**AGREEMENT BUDGET SUMMARY**

**Minimum Required Cost Share for Agreement:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | PROJECTS | Grant Amount | Required  Cost Share:  Non-State  Fund Source | Other Cost Share | Total Cost | Cost Share Wavier Received |
|  | Grant Administration | $0 | $0 | $0 | $0 | N/A |
| 1 | Project 1: <Title> | $0 | $0 | $0 | $0 |  |
| X | Project X: <Title> | $0 | $0 | $0 | $0 |  |
|  | GRAND TOTAL | $0 | $0 | $0 | $0 |  |

<Non-State funds represents the 50% required cost share by Proposition 1 and could be from any non-state source (County, Federal, any other agency share, etc.). Federal funding that passes through the California Governor’s Office of Emergency Services is considered from a federal source.

Other cost share means the amount that is not required as part of grant/ or proposition

Funding for grant administration cannot exceed 10% of the total requested grant amount of the proposal. This 10% limit includes total grant administration costs incurred by the Grantee and each Local Project Sponsor. >

**Grant Administration**

Implementing Agency:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BUDGET CATEGORY | Grant Amount | Required  Cost Share:  Non-State  Fund Source\* | Other Cost Share\*\* | Total Cost |
| 1. Project Administration | $0 | $0 | $0 | $0 |
| TOTAL COSTS | $0 | $0 | $0 | $0 |

NOTES:

\* List fund source(s).

\*\*List sources of Other Cost Share, including other State Fund Sources.

**PROJECT X: <Project X Name>**

Implementing Agency:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BUDGET CATEGORY | Grant Amount | Required  Cost Share:  Non-State  Fund Source\* | Other Cost Share\*\* | Total Cost |
| (a)Project Administration | $0 | $0 | $0 | $0 |
| (b)Land Purchase / Easement | $0 | $0 | $0 | $0 |
| (c) Planning / Design / Engineering / Environmental Documentation | $0 | $0 | $0 | $0 |
| (d) Construction / Implementation | $0 | $0 | $0 | $0 |
| TOTAL COSTS | $0 | $0 | $0 | $0 |

NOTES:

Eligible costs for each Budget Category will only be approved for reimbursement and Cost Share for the work completed within the date ranges listed in Exhibit C.

\* List fund source(s).

\*\*List sources of Other Cost Share, including other State Fund Source