



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:

Estimated Expenses	RMC Grant Funds Requested	Federal, Local, Gov't Match	Business & Industry Match	Community College Match	Other Match <small>Provide organizational match, grants, in-kind)</small>	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						
I. 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*

Line Item Budget

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

I. Pubs/Documentation
J. Consultant Services
K. Subcontracts
L. Other
M. Other
N. Other
O. Other