



ORANGE COUNTY, NEW YORK
 Employment and Training Administration
 40 Matthews St, Goshen, NY 10924

Attachment A
 Form 4

Vendor Name:	Type Your Company Name Here
Program Name:	WIOA Youth Program

All projected expenses must be clearly explained in the format provided below. Contracted Vendors will be required to submit a budget modification request for any expenditures which exceed specific budget line items. And it should be clearly understood that claimed expenses above the contracted annual total cannot be paid by ETA.

FUNDING CATEGORY	DESCRIPTION
In-Kind / Non Requested Funds	
PERSONNEL	DESCRIPTION
In-Direct Funds for Staff	
Direct Service Funds for Staff	



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PERSONNEL	DESCRIPTION
Fringe Benefits	
NON PERSONNEL	DESCRIPTION
Contractual / Consultant	
Building Rental	
Gas, Fuel, Heat, Electric	
Staff Travel	
Information Technology	
Equipment Expenses	
Communication Expenses	
Meal Allowances	



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Advertising	
Supplies	
Flexible Funding	
Insurance (Non-Health)	
Other (specify)	
Administrative Overhead	