



**B. ADDITIONAL PROFESSIONAL SERVICES**

TYPE OF SERVICES	Annual No. of Hours or other Unit	Hourly Rate, Monthly Contract Rate or Per Case Rate	Total Annual Cost
Contractual Non-Attorney Professional Services (Type of service, unit and rate must be specified in budget narrative.)			\$0.00
Out-of-Court Interpreters			\$0.00
Other (Specify in Budget Narrative)			\$0.00

**TOTAL PERSONAL and PROFESSIONAL SERVICES** **\$0.00**

**C. OPERATING EXPENSES**

TRAVEL	Annual No. of Miles/Lodging Nights/Per Diems Provided	Mileage, Lodging Rate or Per Diem Rate	Total Annual Cost
Mileage			\$0.00
Lodging			\$0.00
Per Diem			\$0.00
Other (please specify)			\$0.00

**ANNUAL TRAINING BUDGET**  

<b>INSURANCE</b>	
Commercial General Liability	
Business Automobile Liability	
Professional Liability	
Workers' Compensation	
Employers' Liability	
Check if Self-Insured	

**RENT**

