

PFMO HSRN Budget & Invoice Form

Send To:
 People First of Missouri
 215 W. Pershing Rd. 5th Flr
 Kansas City, MO 64108

Date: 22-Apr-15

Name of Partner: Arc of Iowa

Amount of Requested Funds: **\$8,000.00**

PROJECTED BUDGET				Current Expenses	Cumulative Expenses
Travel Cost					
Mileage	1,000				
Coordination travel	400				
Lead Self Advocate	750				
Personal Assistants	900				
SubTotal	\$3,050.00		\$0.00	\$0.00	
Meeting Cost					
Space					
Food	1,000				
Other	250				
SubTotal	\$1,250.00		\$0.00	\$0.00	
Supply Costs					
General Supplies	275				
Meeting Supplies	150				
SubTotal	\$425.00		\$0.00	\$0.00	
Other Costs					
Participant Stipends	2,500				
Phone/Internet/surveymonkey	200				
Printing	275				
Intern Support	300				
SubTotal	\$3,275.00		\$0.00	\$0.00	
TOTAL (Not to Exceed \$8,000)		\$8,000.00		\$4,000.00	\$0.00

MAKE CHECK PAYABLE TO:

Arc of Iowa
 114 S. 11th Street
 West Des Moines, IA 50265
 515-508-1214

I certify to the best of my knowledge and belief that this report is correct and that all outlays are for the purposes set forth in the HRSN Project Narrative

Doug Cunningham

Type Name of Authorized Signer Doug Cunningham
 Type Title of Authorized Signer - Executive Director