

**Exhibit 4 – Budget Summary  
For Technological Needs Project Proposal**

**Project Title:** \_\_\_\_\_ **Consortium (Y/N)** \_\_\_\_\_  
**Contract Agency Name:** \_\_\_\_\_ **Legal Entity Number:** \_\_\_\_\_

Category	Fiscal Year 1 ____ - ____ (a)	Fiscal Year 1 Start-up* (b)	Fiscal Year 1 Adjusted (a-b)=(c)	Fiscal Year 2 ____ - ____ (d)	Fiscal Year 3 ____ - ____ (e)	Fiscal Year 4 ____ - ____ (f)	Total Project Costs (a+d+e+f)
Personnel							
							0
							0
							0
<b>Total Staff (Salaries &amp; Benefits)</b>	0			0	0	0	0
Hardware							
							0
							0
							0
<b>Total Hardware</b>	0			0	0	0	0
Software							
							0
							0
							0
<b>Total Software</b>	0			0	0	0	0
Contract Services							
<i>(list services to be provided)</i>							
							0
							0
<b>Total Contract Services</b>	0			0	0	0	0
Other Expenses (Describe)							
							0
							0
<b>Total Other Expenses</b>	0			0	0	0	0
MHSA IT Funds Request (A)	0			0	0	0	0
Non-MHSA Funding (B)							0
<b>OVERALL PROJECT COSTS</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**NOTE: No start-up funds may be requested for Maintenance Projects.**

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-252-8744**  
 Revised December 2010

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