

Budget Proposal January 2012 - October 2012

PERSONAL AND PROFESSIONAL SERVICES

A. PERSONNEL

POSITION (Please modify position titles as appropriate and list additional positions on blank lines provided.)	Number of positions (FTEs)	Annual Salary per FTE	Total Annual Cost
Executive Director			\$0.00
Supervising Attorneys			\$0.00
Senior Attorneys			\$0.00
Attorneys			\$0.00
Social Workers			\$0.00
Investigators			\$0.00
Paralegals			\$0.00
Secretary			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
NET SALARIES			\$0.00

ANNUAL BENEFIT COST	
Benefits as Percent of Salaries	#DIV/0!

Budget Proposal January 2012 - October 2012

B. ADDITIONAL PROFESSIONAL SERVICES

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Monthly Contract Rate or Per Case Rate	Total Annual Cost
Contractual Non-Attorney Professional Services (Type of service, unit and rate must be specified in budget narrative.)			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

TOTAL PERSONAL and PROFESSIONAL SERVICES **\$0.00**

C. OPERATING EXPENSES

TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Annual Cost
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00

ANNUAL TRAINING BUDGET

INSURANCE	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

RENT

Budget Proposal January 2012 - October 2012

OVERHEAD (Please specify overhead in lines below)	

ALL OTHER PROJECT COSTS NOT SHOWN ABOVE (Specify in Budget Narrative)	
---	--

TOTAL OPERATING EXPENSES **\$0.00**

GRAND TOTAL **\$0.00**

D. REIMBURSABLE EXPENSES

Extraordinary Expenses			
Expert witnesses			
Out of state travel to visit child clients			
	Annual No. of Hours, Cases or other Unit	Hourly Rate, Montly Contract Rate or Per Case Rate	Total Annual Cost
Conflict Appointments			
Contract Attorney Services (Unit and rate must be specified in budget narrative.)			\$0.00

TOTAL REIMBURSABLE EXPENSES **\$0.00**

PERSONAL AND PROFESSIONAL SERVICES

A. PERSONNEL

POSITION (Please modify position titles as appropriate and list additional positions on blank lines provided.)	Number of positions (FTEs)	Annual Salary per FTE	Total Annual Cost
Executive Director			\$0.00
Supervising Attorneys			\$0.00
Senior Attorneys			\$0.00
Attorneys			\$0.00
Social Workers			\$0.00
Investigators			\$0.00
Paralegals			\$0.00
Secretary			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
NET SALARIES			\$0.00

ANNUAL BENEFIT COST	
Benefits as Percent of Salaries	#DIV/0!

B. ADDITIONAL PROFESSIONAL SERVICES

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Monthly Contract Rate or Per Case Rate	Total Annual Cost
Contractual Non-Attorney Professional Services (Type of service, unit and rate must be specified in budget narrative.)			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

TOTAL PERSONAL and PROFESSIONAL SERVICES **\$0.00**

C. OPERATING EXPENSES

TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Annual Cost
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00

ANNUAL TRAINING BUDGET

INSURANCE	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

RENT

OVERHEAD (Please specify overhead in lines below)	

ALL OTHER PROJECT COSTS NOT SHOWN ABOVE (Specify in Budget Narrative)	
---	--

TOTAL OPERATING EXPENSES	\$0.00
---------------------------------	---------------

GRAND TOTAL	\$0.00
--------------------	---------------

D. REIMBURSABLE EXPENSES

Extraordinary Expenses			
Expert witnesses			
Out of state travel to visit child clients			
	Annual No. of Hours, Cases or other Unit	Hourly Rate, Montly Contract Rate or Per Case Rate	Total Annual Cost
Conflict Appointments			
Contract Attorney Services (Unit and rate must be specified in budget narrative.)			\$0.00

TOTAL REIMBURSABLE EXPENSES	\$0.00
------------------------------------	---------------

PERSONAL AND PROFESSIONAL SERVICES

A. PERSONNEL

POSITION (Please modify position titles as appropriate and list additional positions on blank lines provided.)	Number of positions (FTEs)	Annual Salary per FTE	Total Annual Cost
Executive Director			\$0.00
Supervising Attorneys			\$0.00
Senior Attorneys			\$0.00
Attorneys			\$0.00
Social Workers			\$0.00
Investigators			\$0.00
Paralegals			\$0.00
Secretary			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
NET SALARIES			\$0.00

ANNUAL BENEFIT COST	
Benefits as Percent of Salaries	#DIV/0!

B. ADDITIONAL PROFESSIONAL SERVICES

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Monthly Contract Rate or Per Case Rate	Total Annual Cost
Contractual Non-Attorney Professional Services (Type of service, unit and rate must be specified in budget narrative.)			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

TOTAL PERSONAL and PROFESSIONAL SERVICES **\$0.00**

C. OPERATING EXPENSES

TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Annual Cost
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00

ANNUAL TRAINING BUDGET

INSURANCE	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

RENT

OVERHEAD	
(Please specify overhead in lines below)	

ALL OTHER PROJECT COSTS NOT SHOWN ABOVE (Specify in Budget Narrative)	
---	--

TOTAL OPERATING EXPENSES	\$0.00
---------------------------------	---------------

GRAND TOTAL	\$0.00
--------------------	---------------

D. REIMBURSABLE EXPENSES

Extraordinary Expenses			
Expert witnesses			
Out of state travel to visit child clients			
	Annual No. of Hours, Cases or other Unit	Hourly Rate, Montly Contract Rate or Per Case Rate	Total Annual Cost
Conflict Appointments			
Contract Attorney Services (Unit and rate must be specified in budget narrative.)			\$0.00

TOTAL REIMBURSABLE EXPENSES	\$0.00
------------------------------------	---------------