

Agency: _____
 Service Area: _____
 Project Name: _____

Completed by: _____
 Title: _____

Months of budgeted service: 12

Project Number: P5

2025-26 Project Budget					
	LCRB Recom	LCRB Request	Other Funds	Total	% Total
Budgeted Project Revenue by Source:					
LCRB Funds	\$ -	\$ -		\$ -	-
Federal Funds			\$ -	-	-
State Funds			-	-	-
Other County Funds			-	-	-
Program Service Fees			-	-	-
United Way			-	-	-
Foundation			-	-	-
Corporate & Individual Donations			-	-	-
In-Kind Donations			-	-	-
Special Events			-	-	-
Interest & Dividends			-	-	-
Gain / Loss on Investments			-	-	-
Other			-	-	-
Other			-	-	-
Total Revenue	\$ -	\$ -	0% \$ -	0% \$ -	-

Summary of all Units of Service					
	LCRB Recom	LCRB Request	Other Funds for Project	Total Funds for Project	
Direct Budgeted Project Expenses:					
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -	\$ -	\$ -	-
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -	-	-	-
Clinical Staff Fringe Benefits	\$ -	\$ -	-	-	-
Utilities for Direct Client Service Areas	-	-	-	-	-
Telephone /Cell Phone/Internet	-	-	-	-	-
Consumable Supplies	-	-	-	-	-
Non-consumable Supplies	-	-	-	-	-
Printing	-	-	-	-	-
Mileage	-	-	-	-	-
Rent for Direct Client Service Areas	-	-	-	-	-
Other	-	-	-	-	-
Other	-	-	-	-	-
Other	-	-	-	-	-
Other	-	-	-	-	-
Other	-	-	-	-	-
Other	-	-	-	-	-
Total Direct Program Expenses	\$ -	\$ -	0% \$ -	0% \$ -	0%
% of Related Revenue	0%	0%			
Indirect (Administrative) Expenses	\$ -	\$ -	\$ -	\$ -	-
% of Related Revenue	0%	0%	0%	0%	0%
Total Expenses	\$ -	\$ -	\$ -	\$ -	-
Net Operating Surplus / (GAP)	\$ -	\$ -	\$ -	\$ -	-

Unit of Service - U1		PSU1			
Unit of Service =	Counseling-Individual	Add'l Desc	SB Therapy	Calculated per	
Direct Budgeted Project Expenses:		LCRB Recom	LCRB Request	Other Funds	Total Funds
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -	\$ -	-	\$ -
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -	\$ -	-	\$ -
Clinical Staff Fringe Benefits	\$ -	\$ -	\$ -	-	\$ -
Utilities for Direct Client Service Areas	\$ -	\$ -	\$ -	-	\$ -
Telephone /Cell Phone/Internet	\$ -	\$ -	\$ -	-	\$ -
Consumable Supplies	\$ -	\$ -	\$ -	-	\$ -
Non-consumable Supplies	\$ -	\$ -	\$ -	-	\$ -
Printing	\$ -	\$ -	\$ -	-	\$ -
Mileage	\$ -	\$ -	\$ -	-	\$ -
Rent for Direct Client Service Areas	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Total Direct Project Expenses	\$ -	\$ -	\$ -	0%	\$ -
% Total Expenses for this Unit of Service		0%	0%		0%
Indirect (Administrative) Expenses	\$ -	\$ -	\$ -		\$ -
% Total Expenses for this Unit of Service		0%	0%		0%
Total Expenses	\$ -	\$ -	\$ -		\$ -
% Total this Unit of Service to Total Project		0%	0%		0%
Estimated # of Individuals Served	-	-	-		-
# of Units of Direct Contact Time	-	-	-		-
Total Cost per Individual Served	\$ -	\$ -	\$ -		\$ -
Unit of Service Cost Requested from LCRB	\$ -	\$ -	\$ -		\$ -
Prior Year Contracted Unit of Service Rate		\$ -	\$ -		\$ -
Audited unit of service cost		\$ -	\$ -		\$ -

