

Texas Workforce Commission

SELF-SUFFICIENCY FUND PROGRAM BUDGET DETAIL FORM

Instructions: Complete the following budget to show the costs for each budget category below. In the spaces below each budget category, the applicant must provide detail to show how the total amount of each budget category was derived.

Name of Applicant:

ADMINISTRATION

Salaries and Wages
Other Personnel Costs (FICA, UI, Worker's Compensation, Retirement, Health Insurance)
Consumable Supplies
Other
SUB-TOTAL ADMINISTRATION _____

PROGRAM SERVICES

Salaries and Wages (Please list position title)
Other Personnel Costs (FICA, UI, Worker's Compensation, Retirement, Health Insurance)
Training Costs per Course (Please list course title) (May include tuition, fees, books, training materials, consumable supplies)
Supportive Services (Please itemize) (May include gas cards, bus passes, work clothing)
Other (Please itemize) (May include mileage, background checks, drug screening)
SUB-TOTAL PROGRAM SERVICES _____

TOTAL AMOUNT REQUESTED