

**ORIGINAL PROGRAM BUDGET
WITHOUT TRANSFERS**

Fiscal Year

Fund Allocation

Grantee:	Effective Date:
(Name of Program)	
(Address)	
(Phone Number)	(Fax)
Name of individual submitting budget	Date
	Program ID Number
Approved Allocation	Original
Expenditures Paid by the Program	
Professional Services	
<input type="checkbox"/> Counseling	
<input type="checkbox"/> Residential/Housing (Mental Health Courts Only)	
<input type="checkbox"/> In-Patient Residential (28 day. Must have a contract with provider)	
Drug Testing /supplies, etc.	
Drug Testing Equipment	
Drug Testing Confirmation	
Electronic Monitoring	
Salary & Benefits – Treatment (exclude city & county paid positions)	
<input type="checkbox"/> Drug Court Coordinator	
<input type="checkbox"/> Case Manager	
<input type="checkbox"/> Testers	
<input type="checkbox"/> Case Worker	
Operating Expenses, office supplies, copying, ect. (Maximum \$1,200 per year)	
Bus Passes and/or Taxi vouchers (Maximum \$5,000 per year)	
Incentives, gift certificates \$5-\$15 value, tokens, books, cookies, cakes, pizza, and haircuts (Maximum \$2,500 per year)	
Basic Needs (hair cuts, clothing, hygiene items, etc.)	
Housing with a case manager (Maximum \$20,000 per year)	
Housing (Motel, Apartment, ect.) (Maximum \$10,000 per year)	
Acquiring necessary capital goods, or using appropriate technology	
Team Training (not to exceed 5% of total allocation)	
Studying the management and operation of the program	
Other (describe)	
Total Expenditures	
Program Budget (Continued)	
Other Revenue the Program Receives	Original Budget
Client/Participant payments made to the court(include court ordered and voluntary participant payments)	
Appropriations received from cities or counties	
Federal or other grants	
Other (describe)	
Total Other Revenue the Program Receives	
Other Expenditures	Original Budget
(List Expense in column. Attach additional page if necessary)	
Total Other Expenditures	

The above grantee is hereby submitting the above Program Budget as the original budget for the above referenced program.

By signing below you agree with the intent of the program budget and will provide quarterly financial status reports and receipts as outlined in the award letter. A copy of this program budget will be returned to the grantee.

Approved by:

Specialty Court Judge/Chief Judge	Date	AOC Specialty Court Program Analyst	Date
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