

STATE OF CALIFORNIA  
 CALIFORNIA DEPARTMENT OF AGING  
**DIGNITY AT HOME FALL PREVENTION BUDGET**  
 CDA 260 (NEW 01/2020)



Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**A) Direct Costs**

**Personnel Costs**

Position Title	Last Name	First Initial	FTE	Salary

**In State Travel**

Equipment \_\_\_\_\_

Consultant Costs \_\_\_\_\_

Training \_\_\_\_\_

Other Costs \_\_\_\_\_

Purchased Fall Prevention Services \_\_\_\_\_

**B) Administration**

Administration (maximum 10%)	% Budget		
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**C) Indirect Costs**

Indirect Costs (maximum 10%)	% Budget		
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**D) Contractual Costs**

Subcontractors \_\_\_\_\_

Total Budget Amount \_\_\_\_\_

<b>Printed Full Name</b>	<b>Title</b>	<b>Date</b>	<b>Check box to indicate agreement with information provided in report</b>

**FOR STATE USE ONLY**

Approved By: _____	Authorized Signature: _____	Date: _____
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