

ATTACHMENT B

**CY 2009 ELDER ABUSE DIRECT SERVICES FORMULA ALLOCATION
REQUEST**

COUNTY: _____

TOTAL ALLOCATION: _____
(see Attachment A)

FUNDS REQUESTED: _____

ADDITIONAL FUNDS REQUESTED*: _____
(* pending availability)

SUMMARY BUDGET OF ALLOWABLE COSTS:**
(see Attachment C)

**Staff costs, except for staff costs associated with the provision of direct services and/or preventive services for individuals identified at risk of abuse, neglect and/or exploitation, are not allowable. Administrative overhead and indirect costs are not allowable either. There is no carryover provision. No match is required.

Authorized Agency Representative Signature

Date

Authorized Agency Representative Title

[Completed form along with your plan (two pages maximum) to meet required performance expectations must be submitted to the regional area agency on aging (see Attachment D) no later than December 1, 2008.]