

Complete the narrative line in detail for any budget amounts.



Local Partnership Name: Stanly County Partnership For Children
 Fiscal Year: 2009-2010
 Activity Title: Healthy FUNDamentals
 Purpose/Service Code: _____

	BUDGET NARRATIVE	PROJECTED BUDGET
11) Personnel		
12) Contracted Professional Services		
13) Total Personnel/Contracted Services		
14) Office Supplies and Materials		
15) Service Related Supplies		
16) Total Supplies & Materials		
17) Travel		
18) Communications & Postage		
19) Utilities		
20) Printing and Binding		
21) Repair and Maintenance		
22) Meeting/Conference Expense		
23) Employee Training (no travel)		
24) Advertising and Outreach		
25) Board Member Expense		
26) Total Non-Fixed Operating Expenses		
27) Office Rent (Land, Buildings, etc.)		
28) Furniture Rental		
29) Equipment Rental (Phone, Computer, etc.)		
30) Vehicle Rental		
31) Dues, Subscriptions, and Fees		
32) Insurance & Bonding		
33) Books / Library Reference Materials		
34) Mortgage, Interest and Bank Fees		
35) Other Expenses		
36) Total Fixed Charges & Other Expenses		
37) Buildings & Improvements		
38) Leasehold Improvements		
39) Furniture/Non-computer Eqpt., \$500+ per item		
40) Computer Equipment/Printers, \$500+ per item		
41) Furniture/Eqpt., under \$500 per item		
42) Total Property and Equipment Outlay		
43) Purchase of Services		
44) Contracts with Service Providers		
45) Stipends/Scholarships		
46) Cash Grants and Awards		
47) Non-Cash Grants and Awards		
48) Total Services/Contracts/Grants		
49) Total Budgeted Expenditures		0