



**ODOT PUBLIC TRANSIT DIVISION
BUDGET DETAIL WORKSHEET**

*REVISION? Yes

(For Operations, Purchased Service, Mobility Management, and Planning Projects)

PROVIDER/AGENCY NAME: _____

FISCAL YEAR OF REQUEST: _____ QUARTER or MONTH: _____

GRANT DESCRIPTION(S):					
GRANT AGREEMENT NUMBER(S):					
ADMINISTRATIVE EXPENSES					TOTAL
Labor (Salary and Fringe Benefits)					\$ -
Administrative Office Space Costs					-
Employee Training and Certification (Admin. Staff)					-
Marketing and Public Involvement					-
Agency Liability Insurance					-
Administrative Contracted Services					-
Drug and Alcohol Test Administration					-
Travel					-
Durable Equipment Less than \$5,000					-
Other Administrative Expenses (list)					-
_____					-
_____					-
_____					-
<i>TOTAL ADMINISTRATIVE EXPENSES</i>	\$	-	\$	-	\$ -

OPERATING EXPENSES					TOTAL
Labor (Salary and Fringe Benefits)					\$ -
Employee Training and Certification (Operations Staff)					-
Vehicle Preventive Maintenance					-
Vehicle Accident Repair					-
Tires (non-capital)					-
Fuel and Oil					-
Spare Parts (not included in Preventive Maintenance)					-
Transit Service Contracts					-
Operations and Passenger Facility Maintenance					-
Vehicle and Facility Insurance					-
Durable Equipment Less than \$5,000					-
Other Operating Expenses (list)					-
_____					-
_____					-
_____					-
<i>TOTAL OPERATING EXPENSES</i>	\$	-	\$	-	\$ -

Farebox Revenue Allocated to Grant	\$	-			\$ -
Other Reductions in Grant Eligible Expense Amount	\$	-			\$ -
(Total Farebox - Other) NET OPERATING EXPENSE	\$	-	\$	-	\$ -
(Total Administration + Total Net Operating) TOTAL EXPENSE	\$	-	\$	-	\$ -

MATCHING FUNDS	(ENTER SOURCE BELOW)				TOTAL
A. _____					\$ -
B. _____					\$ -
C. _____					\$ -
D. _____					\$ -
<i>TOTAL MATCH AVAILABLE FOR EACH PROJECT</i>	\$	-	\$	-	\$ -

Approval: By checking this box (for OPTIS submittal) **or** signing below (for all other submittal), I certify that I am the authorized representative for this agency, this document is correct to the best of my knowledge, and the expenses listed here are not being reimbursed from any other source.
 (*If this worksheet has been revised, please check the box at the top left of the form and ensure the date below is the date the revision was approved.)

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

PRINTED NAME

PHONE NUMBER



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<i>TOTAL ADMINISTRATIVE EXPENSES</i>	\$ -	\$ -	\$ -	\$ -	

OPERATING EXPENSES					
Labor (Salary and Fringe Benefits)					
Employee Training and Certification (Operations Staff)					
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Transit Service Contracts					
Operations and Passenger Facility Maintenance					
Vehicle and Facility Insurance					
Durable Equipment Less than \$5,000					
Other Operating Expenses (list)					

<i>TOTAL OPERATING EXPENSES</i>	\$ -	\$ -	\$ -	\$ -	
Farebox Revenue Allocated to Grant	\$ -				
Other Reductions in Grant Eligible Expense Amount	\$ -				
(Total Farebox Other) NET OPERATING EXPENSE	\$ -	\$ -	\$ -	\$ -	
(Total Administration + Total Net Operating) TOTAL EXPENSE	\$ -	\$ -	\$ -	\$ -	

MATCHING FUNDS (ENTER SOURCE BELOW)					
A. _____					
B. _____					
C. _____					
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<i>TOTAL MATCH AVAILABLE FOR EACH PROJECT</i>	\$ -	\$ -	\$ -	\$ -	

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Durable Equipment Less than \$5,000					
Other Administrative Expenses (list)					

<i>TOTAL ADMINISTRATIVE EXPENSES</i>	\$ -	\$ -	\$ -	\$ -	

OPERATING EXPENSES					
Labor (Salary and Fringe Benefits)					
Employee Training and Certification (Operations Staff)					
Vehicle Preventive Maintenance					
Vehicle Accident Repair					
Tires (non-capital)					
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Operations and Passenger Facility Maintenance					
Vehicle and Facility Insurance					
Durable Equipment Less than \$5,000					
Other Operating Expenses (list)					

<i>TOTAL OPERATING EXPENSES</i>	\$ -	\$ -	\$ -	\$ -	
Farebox Revenue Allocated to Grant	\$ -				
Other Reductions in Grant Eligible Expense Amount	\$ -				
(Total Farebox Other) NET OPERATING EXPENSE	\$ -	\$ -	\$ -	\$ -	
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MATCHING FUNDS (ENTER SOURCE BELOW)					
A. _____					
B. _____					
C. _____					
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