**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: |
|       |

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| **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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| **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: |
|       |