ATTACHMENT C1
ENHANCING / EXPANDING MEDICATION ASSISTED TREATMENT (MAT) SERVICES

Section A – Program Budget Categories to be Funded

Budget Categories:	Program Amount per Category
a. Assessment	1a.
b. Case Management	1b.
c. Medical Services	1c.
d. Medication Assisted Treatment	1d.
e. Outpatient-Individual	1e.
f. Information and Referral	1f.
g. Transportation	1g.
h. Other.	1h.

If other, please provide a brief description:

Total: $ 0.00

Section B – Unit Cost Budget Breakdown

Description of Unit	# Units	Costs per Unit	Unit Program Cost
a. Assessment	1a.	2a.	3a.
b. Case Management	1b.	2b.	3b.
c. Medical Services	1c.	2c.	3c.
d. Medication Assisted Treatment	1d.	2d.	3d.
e. Outpatient Individual	1e.	2e.	3e.
f. Information and Referral	1f.	2f.	3f.
g. Other	1g.	2g.	3g.

Requested Funding Total: $ 0.00