

DBHDS

Jump-Start Funding Budget Form

Agency Name:

Waiver Service Applying for:

Date:

The funds used and the items purchased should benefit the individuals participating in the program(s). There should be a separate budget for each waiver service. Include estimates for each item costing \$1,000.00 or more.

Items <i>(What will you use the funds to secure or purchase)</i>	Purpose	Cost <i>(per item)</i>	Quantity	Total Cost <i>(per row)</i>
i.e., Computer	EHR & program documentation	\$1,500.00	2	\$3,000.00
Grand Total				