|  |
| --- |
| Office of Temporary and Disability Assistance Logo |
| **Andrew m. cuomo**Governor | **MICHAEL P. HEIN**Commissioner | **Barbara C. Guinn**Executive Deputy Commissioner­­ |

**Attachment 4**

**Homeless During Inclement Weather (Code Blue)**

**Budget Narrative Form by Budget Category:**

Along with narrative; please give a detailed (i.e., line item) breakout of the specific costs identified in each category. These line items should total to the amount entered in Attachment 3 for each respective category.

**Social Services District:** Click here to enter text.

Salary Costs: Click here to enter text.

Fringe Benefits Costs: Click here to enter text.

Contractual Costs: Click here to enter text.

Travel Costs: Click here to enter text.

Equipment Costs: Click here to enter text.

Supplies: Click here to enter text.

Other Direct Expenses: Click here to enter text.

Assistance Direct to Clients: Click here to enter text.

Client Transportation: Click here to enter text.

Other: Click here to enter text.