Unit of Service - U2		PSU2			
Unit of Service =		Add'l Desc		Calculated per	
Direct Budgeted Project Expenses:		LCRB Recom	LCRB Request	Other Funds	Total Funds
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -	\$ -	-	\$ -
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -	\$ -	-	\$ -
Clinical Staff Fringe Benefits	\$ -	\$ -	\$ -	-	\$ -
Utilities for Direct Client Service Areas	\$ -	\$ -	\$ -	-	\$ -
Telephone /Cell Phone/Internet	\$ -	\$ -	\$ -	-	\$ -
Consumable Supplies	\$ -	\$ -	\$ -	-	\$ -
Non-consumable Supplies	\$ -	\$ -	\$ -	-	\$ -
Printing	\$ -	\$ -	\$ -	-	\$ -
Mileage	\$ -	\$ -	\$ -	-	\$ -
Rent for Direct Client Service Areas	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Other	\$ -	\$ -	\$ -	-	\$ -
Total Direct Project Expenses	\$ -	\$ -	\$ -	0%	\$ -
% Total Expenses for this Unit of Service		0%	0%		0%
Indirect (Administrative) Expenses	\$ -	\$ -	\$ -		\$ -
% Total Expenses for this Unit of Service		0%	0%		0%
Total Expenses	\$ -	\$ -	\$ -		\$ -
% Total this Unit of Service to Total Project		0%	0%		0%
Estimated # of Individuals Served	-	-	-		-
# of Units of Direct Contact Time	-	-	-		-
Total Cost per Individual Served	\$ -	\$ -	\$ -		\$ -
Unit of Service Cost Requested from LCRB	\$ -	\$ -	\$ -		\$ -
Prior Year Contracted Unit of Service Rate		\$ -	\$ -		\$ -
Audited unit of service cost		\$ -	\$ -		\$ -

Unit of Service - U3		P5U3			
Unit of Service =	Add'l Desc	Calculated per			
Direct Budgeted Project Expenses:	LCRB Recom	LCRB Request	Other Funds	Total Funds	
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -		\$ -	-
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -		\$ -	-
Clinical Staff Fringe Benefits	\$ -			\$ -	-
Utilities for Direct Client Service Areas	\$ -			\$ -	-
Telephone /Cell Phone/Internet	\$ -			\$ -	-
Consumable Supplies	\$ -			\$ -	-
Non-consumable Supplies	\$ -			\$ -	-
Printing	\$ -			\$ -	-
Mileage	\$ -			\$ -	-
Rent for Direct Client Service Areas	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Total Direct Project Expenses	\$ -	\$ -	0%	\$ -	0%
% Total Expenses for this Unit of Service	0%	0%		0%	0%
Indirect (Administrative) Expenses	\$ -			\$ -	-
% Total Expenses for this Unit of Service	0%	0%		0%	0%
Total Expenses	\$ -	\$ -		\$ -	-
% Total this Unit of Service to Total Project	0%	0%		0%	0%
Estimated # of Individuals Served	-			-	-
# of Units of Direct Contact Time	-			-	-
Total Cost per Individual Served	\$ -	\$ -		\$ -	-
Unit of Service Cost Requested from LCRB	\$ -	\$ -		\$ -	-
Prior Year Contracted Unit of Service Rate					
Audited unit of service cost					

