

**Prevention Initiative  
Home Visiting**

AGENCY/ENTITY NAME

EARLY CHILDHOOD BLOCK GRANT Early  
Budget (Continued)

**BUDGET SUMMARY**

**Use whole dollars only**

See instructions for definitions and budget worksheet.

Itemize and explain each expenditure amount, including employee benefits. Use Additional pages as needed.

FUNCTION NUMBER	EXPENDITURE ACCOUNT	SALARIES		EMPLOYEE BENEFITS		PURCHASED SERVICES		SUPPLIES AND MATERIALS		CAPITAL OUTLAY		TOTAL
		CPS	Other	CPS	Other	CPS	Other	CPS	Other	CPS	Other	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
2210	Improvement of Instruction Services											
2300	General Administration (5% Cap)											
2540	Operation & Maintenance of Plant Services											
3000	Community Services											
<b>Total</b>												

Date

Type Name of Authorized Representative (Dr., Mr., Ms.)

Signature of Authorized Representative