

Local Social Services District _____
 Contact Person _____ Phone _____
 Provider Agency _____

EDGE Program
 Budget Summary

	1	2	3	4	5	6
Activity	Staff Count	Personal Services	Non-Personal Services	Total	In-Kind Contributions	Number Contac Hours
1. Administrative						////////
2. Assess/EP						
3. Education						
4. Postsecondary Education						//////// ////////
5. Job Skills Training						
6. Job Readiness Training						
7. Job Development/ Placement						
8. Case Management & Career Counseling						
9. Total						

*Column 7 shows the estimated amount of EPE to be generated by the EDGE Program. The total on of the total amount of EPE potentially available to be spent on EDGE.

**Column 8 shows an estimated amount of the EPE generated by the EDGE Program (shown in Column spend on EDGE.