

**Developmental Disabilities Resource Board  
FY07 Capital Funding Request**

**Agency Name** \_\_\_\_\_

Classification	Total Cost	DDRB %	Max 80%	DDRB \$ Requested
<b>Program</b>				
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
<b>Administration</b>			<b>Max 50%</b>	
				-
				-
				-
				-
				-
<b>Accreditation</b>			<b>100%</b>	
				-
<b>Equity Investment</b>			<b>Max 80%</b>	
				-
<b>TOTAL</b>	\$0			\$0

**Instructions:**

**Classification:** applicable program or agency as a whole

**Total Cost:** total dollars for capital items in this program

**DDRB %:** % of usage by DDRB consumer/program

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

**DDRB \$ Requested:** multiply total cost by DDRB %