

Budget Form Complete the budget form. The attached budget form is not acceptable without a written budget justification.

Allowable and non-allowable costs are described in Appendix D.

Applicant: _____

BUDGET (see application guidelines for an explanation of allowable/not allowable expenses)	PROPOSED		
	Grant Request	Other Funding	Total Project Cost
A. Salaries (include name, position, and FTE)			
Sub-total A	\$0	\$0	\$0
B. Expendable Supplies			
Sub-total B	\$0	\$0	\$0
C. Equipment			
Sub-total C	\$0	\$0	\$0
D. Other Expenses/Fees			
Sub-total D	\$0	\$0	\$0
TOTAL COSTS (Sub-total A+B+C+D)	\$0	\$0	\$0
Indirect Costs 10% (only for proposals \$25,000 or over)			
TOTAL AMOUNT REQUESTED	\$0	\$0	\$0

Signature – Primary Staff Person

____/____/____
Date

Type Name and Title

Phone Number

Budget - Written Justification. Provide a one-page written budget justification to detail the items on the budget form. Please include the calculation(s) used to estimate costs.