**Agency Name:**

**Equipment Budget Category Summary / Additional Information:**

***EQUIPMENT BUDGET CATEGORY***

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment Item Requested**: | | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | | |
| Cost Per Item: | Total Number of Items: | **Total Cost:** | |
| $ |  | **$** | |
| DV Portion | SA Portion |
| $ | $ |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for Equipment Item: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment Item Requested**: | | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | | |
| Cost Per Item: | Total Number of Items: | **Total Cost:** | |
| $ |  | **$** | |
| DV Portion | SA Portion |
| $ | $ |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for Equipment Item: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment Item Requested**: | | | |
| Is ALL or PART of this Equipment cost used as **MATCH**?  NO  YES | | | |
| Cost Per Item: | Total Number of Items: | **Total Cost:** | |
| $ |  | **$** | |
| DV Portion | SA Portion |
| $ | $ |
| Description of Equipment Item *(to include portions used as cash or in-kind match, if applicable)*: | | | |
|  | | | |
| Justification for Equipment Item: | | | |
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