

FY10 Funding Justification Form

Required for any programs not meeting the annually established priority guidelines.

Agency: _____

Program: _____ (submit one form for each program 'out of priority' guidelines.)

Funding Request: _____

Current Budget: _____

Reimbursement Grant: **Requested % of total budget** _____

Approved % of total *current* budget _____

Purchase of Service: **Requested unit rate:** _____

Approved current unit rate: _____

Explanation of Specific Issue(s) moving the proposal outside the priority parameters:

Program Analysis	FY2009	FY2010
<i>Total Program</i>		
Direct Program Expense		
Administration		
Total Expenses		
% Administration		
Total Customers Served		
Cost Per Customer		
	FY2009	FY2010
<i>DDRB Share</i>		
Direct Program Expense		
Administration		
Total Expenses		
% Administration		
DDRB Customers Served		
Cost Per Customer		