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| --- |
| **Proposed Operational Budget** |
| Use this sheet to show all project funds, all grant funds, and all matching funds, as well as all sources of these funds. **Note this sheet does not automatically calculate totals.**  Use ***Line Item Budget sheet (below)*** to explain these amounts.  ***Name of Applicant Organization:*** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Estimated Expenses** | **Funds Requested** | **Federal, Local, Gov’t** | **Business & Industry** | **Community  College** | **Other** (Include other grants) | **Total** |
| A.Salaries  & Wages |  |  |  |  |  |  |
| B. Fringe Benefits |  |  |  |  |  |  |
| C. Travel |  |  |  |  |  |  |
| D. Equipment |  |  |  |  |  |  |
| E. |  |  |  |  |  |  |
| F. |  |  |  |  |  |  |
| G. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL DIRECT COSTS** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| H. Other Costs |  |  |  |  |  |  |
| Materials & Supplies |  |  |  |  |  |  |
| Pubs./Documentation |  |  |  |  |  |  |
| Consultant Services |  |  |  |  |  |  |
| Subcontracts |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL OTHER COSTS** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL Project Cost\*** |  |  |  |  |  |  |

## 

*\*Total Project Cost should equal the sum of Direct Costs and Other Costs*

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| --- |
| **Line Item Budget** |

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| Use this sheet to provide a narrative that explains each amount on your Proposed Operational Budget. (For instance, if your spreadsheet in Attachment A shows $5,000 in travel from business/industry, explain where those funds came from, how they will be used, and what restrictions there are in using them, if any.) **Be concise but complete.** Use as much space as you need. |
| ***Name of Applicant Organization:*** |
| **Line A:** **Salaries & Wages** – |
| **Line B:** **Fringe Benefits** – |
| **Line C**: **Travel** – |
| **Line D**: **Equipment** – |
| **Line E**: |
| **Line F**: |
| **Line G**: |
| **Line H**: **Other Costs** – |