

I. ATTACHMENT C. BUDGET

This is a suggested format for the applicant to use for the detailed budget/costs breakdown. Each cost item should clearly show how the total charge for that item was determined. All major costs should be listed in budget categories similar to those listed below, and all cost items should be explained in the Budget Summary and Justification (Section 4).

A. SALARIES AND WAGES. Provide the names and/or titles of key project personnel.							
Name/Title of Position	Full Time Monthly Salary	% FTE	No. of Months	Grant Funds	Match / Cost Share (if any)	Third Party Share (if any)	Total
	\$			\$	\$	\$	\$
	\$			\$	\$	\$	\$
	\$			\$	\$	\$	\$
	\$			\$	\$	\$	\$
	\$			\$	\$	\$	\$
Subtotal				\$	\$	\$	\$

B. FRINGE BENEFITS. If more than one rate is used, list each rate and the wage or salary base.					
Rate	Salary or Wage Base	Grant Funds	Match / Cost Share (if any)	Third Party Share (if any)	Total
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Subtotal		\$	\$	\$	\$

C. CONSULTANT/CONTRACTING FEES. This should include payments for professional and technical consultants participating in the project.						
Name and type of Consultant	# of Days	Daily Rate of Compensation	Grant Funds	Match / Cost Share (if any)	Third Party Share (if any)	Total
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
Subtotal			\$	\$	\$	\$

D. TRAVEL AND PER DIEM. For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. Per diem rates shall not exceed maximum Federal rates. To view current Federal per diem rates, visit <http://www.gsa.gov/Portal/gsa/ep/channelView.do?pageTypeld=8203&channelId=-15943> and follow the links to per diem information.

From/To	No. of People	No. of Travel Days	Per diem (lodging and meals) per person per day	Total per diem (lodging and meals) for this trip	Transportation costs (airfare and mileage) <u>per person</u>	Total transportation costs (airfare and mileage) for this trip	Grant Funds	Match / Cost Share (if any)	Third Party Share (if any)	Total
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$	\$	\$
Subtotal							\$	\$	\$	\$

E. SUPPLIES AND MATERIALS. Include consumable supplies and materials to be used in the project, listing each item and quantity individually. Include items of expendable equipment, i.e., equipment costing less than \$500 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Other Costs category (Category G, below).

Item	# of items	Cost	Grant Funds	Match / Cost Share (if any)	Third Party Share (if any)	Total
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Subtotal			\$	\$	\$	\$

F. SERVICES. This should include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services not previously listed.

Item	Method of Computation	Grant Funds	Match / Cost Share (if any)	Third Party Share (if any)	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Subtotal		\$	\$	\$	\$

G. OTHER COSTS. List equipment items in excess of \$500, and other items not previously listed. Note that equipment items worth less than \$500 or that have a useful life of less than 2 years must be listed in the Supplies and Materials category.

Item	Cost	Grant Funds	Match / Cost Share (if any)	Third Party Share (if any)	Total
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Subtotal		\$	\$	\$	\$

H. INDIRECT COSTS. If indirect costs will be charged to the grant, complete the table below with your current approved indirect cost rate and the direct costs it will be applied to. A copy of your most recent indirect cost rate must be attached if indirect costs will be requested.

* The Direct Costs from items 1 -- 6 to which the indirect cost rate applies	Current Approved Indirect Cost Rate Percentage (%)	Indirect Cost Rate Amount
\$	%	\$

Budget Justification. Provide a brief narrative justification of all cost items, including matching funds, listed in the budget. Be specific and explain why these items are necessary to accomplish the grant objectives. If the project involves travel costs, include a brief summary of each trip (for example, Project Director and two students will fly from Hometown to Someplace and stay three days to examine Someplace Museum's collection). **Note: Travel is limited to this project only. If purchasing or renting computer equipment or other large budget items follow the procedures in 43CFR, Subpart C, Section 12.76 for State, local and Indian tribal governments or Subpart F, Section 12.940 through 12.948 for institutions of higher education, hospitals, other non-profit and all other organizations, as applicable.**