

# Request Budget

Please be as specific as you can.

Be sure to include all the financial items you are requesting reimbursement for, and please ensure that the costs are totaled correctly.

Only bills/payments due for activities since August 1st, 2020 may be submitted. Invoices or receipts paid – OR – official estimates of expenses (i.e. quote) must be submitted along with the application in order to document requests. Please do not submit any personal or private business information (i.e. social security numbers).

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| Budget Items & Justification | Total Cost  (Round to even dollar amount) |
| *Example 1: Personnel Cost (GLQ Teacher) – 200 hrs from August 1st – December 30th to accommodate ratio changes related to COVID @ $14/hr* | *$ 2,800.00* |
| *Example 2: Financial Assistance for 1 infant – 50% tuition discount for two months to parent who has reduced work hours due to COVID and is seeking new employment. Their income is below the self-sufficiency wage.* | *$ 1,200.00* |
| *Example 3: Personnel Cost – 1 FTE Youth Coordinator to support 9 school-aged children in a community center @ $14/hr x 8 weeks x 25 hrs/week* | *$2,800.00* |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |
| 6. | $ |
| 7. | $ |
| 8. | $ |
| 9. | $ |
| 10. | $ |
| Total Amount Requested | $ |