







**FY 2016-17 Line Item Budget  
For Program**

#20

Agency: *Child Abuse Listening Mediation (CALM)*  
 Program Name: *Child Abuse Treatment Program*  
 Amount \$\$ Requested: *\$10,000*

<b>Program Budget</b>	<b>FY 2016-17</b>	
<b>Funding Sources/Revenues</b>	<b>Committed</b>	<b>Uncommitted</b>
County of Santa Barbara		\$10,000
<i>Foundation Grants</i>	\$67,500	\$10,055
<i>Government Grants</i>	\$205,500	\$51,300
<i>Medi-Cal Billings</i>	\$200,000	
<i>Client Payments</i>		\$19,245
<i>Contributions</i>		\$792,000
	<b>Total</b>	
	<b>\$473,000</b>	<b>\$882,600</b>

<b>Funding Uses/Expenses</b>	<b>Budget</b>
<i>Salaries and Related Expenses</i>	\$1,284,549
 <i>Direct Costs - Training, mileage reimbursement, equipment, and program expenses</i>	 \$154,484
<i>Indirect Costs – Management, Administrative, Rent, and Computer support</i>	\$236,544
	<b>Total</b>
	<b>\$1,675,577</b>