*REVISION? Yes ☐

ODOT PUBLIC TRANSIT DIVISION
BUDGET DETAIL WORKSHEET

(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	**General Ledger #**				
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 $5,000					
Other Administrative Expenses (list)					
_____					
_____					
_____					
TOTAL ADMINISTRATIVE EXPENSES		**$ -**	**$ -**	**$ -**	**$ -**
OPERATING EXPENSES	**General Ledger #**				
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 $5,000					
Other Operating Expenses (list)					
_____					
_____					
_____					
TOTAL OPERATING EXPENSES		**$ -**	**$ -**	**$ -**	**$ -**
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)	*neral Ledger #*				
A. _____					
B. _____					
C. _____					
D. _____					
TOTAL MATCH AVAILABLE FOR EACH PROJECT		**$ -**	**$ -**	**$ -**	**$ -**

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 _____

*REVISION? Yes ☐

ODOT PUBLIC TRANSIT DIVISION
BUDGET DETAIL WORKSHEET

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

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GRANT AGREEMENT NUMBER(S):					
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Administrative Contracted Services					
Drug and Alcohol Test Administration					
Travel					
Durable Equipment Less than $5,000					
Other Administrative Expenses (list)					
TOTAL ADMINISTRATIVE EXPENSES		$ -	$ -	$ -	$ -
OPERATING EXPENSES	**General Ledger #**				
Labor (Salary and Fringe Benefits)					
Employee Training and Certification (Operations Staff)					
Vehicle Preventive Maintenance					
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Tires (non-capital)					
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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)					
TOTAL OPERATING EXPENSES		$ -	$ -	$ -	$ -
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) *neral Ledger #*				
A. _____					
B. _____					
C. _____					
D. _____					
TOTAL MATCH AVAILABLE FOR EACH PROJECT		$ -	$ -	$ -	$ -

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PRINTED NAME _____ PHONE NUMBER _____

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GRANT AGREEMENT NUMBER(S):					
ADMINISTRATIVE EXPENSES	**General Ledger #**				
Labor (Salary and Fringe Benefits)					
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Travel					
Durable Equipment Less than $5,000					
Other Administrative Expenses (list)					
TOTAL ADMINISTRATIVE EXPENSES		$ -	$ -	$ -	$ -
OPERATING EXPENSES	**General Ledger #**				
Labor (Salary and Fringe Benefits)					
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Operations and Passenger Facility Maintenance					
Vehicle and Facility Insurance					
Durable Equipment Less than $5,000					
Other Operating Expenses (list)					
TOTAL OPERATING EXPENSES		$ -	$ -	$ -	$ -
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)	*neral Ledger #*				
A. _____					
B. _____					
C. _____					
D. _____					
TOTAL MATCH AVAILABLE FOR EACH PROJECT		$ -	$ -	$ -	$ -

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