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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. This form has a front and a back. Both sides must be completed. **Note this sheet does not automatically calculate totals. *Be sure to upload this document in the grants portal when completed.*** **Use the *Line Item Budget sheet on page 2 to* explain the estimated expenses.** ***Name of Applicant Organization:***        |

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| **Estimated Expenses** | **RMC****Grant Funds Requested** | **Federal, Local, Gov’t****Match** | **Business & Industry****Match** | **Community College Match** | **Other Match** (Include other grants) | **Total Cost** |
| A. Salaries & Wages |        |        |        |        |        |        |
| B. Fringe Benefits |        |        |        |        |        |        |
| C. Travel |        |        |        |        |        |        |
| D. Equipment |        |        |        |        |        |        |
| E. Other |        |        |        |        |        |        |
| F. Other |        |        |        |        |        |        |
| G. Other |        |        |        |        |        |        |
| **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** (include per unit cost and vendor quote) –      |
| **Line E**: **Construction** (include per unit cost and vendor quote) – |
| **Line F**: **Vehicle** (include per unit cost and vendor quote) –      |
| **Line G**: **Other Costs** –      |
| **Line H**: **Other Costs** –      |