

**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES
SUBGRANT AGREEMENT
ATTACHMENT A - BUDGET**

Attachment A

SUBGRANT RECIPIENT _____ SUBGRANT NUMBER _____
PROGRAM YEAR _____ MODIFICATION NUMBER 0

			TOTAL
Salaries	\$ -		\$ -
Fringe Benefits	\$0.00		\$0.00
Travel	\$0.00		\$0.00
Supplies	\$0.00		\$0.00
Indirect Costs	\$0.00		\$0.00
Administrative Expenditures	\$0.00		\$0.00
Other Expenditures	\$0.00		\$0.00
TOTAL FUNDING	\$0		\$0