Attachment D-2

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**MENTAL HEALTH SERVICES ACT PROJECTS**

**CYCLE VI - FISCAL YEARS 23/24 THROUGH 25/26**

**PROJECT BUDGET NARRATIVE**

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| **Regional Center** |
|       |
| **Project Title** |
|       |

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| --- | --- |
| **Regional Center Expenses – Line Item** | **Description of Use** |
| Salary & Wages **(Not to exceed 20% of the budget subtotal or supplant current funding for salaries)**   |       |
| Travel |       |
| Meeting(s) |       |
| Printing/Photocopying |       |
| Communication |       |
| Postage/Shipping |       |
| Materials Development/Publications/Webpage |       |
| Equipment\* |       |
| Other:       |       |

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| **Subcontractor #1 – Line Item** | **Description of Use** |
| Salary & Wages **(If Subcontractor is an RC, salary and wages are not to exceed 20% of the budget subtotal or supplant current funding for salaries. RC staff expenses may be claimed only for work performed during the FY in which the funds were allocated.)** |       |
| Travel |       |
| Meeting(s) |       |
| Printing/Photocopying |       |
| Communication |       |
| Postage/Shipping |       |
| Materials Development/Publications/Webpage |       |
| Equipment\* |       |
| Other:       |       |

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| **Subcontractor #2 – Line Item** | **Description of Use** |
| Salary & Wages **(If Subcontractor is an RC, salary and wages are not to exceed 20% of the budget subtotal or supplant current funding for salaries. RC staff expenses may be claimed only for work performed during the FY in which the funds were allocated.)** |       |
| Travel |       |
| Meeting(s) |       |
| Printing/Photocopying |       |
| Communication |       |
| Postage/Shipping |       |
| Materials Development/Publications/Webpage |       |
| Equipment\* |       |
| Other:       |       |

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| **Subcontractor #3 – Line Item** | **Description of Use** |
| Salary & Wages **(If Subcontractor is an RC, salary and wages are not to exceed 20% of the budget subtotal or supplant current funding for salaries. RC staff expenses may be claimed only for work performed during the FY in which the funds were allocated.)** |       |
| Travel |       |
| Meeting(s) |       |
| Printing/Photocopying |       |
| Communication |       |
| Postage/Shipping |       |
| Materials Development/Publications/Webpage |       |
| Equipment\* |       |
| Other:       |       |

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| **Subcontractor #4 – Line Item** | **Description of Use** |
| Salary & Wages **(If Subcontractor is an RC, salary and wages are not to exceed 20% of the budget subtotal or supplant current funding for salaries. RC staff expenses may be claimed only for work performed during the FY in which the funds were allocated.)** |       |
| Travel |       |
| Meeting(s) |       |
| Printing/Photocopying |       |
| Communication |       |
| Postage/Shipping |       |
| Materials Development/Publications/Webpage |       |
| Equipment\* |       |
| Other:       |       |

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| **\*Please refer to the State Contracting Manual, Chapter 7, Section 7.29.**[**https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/State-Contracting**](https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/State-Contracting) |
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**Applicant (RC):**

Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Subcontractor\*\*:**

Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Subcontractor\*\*:**

Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Subcontractor\*\*:**

Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Subcontractor\*\*:**

Authorized by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* As applicable