**Administrative Budget Worksheet for All Facilities**

Line M

FDCH Provider/Center Training

List miles, meals and lodging for staff required to conduct training, rental of facilities or equipment and number of workshops to be given.

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| **FDCH Provider/Center Training***(Information in this category SHOULD NOT be included in Budget Line B.)* |
| Name of Workshop Training | # workshops to be conducted | Rental of Facilities or Equipment\*\* | # of Miles | MileageExpense\* | Meal $ Allowance | Lodging $ Allowance |
| Yes | No |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |

\*Maximum allowable rate is 54.5 cents per mile

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| \*\*Complete chart if there will be a rental charge for facilities or equipment associated with the FDCH Provider/Center training.*(Information in this category SHOULD NOT be included in Budget Line B.)* |
| **List of Facilities or Rental Equipment** | **$ Amount** **of rental**  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

*Use additional pages if needed.*