

EXHIBIT B ODOT GRANT BUDGET AND COST SHARING

Project No.: M5X-23-12-01 AAA
 Project Name: Deschutes County Impaired Driving Media Campaign
 Agency: Deschutes County Health Services

Project Period: 11/15/22 - 09/30/23
 (From) (To)

(Office Use Only)

Grant Adjustment #: 0
 Grant Adjust. Effective Date: 2/27/2023
 Project Yr. (1-2-3, Ongoing): _____

This form should include all budget information. If additional information is required for clarity, please include on a separate page referencing appropriate budget item.

1. Personnel Costs*

A. Staff assigned and estimated hours:	Hours	Rate	Total Cost
_____	0.00 @ \$	1.00 /hr = \$	-
_____	0.00 @ \$	- /hr = \$	-
_____	0.00 @ \$	- /hr = \$	-
_____	0.00 @ \$	- /hr = \$	-
_____	0.00 @ \$	- /hr = \$	-
_____	0.00 @ \$	- /hr = \$	-
Staff Subtotal			\$ -

B. Overtime	Hours	Rate	Total Cost
_____	0.00 @ \$	- /hr = \$	-
_____	0.00 @ \$	- /hr = \$	-
Overtime Subtotal			\$ -

C. Volunteer Time	Hours	Rate	Total Cost
_____	0.00 @ \$	- /hr = \$	-
_____	0.00 @ \$	- /hr = \$	-
Volunteer Subtotal			\$ -

2. Personnel Benefits

A.	Unit Cost	# of Units	Total Cost
_____	\$ - @	0 =	\$ -
_____	\$ - @	0 =	\$ -
Benefits Subtotal			\$ -

3. Equipment

A.	Unit Cost	# of Units	Total Cost
_____	\$ - @	0 =	\$ -
_____	\$ - @	0 =	\$ -
_____	\$ - @	0 =	\$ -
_____	\$ - @	0 =	\$ -
Equipment Subtotal			\$ -

4. Materials/Printing

A.	Unit Cost	# of Units	Total Cost
_____	\$ - @	0 =	\$ -
_____	\$ - @	0 =	\$ -
_____	\$ - @	0 =	\$ -
Materials Subtotal			\$ -

5. Overhead/Indirect Costs

A.	Unit Cost	# of Units	Total Cost
_____	\$ - @	0 =	\$ -
_____	\$ - @	0 =	\$ -
Overhead Subtotal			\$ -

TSD FUNDS	MATCH	TOTAL
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00

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6. Other Project Costs

A. Travel In-State	Unit Cost	# of Units	Total Cost
	\$ - @	0 =	\$ -
B. Travel Out-of-State (specify)***:			
	\$ - @	0 =	\$ -
C. Office Expenses (supplies, photocopy, telephone, postage)			
	\$ - @	0 =	\$ -
D. Other Costs (specify):			
1.) Bilingual Impaired Driving Media (\$ 10,000.00 @	1 =	\$ 10,000.00
2.) Bilingual Substance Misuse Camp	\$ 2,500.00 @	1 =	\$ 2,500.00
3.)	\$ - @	0 =	\$ -
4.)	\$ - @	0 =	\$ -
5.)	\$ - @	0 =	\$ -
Other Project Costs Subtotal			\$ 12,500.00

7. Consultation/Contractual Services **

A.	Unit Cost	# of Units	Total Cost
	\$ - @	0 =	\$ -
B.	\$ - @	0 =	\$ -
Consultation/Contractual Services Total			\$ -

8. Mini-Grants ***

	TSD	Match
A.	\$ -	\$ -
B.	\$ -	\$ -
C.	\$ -	\$ -
D.	\$ -	\$ -
E.	\$ -	\$ -
F.	\$ -	\$ -
G.	\$ -	\$ -
H.	\$ -	\$ -
Mini-Grants Subtotals	\$ -	\$ -

TOTAL

COST SHARING BREAKDOWN

1. TSD Funds	\$ 10,000.00	80%
2. Match: State		
3. Match: Local	\$ 2,500.00	20%
4. Match: Other (specify)		
a.)		
b.)		
c.)		
5. TOTAL COSTS	\$ 12,500.00	100%

TSD FUNDS	MATCH	TOTAL
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$10,000.00	\$2,500.00	\$12,500.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$10,000.00	\$2,500.00	\$12,500.00

Budget Comments:

* Job descriptions for all positions assigned to grant for 500 hours or more must be included in Exhibit B.

** TSD approval required prior to expenditures.