

**REQUIRED FORMS - EXHIBIT 8**  
**LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH**  
**COGNITIVE BEHAVIORAL THERAPY TRAINING**  
**ESTIMATED ANNUAL BUDGET - YEAR ONE**

Bidder Name: \_\_\_\_\_

Description of Expenditure	Amount
<b>Personnel (specify titles/position):</b>	
<b>Total Personnel</b>	\$ -
<b>Employee Benefits:</b>	
<b>Total Employee Benefits</b>	\$ -
<b>Subtotal - Personnel: Salary and Employee Benefits</b>	\$ -
<b>Services &amp; Supplies (specify):</b>	
	\$ -
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
<b>Services &amp; Supplies Expenditures Subtotal</b>	\$ -
<b>Subtotal All Expenditures</b>	\$ -
<b>Indirect &amp; Administrative Overhead:</b>	
Percentage	0%
Indirect & Administrative Overhead	\$ -
<b>Indirect &amp; Administrative Overhead Expenditures Subtotal</b>	\$ -
<b>Grand Total Expenditures</b>	\$ -