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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**  |