

## BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

HIDALGO COUNTY

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$0	\$0			\$0	
B. Fringe Benefits	\$0	\$0			\$0	
C. Travel	\$0	\$0			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$0	\$0			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$93,500	\$85,000			\$8,500	
H. Total Direct Costs	\$93,500	\$85,000	\$0	\$0	\$8,500	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$93,500	\$85,000	\$0	\$0	\$8,500	\$0
				Match Percentage	<b>10.00%</b>	

If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.



