**Start-Up DCF Budget Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BUDGET CATEGORIES12-Month Budget** |  | **TOTAL COSTS** |  | **DCF Funding request** | **Other Cash or In-Kind Funding Sources\*** |  | **Start up** |
|  |  |   |  |   |   |  |   |
|   |  |   |  |   |   |   |
|  |  |   |  |   |   |   |
| A. Consultants & Professional Fees for Model development |  |   |  |   |   |   |
|   |  |   |  |   |   |   |
| B. Materials & Supplies |  |   |  |   |   |   |
|   |  |   |  |   |   |   |
| C. Facility Start-up costs – Leasing or fit out of space |  |   |  |   |   |   |
|   |  |   |  |   |   |   |
| D. Vehicle Purchase or Lease |  |   |  |   |   |   |
|   |  |   |  |   |   |   |
| E. Equipment- Laptops (List items) |  |   |  |   |   |   |
|   |  |   |  |   |   |   |
| F. Other -List Specific items |  |   |  |   |   |   |
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|  |  |  |  |  |  |  |
| G. Total Cost |  |   |  |   |   |   |
|  |  |  |  |  |  |  |
|  |  | ( ) |  |  |  |   |
|  |  |  |  |  |  |  |
| **H. Funding Request** |  |   |  |  |  |   |
|  |  | The budget request shall indicate the Agency’s total proposed budget for of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below: |  |   |
| Other Sources of Funding for this Program: (Specify These) |  |   |  |   |   |  |   |
| Other Funding Amounts: |  | 0 |  | 0 | 0 |   |