

Grant Name:

**BUDGET WORKSHEET****Budget period begin & end dates, this worksheet:****1/1/2023-12/31-2024***If incrementally funded, please state year:*

| <b>Expense Category (Account Name)</b>   | <b>AMOUNT</b>       | <b>Notes</b>     |
|--|---------------------|------------------|
| Salaries   |                     |                  |
| Fringe Benefits (Required if salaries are budgeted)  |                     |                  |
| Travel   |                     |                  |
| Registration fees (conference registration)  |                     |                  |
| Supplies (under \$5k per unit)   |                     |                  |
| Equipment (over \$5,000 per unit)  |                     |                  |
| Consultants/Contractors/Professional Services  |                     |                  |
| Subawards under \$25k  |                     | Use Subaward Tab |
| Subawards over \$25k (balance from the Under \$25K line)                                     |                     | Use Subaward Tab |
| Other (Describe): Services (performers/instructors), book purchases and promotional materis. |                     |                  |
| Capital Expenditures (Construction)  | \$300,000.00        |                  |
| Rental Costs   |                     |                  |
| <b>Direct Cost Total</b>   | <b>\$300,000.00</b> |                  |
| Direct Costs for IDC   | \$0.00              |                  |
| IDC Rate   | 28.48%              |                  |
| <b>Indirect Cost Total</b>   | <b>\$0.00</b>       |                  |
| <b>TOTAL FUNDER REQUEST</b>  | <b>\$300,000.00</b> |                  |
| Match % Requirements   |                     |                  |
| <b>REQUIRED MATCH</b>  | <b>\$0.00</b>       |                  |
| <b>TOTAL PROJECT COST</b>  | <b>\$300,000.00</b> |                  |
|  |                     |                  |

