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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\*** |        |        |        |        |        |        |

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*\*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** –      |