

**PEI Administration Budget Worksheet**

County: \_\_\_\_\_

Date: \_\_\_\_\_

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
<b>A. Expenditures</b>					
<b>1. Personnel Expenditures</b>					
a. PEI Coordinator					\$0
b. PEI Support Staff					\$0
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			\$0	\$0	\$0
<b>2. Operating Expenditures</b>					
a. Facility Costs			\$0	\$0	\$0
b. Other Operating Expenditures			\$0	\$0	\$0
c. Total Operating Expenditures			\$0	\$0	\$0
<b>3. County Allocated Administration</b>					
a. Total County Administration Cost			\$0	\$0	\$0
<b>4. Total PEI Funding Request for County Administration Budget</b>			\$0	\$0	\$0
<b>B. Revenue</b>					
1 Total Revenue			\$0	\$0	\$0
<b>C. Total Funding Requirements</b>			\$0	\$0	\$0
<b>D. Total In-Kind Contributions</b>			\$0	\$0	\$0