

FORM I: BUDGET SUMMARY (REQUIRED)

Name of Contractor:

Corpus Christi-Nueces County Public Health District

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (8 mo) (5)	Other Funds (6)
A. Personnel	\$56,616	\$56,616				
B. Fringe Benefits	\$16,513	\$16,373				
C. Travel	\$2,530	\$2,530				
D. Equipment	\$0	\$0				
E. Supplies	\$211	\$211				
F. Contractual	\$0	\$0				
G. Other	\$323	\$323				
H. Total Direct Costs	\$76,053	\$76,053				
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$76,053	\$76,053				
K. Program Income - Program Earnings						\$0

Note: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$56,618	\$56,618	Fringe Benefits	\$16,513	\$16,513
	Travel	\$2,000	\$3,954	Equipment	\$0	\$0
	Supplies	\$422	\$422	Contractual	\$0	\$0
	Other	\$500	\$500	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$78,007	Budget Total	\$76,053
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**Letter(s) of good standing that validate the contractor's programmatic, administrative, and financial capability must be submitted with this form if the contractor receives any funding from other state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column (4) or Federal sources in column (3) that are not related to activities being funded by this DSHS project.*