

**Developmental Disabilities Resource Board
 FY08 Capital Funding Request**

Agency Name _____

Classification	Total Cost	DDRB %	DDRB \$ Requested
Program		max 80%	
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
Administration		max 50%	
			0
			0
			0
			0
			0
Accreditation		100%	0
			0
Equity Investment		max 80%	
			0
TOTAL	\$0		\$0

Instructions:

Classification: applicable program or agency as a whole

Total Cost: total dollars for capital items in this program

DDRB %: % of total cost the DDRB is to fund (NOTE MAXIMUMS in each category)

DDRB \$ Requested: multiply total cost by DDRB %