APPENDIX C-2(a)
FOR SERVICE PROJECTS - CDBG ONLY
FY 2026-27 LINE ITEM PROJECT BUDGET

SUBRECIPIENT ORGANIZATION/AGENCY: _____

PROJECT TITLE: _____

Please use the following format to present your proposed line item budget. In column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On Attachment C-3, provide description of other funds and volunteer and donated services/resources to be used in the project. "Other" costs must be listed and/or preapproved to be reimbursed. In order to list it here, please refer to 2 CFR Part 200 Subpart E for additional help in predetermining if a cost may be eligible and/or if it must be preapproved.

A Budget Item	B Calculation	C CDBG Request
ADMINISTRATIVE COSTS - please list proposed costs and describe in Column B		**Projected Cost**
	Total Administrative Costs:	
PERSONNEL COSTS:		
Hourly/Salary Position Job Titles	**Provide rate of pay (hourly/salary) and percentage of time spent on project (full-time equivalent) or hours per week**	**Projected personnel cost**
Overtime, ***only if necessary to carry out project***		
Fringe Benefits		
	Total Personnel & Fringe Benefits Costs:	
OPERATING/DIRECT PROJECT/OTHER COSTS:	**Provide brief description and how you arrive at total for each line item**	**Projected Operating Cost**
Project Materials and Supplies		
Equipment		
Rent/Lease		
Maintenance and Repair		
Insurance		
Publications and Printing		
Postage		
Utilities		
Telephone		
Travel (mileage) required for project		
Participant Suppprt Costs		
Other - please list below (must be preapproved to be reimbursed) Refer to 2 CFR Part 200 Subpart E for additional help in determining if a cost may be eligible)		
	Total Operating, Direct Project, & Other Costs:	
CONSULTANT/CONTRACT SERVICES	**Describe nature and purpose of the service**	**Contract cost**
	Total Consultant/Contract Services Costs:	
	BUDGET TOTAL:	