**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | Mileage  Expense\* | Meal $ Allowance | Lodging $ Allowance |
| Yes | No |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |
|  |  | 🞎 | 🞎 |  | $ | $ | $ |

\*Maximum allowable rate is 54.5 cents per mile

|  |  |
| --- | --- |
| \*\*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.*