Unit of Service - U4		P5U4			
Unit of Service =	Add'l Desc	Calculated per			
Direct Budgeted Project Expenses:	LCRB Recom	LCRB Request	Other Funds	Total Funds	
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -		\$ -	-
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -		\$ -	-
Clinical Staff Fringe Benefits	\$ -			\$ -	-
Utilities for Direct Client Service Areas	\$ -			\$ -	-
Telephone /Cell Phone/Internet	\$ -			\$ -	-
Consumable Supplies	\$ -			\$ -	-
Non-consumable Supplies	\$ -			\$ -	-
Printing	\$ -			\$ -	-
Mileage	\$ -			\$ -	-
Rent for Direct Client Service Areas	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Total Direct Project Expenses	\$ -	\$ -	0%	\$ -	0%
% Total Expenses for this Unit of Service	0%	0%		0%	0%
Indirect (Administrative) Expenses	\$ -			\$ -	-
% Total Expenses for this Unit of Service	0%	0%		0%	0%
Total Expenses	\$ -	\$ -		\$ -	-
% Total this Unit of Service to Total Project	0%	0%		0%	0%
Estimated # of Individuals Served	-			-	-
# of Units of Direct Contact Time	-			-	-
Total Cost per Individual Served	\$ -	\$ -		\$ -	-
Unit of Service Cost Requested from LCRB	\$ -	\$ -		\$ -	-
Prior Year Contracted Unit of Service Rate					
Audited unit of service cost					

Unit of Service - U5		P5U5			
Unit of Service =	Add'l Desc	Calculated per			
Direct Budgeted Project Expenses:	LCRB Recom	LCRB Request	Other Funds	Total Funds	
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -		\$ -	-
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -		\$ -	-
Clinical Staff Fringe Benefits	\$ -			\$ -	-
Utilities for Direct Client Service Areas	\$ -			\$ -	-
Telephone /Cell Phone/Internet	\$ -			\$ -	-
Consumable Supplies	\$ -			\$ -	-
Non-consumable Supplies	\$ -			\$ -	-
Printing	\$ -			\$ -	-
Mileage	\$ -			\$ -	-
Rent for Direct Client Service Areas	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Other	\$ -			\$ -	-
Total Direct Project Expenses	\$ -	\$ -		\$ -	-
% Total Expenses for this Unit of Service	0%	0%		0%	0%
Indirect (Administrative) Expenses	\$ -			\$ -	-
% Total Expenses for this Unit of Service	0%	0%		0%	0%
Total Expenses	\$ -	\$ -		\$ -	-
% Total this Unit of Service to Total Project	0%	0%		0%	0%
Estimated # of Individuals Served	-			-	-
# of Units of Direct Contact Time	-			-	-
Total Cost per Individual Served	\$ -	\$ -		\$ -	-
Unit of Service Cost Requested from LCRB	\$ -	\$ -		\$ -	-
Prior Year Contracted Unit of Service Rate					
Audited unit of service cost					

Total Direct Project Expenses	\$ -	\$ -	0%	\$ -	0%	\$ -
% Total Expenses for this Unit of Service		0%	0%		0%	0%
Indirect (Administrative) Expenses	\$ -					-
% Total Expenses for this Unit of Service		0%	0%		0%	0%
Total Expenses	\$ -	\$ -		\$ -		\$ -
% Total this Unit of Service to Total Project		0%	0%		0%	0%
Estimated # of Individuals Served	-					-
# of Units of Direct Contact Time	-					-
Total Cost per Individual Served	\$ -	\$ -		\$ -		\$ -
Unit of Service Cost Requested from LCRB	\$ -	\$ -		\$ -		\$ -
Prior Year Contracted Unit of Service Rate						
Audited unit of service cost						

