**FY’25 LIST Lead Organization**

***Quarterly Budget Narrative***

**LLO NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please explain your quarterly spending by line item below.**

**Personnel:**

**Staffing:**

**Benefits:**

**Other:**

**Direct Costs:**

 **Food:**

**Parent Stipends:**

**Direct Service programming:**

**Special Events:**

**Supplies:**

**A&G costs:**

**Mileage:**

**Other (please identify):**

**TOTAL:**