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| **Proposed Operational Budget** |
| Use this sheet to show all project funds, all grant funds, all matching funds, and 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** Provide organizational match, grants, in-kind) | **Total Cost** |
| A. Salaries  & Wages |  |  |  |  |  |  |
| B. Fringe Benefits |  |  |  |  |  |  |
| C. Travel |  |  |  |  |  |  |
| D. Equipment |  |  |  |  |  |  |
| E. Other |  |  |  |  |  |  |
| F. Other |  |  |  |  |  |  |
| G. Other |  |  |  |  |  |  |
| **TOTAL**  **DIRECT COSTS (Lines A-G)** |  |  |  |  |  |  |
| **Other Costs** | | | | | | |
| H. Materials/ Supplies |  |  |  |  |  |  |
| 1. Pubs./Documentation |  |  |  |  |  |  |
| J. Consultant Services |  |  |  |  |  |  |
| K. Subcontracts |  |  |  |  |  |  |
| L. Other: |  |  |  |  |  |  |
| M. Other: |  |  |  |  |  |  |
| N. Other: |  |  |  |  |  |  |
| O**.** Other |  |  |  |  |  |  |
| **TOTAL**  **OTHER COSTS**  **(Lines H-O)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL**  **Project Cost\*** |  |  |  |  |  |  |

## *\*Total Project Cost should equal the sum of Direct Costs and Other Costs – Estimated Expenses A-O*

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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**: **Other** (include per unit cost and vendor quote) – |
| **Line F**: **Other** (include per unit cost and vendor quote) – |
| **Line G**: **Other** – |
| **Line H**: **Materials/Supplies** |
| 1. **Pubs/Documentation** |
| **J. Consultant Services** |
| **K. Contracts** |
| **L. Other** |
| **M. Other** |
| **N. Other** |
| **O. Other** |