Massachusetts Office for Victim Assistance
Drunk Driving Trust Fund (DDTF) Program
FY2004 Budget Amendment Request

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Program: _____

Agency: _____

Reason for Amendment:

Submitted by: _____ w _____ _____

(Signature) (Print) Date

DDTF BUDGET SUMMARY

Expense Item	Total DDTF Budget
Personnel	0.00
Consultants	0.00
Office/Administrative	0.00
Other	0.00
Total Estimated Costs:	0.00

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PERSONNEL

Employee	Total
_____ _____ (Name) (Position) _____ _____ _____ _____ (Hr/Wk) (Wk/Yr) (Total Salary) (Total Fringe/Taxes)	0.00
_____ _____ (Name) (Position) _____ _____ _____ _____ (Hr/Wk) (Wk/Yr) (Total Salary) (Total Fringe/Taxes)	0.00
_____ _____ (Name) (Position) _____ _____ _____ _____ (Hr/Wk) (Wk/Yr) (Total Salary) (Total Fringe/Taxes)	0.00
_____ _____ (Name) (Position) _____ _____ _____ _____ (Hr/Wk) (Wk/Yr) (Total Salary) (Total Fringe/Taxes)	0.00
_____ _____ (Name) (Position) _____ _____ _____ _____ (Hr/Wk) (Wk/Yr) (Total Salary) (Total Fringe/Taxes)	0.00
_____ _____ (Name) (Position) _____ _____ _____ _____ (Hr/Wk) (Wk/Yr) (Total Salary) (Total Fringe/Taxes)	0.00
_____ _____ (Name) (Position) _____ _____ _____ _____ (Hr/Wk) (Wk/Yr) (Total Salary) (Total Fringe/Taxes)	0.00
Total Estimated Personnel Costs:	0.00

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CONSULTANTS

Consultant	Total
_____ (Name) _____ (Agency) _____ (Description of Services) _____ (Hrs/Yr) _____ (Hourly Rate)	0.00
_____ (Name) _____ (Agency) _____ (Description of Services) _____ (Hrs/Yr) _____ (Hourly Rate)	0.00
_____ (Name) _____ (Agency) _____ (Description of Services) _____ (Hrs/Yr) _____ (Hourly Rate)	0.00
Total Estimated Consultants Costs:	0.00

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OFFICE/ADMINISTRATIVE COSTS

Expense Item	Total
Total Estimated Office/Administrative Costs:	0.00

<u>Additional Explanation of Changed Costs:</u>
(please list below)

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OTHER COSTS

Expense Item	Total
A. Local Travel to provide services to victims of crime: Miles per Month _____ x Number of Months _____ = Total Miles 0.00 x $___/mile** Total Travel Costs: 0.00 ****Please indicate agency's reimbursement rate for mileage**	0.00
B. Training** Training provided to program staff for the improvement of service delivery to OUI victims. ****Please indicate costs per training and list of attendees under "Explanation of Costs" at bottom of this sheet.**	
C. Other: _____ _____ _____ _____	 _____ _____ _____ _____
Total Estimated Other Costs:	0.00

Additional Explanation of Changed Costs:
(please list below)