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|  | **Monthly** | **Budget** |  |
| **Category** | **Description of Services** | **Funding Source** | **Amount** |
|  |  |  |  |
| **Personnel** |  |  |  |
| *(Staff) - SAMPLE* | *Part-time 15 hrs./week* | *ABC Grant- SAMPLE* | *$480 - SAMPLE* |
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| **Operations** |  |  |  |
|  |  |  |  |
| *(Utilities, office supplies)* |  |  |  |
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| **Program Specific** |  |  |  |
| *(Games, Snacks, Arts & Crafts)* |  |  |  |
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| **Total Expense:** |  |  |  |
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