

C. FIXED ASSETS (>\$5,000)	
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL FIXED ASSETS	\$ -

TOTAL FAMILY SUPPORT SERVICES	\$ -
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II. ESTIMATED SERVICE

LOW INCOME Service to eligible low income families				
County		Average Daily Rate	# of Days	Total Cost
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL SERVICE				\$ -

TOTAL BUDGET LOW INCOME LOW INCOME FAMILIES	\$ -
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FUNDING LIMITATIONS

Teen Parent Set-aside Amount: _____

The total for set-aside may not exceed 10% of the total service indicated above.

CCIS Representative

Date