

**ATTACHMENT D: METHOD AND AMOUNT OF COMPENSATION FY 2009/10**

*Instructions: Please type your responses on the form provided. If you need additional space, insert extra pages.*

1. List the **Legal Name** of the Agency as listed with the **Florida Division of Corporations**:
2. Total amount of Grant Funds awarded: \$\_\_\_\_\_
3. Budget for Grant Funds. (Please Note: This budget should be based on the budget projections provided in the CHSP application or modified as appropriate if the Agency was not allocated the full funding request. Also note that each cost category must be specified - "other" is not allowed as a cost category.)

**COST CATEGORY**

**BUDGET**

a) Personnel Services	_____
b) Contractual Services	_____
c) Materials, Supplies and Postage	_____
d) Printing and copying	_____
e) Equipment Purchase, Rental and Maintenance	_____
f) Occupancy, Utilities and Telephone	_____
g) Travel, Workshops and Training	_____
h) Direct Client Services	_____
i) Collaborative Partnership Activities	_____
j) Incorporation-Related Services	_____
k) Other: Specify_____	_____
<b>TOTAL BUDGET</b>	_____