### Organizational Overview

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Year Organizational Budget</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Prior Year HCCBG/Aging Services Total Allocation</td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>

### Service Specific

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Year Service Budget</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Prior Year Service HCCBG/Aging Services Allocation</td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>

### Full Cost for Service for FY 24

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Requested for FY 24</td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>

### Line Item Descriptions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Revenue (for this program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer Contributions</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Match (Cash or in-kind), 10% required for HCCBG service</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Expenses (include salary, sfi, travel, operating, etc)</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>