

				County of Lake
				19-10859
FOR INTERNAL RECORDS ONLY				
Exhibit B				
Budget Summary				
February 1, 2020 - June 30, 2023				
PERSONNEL				
Classification	Monthly Salary	Percent of Time	Months on Project	Budget
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Total Personnel				\$0
Fringe Benefits @				0%
Total Personnel & Benefits				\$0
OPERATING EXPENSES				
General Office Expense (paper, pens, pencils)				\$0
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)				\$0
Duplication/Printing (educational materials)				\$0
Minor Equipment (printers, software licenses)				\$0
Total Operating Expenses				\$0
MAJOR EQUIPMENT (If >\$50K, please itemize)				\$0
TRAVEL (meetings, site visits)				\$0
SUBCONTRACTORS				
Name of subcontractor or service to be performed				\$0
(Must provide a detail budget for all subcontractors - See Subcontractors Budget Template)				
Total Subcontractors				\$0
OTHER COSTS				\$0
INDIRECT COSTS (XX% OF PERSONNEL AND BENEFITS)			0.00%	\$0
BUDGET GRAND TOTAL				\$0