adm. (G&A) Cost Allocation |  |  |  |
| H. Total Operating Costs |  |  |  |
| I. Equipment |  |  |  |
| J. Total Cost |  |  |  |
| K. Revenue (deduct)\* | ( ) |  |  |
| **L. Funding Request** |  |  |  |
| Other Sources of Funding for this Program:(Specify These) |  |  |
| Other Funding Amounts: | 0 |  |  |