

Enclosure 2

**ASSISTED OUTPATIENT TREATMENT DEMONSTRATION PROJECT ACT  
 AB 1421, Chapter 1017, Statutes of 2002 DETAILED PROGRAM BUDGET**

SUBMISSION DATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

FISCAL CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STAFFING				
	TITLE OF POSITION	FTE	Year 1 BUDGET	Year 2 BUDGET
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12	<b>TOTAL STAFF EXPENSES (sum lines 1 thru 11)</b>		\$ -	\$ -
13	Consultant Costs:			
14				
15				
16				
17	Equipment/Supplies:			
18				
19				
20				
21				
22	Training/Education:			
23				
24				
25				
26	Data Collection:			
27				
28				
29				
30	Other Expenses (Itemize):			
31				
32				
33				
34				
35				
36				
37	COUNTY ADMINISTRATIVE COSTS			
38	<b>TOTAL PROGRAM EXPENSES (sum lines 12 thru 37)</b>		\$ -	\$ -