

ORGANIZATION:						CONTACT NAME:									
PROGRAM:						TITLE:									
FY 2020 PALM BEACH COUNTY ESG						PHONE:									
A. PERSONNEL EXPENSES															
Salaries:															
	<u>FTE</u>	<u>Annual Salary</u>	<u>% Alloc to Program</u>	<u>ESG Funding</u>	<u>% Alloc to Program</u>	<u>CDGB Funding</u>	<u>% Alloc to Program</u>	<u>FAA Funding</u>	<u>% Alloc to Program</u>	<u>Indirect County Funding</u>	<u>% Alloc to Program</u>	<u>Other Funding (Match)</u>	<u>% Alloc to Program</u>	<u>Other Funding (Please Specify)</u>	<u>Total</u>
(Position)		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
(Position)		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
(Position)		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
(Position)		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
	0	\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
Fringe Benefits:															
(Benefit)				\$0		\$0		\$0		\$0		\$0		\$0	\$0
(Benefit)				\$0		\$0		\$0		\$0		\$0		\$0	\$0
(Benefit)				\$0		\$0		\$0		\$0		\$0		\$0	\$0
				\$0		\$0		\$0		\$0		\$0		\$0	\$0
Sub-Total Personnel				\$0		\$0		\$0		\$0		\$0		\$0	\$0
B. OPERATING COSTS															
1															
2				\$0		\$0		\$0		\$0		\$0		\$0	\$0
3				\$0		\$0		\$0		\$0		\$0		\$0	\$0
4				\$0		\$0		\$0		\$0		\$0		\$0	\$0
5				\$0		\$0		\$0		\$0		\$0		\$0	\$0
6				\$0		\$0		\$0		\$0		\$0		\$0	\$0
7				\$0		\$0		\$0		\$0		\$0		\$0	\$0
8				\$0		\$0		\$0		\$0		\$0		\$0	\$0
Subtotal Operating Costs				\$0		\$0		\$0		\$0		\$0		\$0	\$0
C. ADMINISTRATIVE COSTS				\$0		\$0		\$0		\$0		\$0		\$0	\$0
TOTAL PROGRAM BUDGET				\$0		\$0		\$0		\$0		\$0		\$0	\$0