

**March of Dimes**  
**Chapter Community Grants Program**  
**Proposed Budget**  
**BUDGET FORM (for single-year proposals)**



<b>Organization:</b>	
<b>Project Title:</b>	
<b>Contact Name:</b>	
<b>Budget Form and Written Justification.</b> Complete the form below to describe your proposed budget. Provide a <u>one-page</u> written budget justification: Allowable and non-allowable costs are described in Appendix D.	
<b>BUDGET</b> (see application guidelines for an explanation of allowable/not allowable expenses)	<b>PROPOSED</b>
	<b>Year 1</b>
<b>A. Salaries</b> (include name, position, and FTE)	
<b>Sub-total A</b>	<b>\$0</b>
<b>B. Expendable Supplies</b>	
<b>Sub-total B</b>	<b>\$0</b>
<b>C. Equipment</b>	
<b>Sub-total C</b>	<b>\$0</b>
<b>D. Other Expenses/Fees</b>	
<b>Sub-total D</b>	<b>\$0</b>
<b>TOTAL COSTS (Sub-total A+B+C+D)</b>	<b>\$0</b>
<b>Indirect Costs 10%</b> (only for proposals \$25,000 or over)	
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$0</b>

\_\_\_\_\_ / / \_\_\_\_\_  
 Signature – Fiscal Officer                      Date                      Type Name and Title

\_\_\_\_\_ / / \_\_\_\_\_  
 Signature – Primary Staff Person                      Date                      Type Name and Title

*Please Check Budget Totals*