## **LeadingAge Innovations Fund Project Budget**

The budget template is designed to auto-calculate. In the online submission form, the budget narrative must include a description and the related cost breakdown for each line item.

Name of Organization	Budget Contact								
Project Title		Telephone Number							
Project Start/End Dates									
Application Contact		Date P	repared_						
				<del> </del>					
									(Columns
	Rates	Grant	Request*	Matchi	ng Funds*	In-Kind	Funds*	D, E	and F)
PERSONNEL COSTS (Include Name, Title, % of Time on Project)									
	-							\$	-
	-							\$	-
	-							\$	-
Total Labor Costs (Lines 12-14)		\$	-	\$	-	\$	-	\$	-
Fringe Benefits (Insert Applicant fringe benefit rate in cell C16)**	0%	\$	-	\$	-	\$	-	\$	-
TOTAL PERSONNEL COSTS (Lines 15-16)		\$	-	\$	-	\$	-	\$	-
mp Avery Goding (TALL)									
TRAVEL COSTS (List travel activites)									
	1							\$	-
TOTAL TO AVEL COCTE (I	-	Φ.		Φ.		φ.		\$	-
TOTAL TRAVEL COSTS (Lines 20-21)		\$	-	\$	-	\$	-	\$	-
OTHER DIRECT COSTS									
OTHER DIRECT COSTS  Project Or antique (consultation and and and and and and and and and an								ф	
Project Operations (supplies, copies, postage) Consultants								\$	
								Φ	-
Equipment								Φ	-
Training Other (List additional items below)								\$	-
Other (List additional items below)								Φ	
	1					<del> </del>		\$	
TOTAL OTHER DIRECT COSTS (Lines 25-31)	1	\$		\$		\$	_	\$	
TOTAL OTHER PIRECT COSTS (Lines 23-31)		Ψ	_	Ψ	_	Ι Ψ	_	Ψ	_
TOTAL DIRECT COSTS (Lines 17, 22, and 32)		\$	_	\$	_	\$	_	\$	_
INDIRECT COSTS***	10%	\$	_	\$	_	\$	_	\$	_
	1070			_		·			
TOTAL PROJECT COSTS (Lines 34-35)		\$	-	\$	-	\$	-	\$	-
If matching funds are included places answer the following:									
If matching funds are included, please answer the following:  Has the matching grant been confirmed?  Ves. No.									
Has the matching grant been confirmed? YesNo									
If yes, please list the donor(s)  If no, please list anticipated notification date									
If no, please list anticipated notification date									

## \* Description of Funding Columns

Grant Request: Project costs to be covered by the LeadingAge Innovations Fund Award. The total Grant Request column should not exceed \$25,000.

Matching Funds: Project costs to be covered by an outside donor such as a foundations, community partners, etc.

In-kind Funds: Project costs to be covered internally by the applicant organization.

<sup>\*\*</sup> Insert Applicant's fringe benefit rate

<sup>\*\*\*</sup>The indirect rate is capped at 10%. Applicant may elect to waive indirect costs or use a rate lower than 10%.