Unit of Service - U6	P5U6			
Unit of Service =	Add'l Desc	Calculated per		
Direct Budgeted Project Expenses:	LCRB Recom	LCRB Request	Other Funds	Total Funds
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -		\$ -
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -		-
Clinical Staff Fringe Benefits	\$ -			-
Utilities for Direct Client Service Areas	\$ -			-
Telephone /Cell Phone/Internet	\$ -			-
Consumable Supplies	\$ -			-
Non-consumable Supplies	\$ -			-
Printing	\$ -			-
Mileage	\$ -			-
Rent for Direct Client Service Areas	\$ -			-
Other	\$ -			-
Other	\$ -			-
Other	\$ -			-
Other	\$ -			-
Other	\$ -			-
Other	\$ -			-
Total Direct Project Expenses	\$ -	\$ -	0%	\$ -
% Total Expenses for this Unit of Service		0%	0%	0%
Indirect (Administrative) Expenses	\$ -			-
% Total Expenses for this Unit of Service		0%	0%	0%
Total Expenses	\$ -	\$ -		\$ -
% Total this Unit of Service to Total Project		0%	0%	0%
Estimated # of Individuals Served	-			-
# of Units of Direct Contact Time	-			-
Total Cost per Individual Served	\$ -	\$ -		\$ -
Unit of Service Cost Requested from LCRB	\$ -	\$ -		\$ -
Prior Year Contracted Unit of Service Rate				
Audited unit of service cost				

Unit of Service - U7	P5U7			
Unit of Service =	Add'l Desc	Calculated per		
Direct Budgeted Project Expenses:	LCRB Recom	LCRB Request	Other Funds	Total Funds
Direct Clinical Staff Salaries from Salary Analysis	\$ -	\$ -		\$ -
Immediate Sup Salaries from Salary Analysis	\$ -	\$ -		-
Clinical Staff Fringe Benefits	\$ -			-
Utilities for Direct Client Service Areas	\$ -			-
Telephone /Cell Phone/Internet	\$ -			-
Consumable Supplies	\$ -			-
Non-consumable Supplies	\$ -			-
Printing	\$ -			-
Mileage	\$ -			-
Rent for Direct Client Service Areas	\$ -			-
Other	\$ -			-
Other	\$ -			-
Other	\$ -			-
Other	\$ -			-
Other	\$ -			-
Total Direct Project Expenses	\$ -	\$ -	0%	\$ -
% Total Expenses for this Unit of Service		0%	0%	0%
Indirect (Administrative) Expenses	\$ -			-
% Total Expenses for this Unit of Service		0%	0%	0%
Total Expenses	\$ -	\$ -		\$ -
% Total this Unit of Service to Total Project		0%	0%	0%
Estimated # of Individuals Served	-			-
# of Units of Direct Contact Time	-			-
Total Cost per Individual Served	\$ -	\$ -		\$ -
Unit of Service Cost Requested from LCRB	\$ -	\$ -		\$ -
Prior Year Contracted Unit of Service Rate				
Audited unit of service cost				

Unit of Service - U8	P5U8			
Unit of Service =	Add'l Desc	Calculated per		
Direct Budgeted Project Expenses:	LCRB Recom	LCRB Request	Other Funds	Total Funds

% Total Expenses for this Unit of Service	0%	0%	0%	0%
Total Expenses	\$ -	\$ -	\$ -	\$ -
% Total this Unit of Service to Total Project	0%	0%	0%	0%
Estimated # of Individuals Served	-			-
# of Units of Direct Contact Time	-			-
Total Cost per Individual Served	\$ -	\$ -	\$ -	\$ -
Unit of Service Cost Requested from LCRB	\$ -	\$ -	\$ -	\$ -
Prior Year Contracted Unit of Service Rate				
Audited unit of service cost				

P7		LCRB Recommend							Agency Requested					
Project Key	Unit Key	Unit of Service	Add'l Desc	Calc Per	Clients	Unit Cost	Qty	Total	Audited Unit Cost	Prior Rate	Clients	Unit Cost	Qty	Total
	U1					-		-	-	-		-		-
	U2					-		-	-	-		-		-
	U3					-		-	-	-		-		-
	U4					-		-	-	-		-		-
	U5					-		-	-	-		-		-
	U6					-		-	-	-		-		-
	U7					-		-	-	-		-		-
	U8					-		-	-	-		-		-
	U9					-		-	-	-		-		-
	U10					-		-	-	-		-		-
							Total	-					Total	-