

BOX 14.1

Budget Justification

Agency Name:

Proposal Name:

Submitted by: **Date:**

Costs:

Year	Total	General fund	Federal funds	State funds	Other funds
Budget year	\$	\$	\$	\$	\$
Year 2	\$	\$	\$	\$	\$
Year 3	\$	\$	\$	\$	\$

Introductory Summary:

Statement of Need:

Program Description:

Benefits:

Performance Measurement:

Measurements:	Measure	Target		
		Budget Year	Year 2	Year 3
Input: (beneficiaries not \$)				
Output: (completing)				
Outcome: (achieving goal)				
Cost Efficiency: (\$/output)				
Efficiency: (complete/input)				
Cost Effectiveness: (\$/outcome)				
Effectiveness: (achieve/input)				
Quality of process				
Equity:		Don't put anything here		