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| **Proposer’s Name:** |  |
| **Budget Term:** | 12 Months |

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| **A.** | **FULL-TIME AND PART-TIME SALARIES** |
| **Full-Time Position and Job Title** | **Job Duties Related to Specific Program Objectives**  |
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| **Part-Time Position and Job Title** | **Job Duties Related to Specific Program Objectives**  |
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| **B.** | **EMPLOYEE BENEFITS** |
| **Full-Time Employee Benefit**  | **Percentage Rate**  |
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| **Total Full-Time Employee Benefits Rate** |  |
| **Part-Time Employee Benefit**  | **Percentage Rate**  |
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| **Total Part-Time Employee Benefits Rate**  |  |

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| **C.** | **OPERATING EXPENSES** |
| **Item** | **Item Justification** |
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| **D.** | **MILEAGE AND TRAVEL** |
| **Item** | **Item Justification** |
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| **E.** | **OTHER COSTS (Including Consultant/Contractor)** |
| **Item** | **Item Justification** |
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