**FY2025 Services Request Summary**

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| --- | --- | --- |
| Name of Applicant: | |  |
| Name of Program: | |  |
| Address: |  | |

Summarize your FY2025 Request for Funding by completing the table below.

Please note that “Administration” is not a service category.

Administrative/indirect costs (capped at 10% of your funding request) must be included in your service category budget(s).

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| **Service Category** | **Funds**  **Requested** | **Unduplicated Clients** | **Number of Units** | **Average Unit Cost** |
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| **TOTAL FUNDS REQUESTED:** | | $ | | |