Detroit Area
AGENCY ON AGING

DETROIT AREA AGENCY ON AGING

UNIT COST BUDGET

☐ ORIGINAL ☐ AMENDMENT

DATE: _____

AGENCY NAME: _____

BUDGET PERIOD: _____ (mm/dd/yyyy) **TO** _____ (mm/dd/yyyy)

SERVICE CATEGORY: _____

CONTRACTED: Clients _____ Units _____

Contracted Units	
x **Unit Rate**	
= **Grant Award**	
+ **Local Match** (15% required)	
+ **Program Income** (5% required)	
= **Total Budget**	

CERTIFICATION: I CERTIFY THAT I AM AUTHORIZED TO SIGN ON BEHALF OF THIS AGENCY. THE BUDGET AMOUNTS REPRESENT NECESSARY AND PROPER COSTS FOR IMPLEMENTING THIS PROGRAM. ADEQUATE DOCUMENTATION RECORDS WILL BE MAINTAINED TO SUPPORT ALL PROGRAM EXPENDITURES.

Vendor Agency:

Signature of Authorized Official	*Title*	*Date*

DAAA:

Reviewed By	*Title*	*Date*

Approved By	*Title*	*Date*

Note: Complete a form for each service category