

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	\$
Other Personnel Costs (FICA, UI, Worker's Compensation, Retirement, Health Insurance)	\$
Tuition and Fees	\$
Books and Training Materials	\$
Consumable Supplies	\$
Equipment Leased	\$
Equipment Purchased	\$
Supportive Services	\$
Other	\$
SUB-TOTAL PROGRAM SERVICES	
\$	

TOTAL AMOUNT REQUESTED \$