**Applicant:**

**Project Name:**

I. **Equipment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item Description\*** | **Quantity** | **Cost Per Item** | **Total Cost** | **PercentChargedto Project** | **Total CostChargedto Project** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
|        |       |       | $ 0.00 |     %  | **$ 0.00** |
| **TOTAL** |  **0** |  | **$ 0.00** | Blank | **$ 0.00** |

\*List equipment items with a useful life of more than one year with a unit acquisition cost of $5,000 or more charged to the project. The approval of the budget plan contained in this subgrant does not constitute approval of the equipment request.

**A separate request to purchase equipment must be submitted for prior approval by the DAS Grant Unit. Send request to DAS Grant Unit at** **DASGrantUnit@dir.ca.gov** **.**

**II.** Contractual Services\*\*

|  |  |  |
| --- | --- | --- |
| **Description - Type of Service** | **Cost** | **Service ProviderIf Known** |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
|        |       |       |
| **Total\*\*\*** |  **$ 0.00** | blank |

\*\* All contractual services must be competitively procured in accordance with federal and state procurement regulations and policies. See Procurement Standards (Sect. 200.318-.326) in the Federal Uniform Guidance, 2CFR200.

\*\*\* In order to manually populate the Total Cost Charged to Project and Total fields see pages 13/14 of the Proposal Instructions.

|  |  |
| --- | --- |
| **STATE USE ONLY** | **EXHIBIT H** |
| Subgrant Number |   |
| Grant Code |   |
| Initial Plan |   |
| Modification Date |   |
| Subrecipient Code |   |