#### Administration for Children and Families Department of Health and Human Services

OMB Number: 0970-0207 Expiration Date: 01/31/2013

#### Line Item Budget Form for Head Start and Early Head Start

Grantee Number	
Delegate Number	
Agency Name	

Position	HS/EHS Cost for Program Operations (\$)	HS/EHS Cost for Training & Technical Assistance (\$)	Non-Federal Share (Cash and in-kind) (\$)	Number of People Employed		
a. PERSONNEL (Object class 6a)						
Child Health and Developmental Services Personnel						
Program Managers & Content Area Experts Teachers/Infant Toddler Teachers						
3. Family Child Care Personnel						
4. Home Visitors						
5. Teacher Aides & Other Education Personnel						
6. Health/Mental Health Services Personnel						
7. Disabilities Services Personnel						
8. Nutrition Services Personnel						
9. Other Child Services Personnel						

Grantee Number

Delegate Number Agency Name						
Position		HS/EHS Cos Program Opera		HS/EHS Cost for Training & Technica Assistance (\$)	Non-Federal Share (Cash and in-kind) (\$)	Number of People Employed
Family and Commur	nity Partnerships Person	nel				
10. Program Manager	s & Content Area Experts					
11. Other Family & Co	ommunity Partnerships					
	I Management Personne	<u> </u>				
12. Executive Director	r/Other Supervisor of					
HS/EHS Director						
13. Head Start/Early H	Head Start Director					
14. Managers						
15. Staff Developmen	t		l			
16. Clerical Personne	I					
17. Fiscal Personnel						
18. Other Program Design Personnel						
Other Personnel						
19. Maintenance Pers	onnel					
20. Transportation Personnel						
21. Other Personnel						
TOTAL PERSONNEL	_ (6a)					

Delegate Number					
Agency Name					
Position	HS/EHS Cost for Program Operations (\$)	HS/EHS Cost for Training & Technical Assistance (\$)	Non-Federal Share (Cash and in-kind) (\$)		
b. FRINGE BENEFITS (Object Class 6b)					
Social Security (FICA), State Disability, Unemployment (FUTA) and Workers Compensation					
2. Health/Dental/Life Insurance					
3. Retirement					
4. Other Fringe					
TOTAL FRINGE (6b)					
c. TRAVEL (Object Class 6c)					
1. Staff Out-of-Town Travel					
TOTAL TRAVEL (6c)					
d. EQUIPMENT (Object Class 6d)					
1. Office Equipment					
2. Classroom/Outdoor/Home-based/FCC					
3. Vehicle Purchase					
4. Other Equipment					

Grantee Number

**TOTAL EQUIPMENT (6d)** 

Grantee Number				
Delegate Number				
Agency Name				
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osition		HS/EHS Cost for Program Operations (\$)	HS/EHS Cost for Training & Technical Assistance (\$)	Non-Federal Share (Cash and in-kind) (\$)
. SUPPLIES (Object	t Class 6e)			
. Office Supplies				
. Child and Family S	ervices Supplies			
. Food Services Sup	plies			
. Other Supplies				
OTAL SUPPLIES (6e)				
CONTRACTUAL (C	Dbject Class 6f)			
. Administrative Serv (e.g., Legal, Accoul				
. Health/Disabilities Services				
. Food Services				
. Child Transportation Services				
. Training & Technica	al Assistance			
. Family Child Care				
. Delegate Agency Costs				

8. Other Contracts

**TOTAL CONTRACTUAL (6f)** 

Grantee Number				
Delegate Number				
Agency Name				
osition		HS/EHS Cost for Program Operations (\$)	HS/EHS Cost for Training & Technical Assistance (\$)	Non-Federal Share (Cash and in-kind) (\$)
. CONSTRUCTION	(Object Class 6g)			
. New Construction				
. Major Renovation				
. Acquisition of Buildings/Modular Units				
OTAL CONSTRUCTION (6g)				
. OTHER (Object Cl	ass 6h)			
. Depreciation/Use A	llowance			
. Rent				
. Mortgage				
. Utilities, Telephone				
. Building & Child Liability Insurance				
. Building Maintenance/Repair and Other Occupancy				
. Incidental Alterations/Renovations				
. Local Travel				

9. Nutrition Services

10. Child Services Consultants

Grantee Number			
Delegate Number			
Agency Name			
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Position	HS/EHS Cost for Program Operations (\$)	HS/EHS Cost for Training & Technical Assistance (\$)	Non-Federal Share (Cash and in-kind) (\$)
h. OTHER (Object Class 6h)			
11. Volunteers			
12. Substitutes (if not paid benefits)			
13. Parent Services			
14. Accounting & Legal Services			
15. Publications/Advertising/Printing			
16. Training or Staff Development			
17. Other			
TOTAL OTHER (6h)			
i. TOTAL DIRECT CHARGES			
Sum of Line 6a-6h			
j. INDIRECT COSTS			
Enter Costs Not Reflected in i above			
k. TOTALS			

ALL BUDGET CATEGORIES

Grantee Number

Delegate Number				
Agency Name				
that, when agreed u kind resources that and their families. A Justification. The va	n-Federal costs proposed in the SF 424, pon, will be included in the Head Start of are necessary to support the services to applicants are asked to explain these resulue of these resources should be shown are not enrolled in Head Start so	grant award. There may be oth that will be provided to Head S sources in their 3 Budget and on below. (Resources that the	ner cash or in- Start children Budget	Value (\$)
Federal Funding				
1. Federal Child Deve	elopment and Child Care funds			
2. USDA Funds for N	utrition Services			
3. Other Federal Fund	ding			
State Funding				
4. State Preschool Pr	ograms			
5. Other State Fundin	g			
Local Government F				
6. School District Fun	ding			
7. Other Local Govern	nment Funding			
Other Funding				
8. Tribal Government	Funding			
9. Fund-raising Activit	ties			
10. Other				
TOTAL			_	