



**DETROIT AREA AGENCY ON AGING**

**UNIT COST BUDGET**

ORIGINAL

AMENDMENT

**DATE:** \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_

**BUDGET PERIOD:** \_\_\_\_\_ **TO** \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

**SERVICE CATEGORY:** \_\_\_\_\_

**CONTRACTED:** Clients \_\_\_\_\_ Units \_\_\_\_\_

<b>Contracted Units</b>	
x <b>Unit Rate</b>	
= <b>Grant Award</b>	
+ <b>Local Match (15% required)</b>	
+ <b>Program Income (5% required)</b>	
= <b>Total Budget</b>	

**CERTIFICATION:** I CERTIFY THAT I AM AUTHORIZED TO SIGN ON BEHALF OF THIS AGENCY. THE BUDGET AMOUNTS REPRESENT NECESSARY AND PROPER COSTS FOR IMPLEMENTING THIS PROGRAM. ADEQUATE DOCUMENTATION RECORDS WILL BE MAINTAINED TO SUPPORT ALL PROGRAM EXPENDITURES.

**Vendor Agency:**

_____	_____	_____
<i>Signature of Authorized Official</i>	<i>Title</i>	<i>Date</i>

**DAAA:**

_____	_____	_____
<i>Reviewed By</i>	<i>Title</i>	<i>Date</i>

_____	_____	_____
<i>Approved By</i>	<i>Title</i>	<i>Date</i>

**Note:** Complete a form for each service category